



SURVIVOR VOICES

GAINING **INSIGHT** FROM
WOMEN OF EXPERIENCE.

A Research Partnership with the
Ottawa Coalition to End Violence
Against Women.

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Survivor Voices: 2013 Community-based Research

Ottawa Coalition to End Violence Against Women in collaboration with Carleton University Master of Social Work researchers: Joana Martey, Cheryl Lynn Macaulay, Emma Hazan & Leonore Smith.

We would appreciate if you would cite the research with all of the names of the researchers.

The Ottawa Coalition to End Violence Against Women is a network of shelter workers, community members, counselors, rape crisis center workers, researchers and supportive partners such as the crown attorney's office, police and parole, and local sexual assault and partner assault hospital programs. For more information on the Coalition's work please visit our website at www.octvevaw-cocvff.ca.





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ABSTRACT

A research partnership with the Ottawa Coalition to End Violence Against Women (OCTEVAW) sought to understand the ways in which women, who are survivors of violence and abuse, want to engage in their communities. This pilot study involved a series of focus groups that facilitated dialogue amongst women, with the purpose of identifying avenues of expression, motivations and hesitations, as well as support and resources needed. Results reveal a wealth of information, including prominent themes such as empowerment, education and awareness, validation, family, resilience, healing, safety and support. Discussion follows, highlighting concrete recommendations not only for OCTEVAW, but also other agencies and institutions which serve women survivors.

INTRODUCTION

Violence against women (VAW) is a frightening reality that all too many women know firsthand. Acts of violence, coercion, control and abuse exist across culture and diverse lived experiences (Johnson & Dawson, 2011; Johnson, 2005; Assessing Violence Against Women, 2002; Sordi, 2011; Stolen Sisters, 2004). Although the women's movement has made significant gains in raising public awareness and increasing available services, many women still fear for their lives and safety. Women learn to be vigilant and aware of their surroundings, not just in public, but often in their own homes and intimate relationships. In Canada, the most recent nationwide VAW-specific survey was conducted in 1993. It indicated that 51% of women had experienced at least one act of violence, either physical or sexual since the age of 16 (Assessing Violence Against Women, 2002). These statistics under-represent the actual prevalence of abuse and violence against women, as multiple incidents or ongoing experiences are not captured or accounted for. Therefore, VAW is as relevant to examine today as it was in the 1960s and 1970s, when the grassroots feminist movement mobilized to create a community response, and began developing and delivering services to support women experiencing or at risk of violence.

OCTEVAW

This particular research endeavor is a pilot project, and involves collaboration with the Ottawa Coalition to End Violence Against Women (OCTEVAW), a network of member agencies offering support services to women who have experienced violence and/or abuse. It will complement the existing OCTEVAW research projects, Hidden From Sight (2009, 2011) which provide quantitative data from member agencies describing the prevalence of violence against women in the Ottawa region. The current research project will illuminate qualitative descriptions of lived experiences and seek to discover uniquely individual, creative ways in which women wish to participate in community engagement and social action. The overarching research question is “What are the ways that women, who are survivors of violence, want to engage in their communities?” Dialogue with survivors was facilitated in a focus group format, which asked women to speak about the meaning and value of engagement, as well as the ways in which OCTEVAW can support women in their involvement. There were also invitations for women to share what they feel is most important for others to know about their experiences.

DEFINITIONS

Clarification of language and terms used throughout this research project are important to define and differentiate. This study will focus exclusively on the experience of women survivors. Although violence is pervasive throughout Canadian and global society, the phenomenon of violence against women is distinctly gendered. As such, this project seeks to encourage and amplify the voices of women who have firsthand experience of violence and abuse. The term ‘survivor’ is widely accepted and used to identify a woman who has had a unique experience of violence, abuse, coercion or control. This extends to all forms of physical, psychological, emotional and spiritual abuse, as well as sexual assault, harassment or violence.

‘Survivor’ describes the inherent resilience and empowerment that comes from living through dangerous or harmful situations of varying duration and intensity. We also refer to the phenomenon of ‘woman abuse’, which recognizes and acknowledges the gendered direction in which abuse and violence operate. This is distinct from ‘intimate partner violence’ which is a gender-neutral description. ‘Sexual violence’ encompasses a number of acts that are criminally legislated, including sexual harassment, sexual abuse and sexual assault (OCTEVAW, 2011).

GAPS & THEMES IN THE EXISTING LITERATURE

There is a great deal of literature which examines experiences of violence, particularly woman abuse; however, our focus on female survivors' community engagement significantly limited what was available. Research reflecting a feminist perspective, which focuses on survivors' perspectives on community engagement is sparse, as few research studies of this nature exist. Available research reveals that many survivors want to participate in the process of helping service providers understand what is needed (OAITH, 2008; Gillum, 2009; Hague, 2005). Survivors want their voices to be heard by policy makers, and to engage in reducing and eliminating VAW (OAITH, 2008; Romito, 2008; Stark, 2007; Hathaway, Willis & Zimmer, 2002).

Important themes emerged throughout the literature review, including the need for a more inclusive, woman-centred approach for service users (OAITH, 2008; Gillum, 2009). All research identified how the shelter movement has strayed from the collective feminist movement of the 1970s which embodied consciousness-raising and empowerment (Walker, 2002; Lehrner & Allen, 2009). Among VAW supports, there were recurring issues around competing resources; marginalization of women based on race, ability, and sexual orientation; and, the professionalization of the shelter movement.

METHODOLOGY

FEMINIST THEORETICAL PERSPECTIVE

This research project is congruent with a feminist perspective and research principles, which align with OCTEVAW's mandate. This perspective recognizes the importance and strengths that stem from sharing vulnerability (Miller, 1986); the prevalence of and necessity for breaking the cycle of silence around violence against women (Romito, 2008); the importance of ensuring responsibility is placed on men who behave violently as

opposed to implicitly blaming women by asking why they remain in abusive situations (Stark, 2007); and the progressive underpinnings that allow for evolved understanding of conventional, psychological and trans-generational trauma in the face of systemic barriers and oppression (Burstow, 2003).



METHODOLOGY

PARTICIPANTS

Participants were all women who had contact with a VAW agency and had completed either a phase one or phase two group process. Phase one is defined as entry-level, structured group counseling, involving sharing, naming and validation of experiences with violence. Phase two is characterized as second-stage group counseling for survivors of violence involving reflexive processes of healing, empowerment and integration of experiences. All participants were above the age of 18 and resided in the Greater Ottawa area at the time of the study. Demographic details were not collected and any identifying information about the participants is being purposefully excluded, in order to protect confidentiality and anonymity. Participation was voluntary. Each participant received a \$5 coffee gift card in appreciation of their time.

METHODOLOGY

FOCUS GROUPS

A series of three focus groups were held in early 2013. In total, there were 12 participants (6, 5 and 1, in each group). Each focus group was 2.5 hours in length and involved semi-structured discussions, facilitated by a single researcher. One other researcher was present, to take notes, observe and operate the audio recorder. The overarching research question guided the discussion, with 8 additional questions to provide concrete direction. Initial group discussion involved sharing individual meaning and interpretation of the key terms within the main research question. Each facilitator referred to the questions throughout the entirety of the group, to stimulate and direct dialogue.

METHODOLOGY

DATA ANALYSIS

The sessions were transcribed by the respective facilitator, who also undertook the first level of coding. Data was coded according to the focus group questions. Second level coding for each focus group transcript was done by the two researchers who had not been present at that group. This level of coding was done 'blind', to identify emergent categories, as well as agreement amongst the researchers. The final level of coding collated the three separately coded transcripts. The research team then met as a group to discuss findings and overarching themes. Themes were identified amongst the data, which provide clear directions for service providers to address the needs and concerns of these women. A grounded theory approach was used to build categories and broader dimensions, in order to bring forth and enhance the important contributions women made, which did not 'fit' within the narrow scope of the initial research question.

There were 9 distinct questions which guided the sorting of data. These included: 1) What **ways** did women want to share their stories? 2) **Why** do they want to share their stories? 3) What would they **gain** from sharing their stories? 4) What **ways have women engaged before?** 5) **Why had women engaged before?** 6) **Why had women NOT engaged?** 7) What kind of **support and resources** would women need to engage? 8) **How** would women want to be **informed or receive information on opportunities?** 9) What are the **three most important things** women would want the world to know about their experience? These questions sought to understand ways in which women want to engage and share their stories, but also to examine their motivations for doing so, as well as potential gains or benefits for self and others. Additionally, there was also discussion of the barriers or hesitations women have and what they would need, both practically and emotionally in order to engage. The women offered ideas for engagement, not only in community, but also to reach women who are not yet aware of the support services available. The richness of these women's lived experience has plenty to teach us, as researchers and practitioners.


RESULTS

WHAT WAYS DID WOMEN WANT TO SHARE THEIR STORIES?

The ways in which women want to engage in their communities, sharing their experiences and stories was varied, but all ways spoke of a desire to connect with others. Many women were passionate about offering support to other women, whether by counselling one-on-one or by working at a women's shelter. There was a strong desire to help children and the elderly, either physically or emotionally. Women recognize that ways of engaging can be very broad, and does not necessarily mean taking action. Ways can include speaking, encouraging and sharing stories. Many women find value in therapy and support groups, as they were no longer "keeping it a secret". Women feel it is important to engage from a place of strength and victory when contributing to the community. Women questioned whether public acknowledgment could occur in a format similar to 'Women of Distinction' celebrations.

“...it's bringing it into the light, instead of it being all about doom and gloom and death and despair and hopelessness. But bringing that victory to it, that you've done something really awesome here, and all of these people in your community are celebrating you. Cause oftentimes, we only see the people who aren't. And those are the people that sometimes mean the most. But there are people who are cheering for us. There are people who are celebrating, there are people who are in our corner, who are wanting to bring hope and light into this dark, shameful, secret place. And for somebody who is wanting to keep things quiet, and wanting to keep things silenced, to be able to see something out there...”

Women also indicated a desire to educate others in the community, especially professionals such as social workers, police officers and doctors. The women know that their experiences have much to offer, and that “knowledge is power”. They were clear that they wanted to use their own voices, and that this takes courage. The need for safety and anonymity was repeatedly communicated. It is also not necessary to have professional involvement. Women discussed the use of social media, such as Facebook and other virtual message boards to post information and stories. Bulletin boards are also a space to reach out to the community. Some women spoke about home communities and Aboriginal communities as places where they wanted to engage. Women want to engage in spaces where they feel useful and validated. Church and spiritual communities were also important.



Women also spoke about artistic expression, through poetry, music and art. Some sang in church choirs, some expressed an interest in drama and theatre pieces, similar to the Vagina Monologues. Others felt that films or books could convey women's realities and offer hope, such as the *Courage to Heal* or the *Chicken Soup for the Soul* series. Some women were interested in protests or awareness-raising campaigns (ie: December 6th Vigil, Take Back the Night and the Clothesline Project). These activities offer opportunities to march, chant and sing with other women, or perhaps less-visible organized events such as prayer circles or silent protests. Women were clear that these events should occur more regularly and frequently than only once a year.

RESULTS

WHY DO THEY WANT TO SHARE THEIR STORIES?

All women were very clear that safety was paramount when sharing experiences of abuse and violence. Women spoke from firsthand experience about how their stories could be a positive contribution to help to lessen another's pain, encourage breaking silence, and increase awareness through education.

It gives voice to the people who want to hear. I wanted to hear because I was being victimized.

I would like to inspire people that despite any hardships you may have had in your life you can still move on... if you have been helped in any way you know you got to give it back in some way.

Most importantly was the sense that they are not alone and that there is hope. Women feel it is important to challenge stigma and break down the shame they have internalized. Many felt they needed to “speak [their] truth” and had reached a point where they believed staying silent was no longer an option. One woman said that “once I became free of the abusive relationship, I said I will be silent no longer.” Another woman had a strong desire to share her knowledge with anyone who was willing to listen.

“...we cannot be afraid to speak the truth. But we are. We are still, even [though] we're in a first world country. Women in countries all over the world, third world countries - they are silenced. We shouldn't be, but we are still being silenced.”

The theme of healing was also very prominent. Some women felt that letting go of anger and bitterness was a “choice” and something they needed to do for their own healing. One woman felt that “to keep quiet is to keep yourself unsafe and sick. Because it just continues to brew inside; it's not a good place to be, to be quiet with something like that. It bleeds. It's a cancer... Your whole life”. Women felt that speaking out allows them to acknowledge and accept all of their feelings, to “move on” from the experience, knowing that their feelings and actions are “normal. And it's ok”. Women also felt that speaking out allowed them to break the cycle of violence and abuse. Again, there was a strong desire to help others - “...we have to stop the cycle of violence so there's not so many women and children that are in these situations.” Women felt they were “keeping their family together” and “protecting” their children from the abuse, but later realized the profound effect the abuse had. Education and raising awareness are also important to “get the message out”, because so many women are not aware of what constitutes abuse, how they can take action to protect themselves and where they can access support.

“A woman is willing to put up with a lot of shit to keep her family together. And she'll take that punch or that abuse or whatever over and over again so that she will have that family structure there for her children. But maybe if more women realized even though you think it's only you getting the brunt of the impact, it's impacting your kids and it's damaging their future. Maybe if I would have realized that quicker I would have left.”

Several women believe that by seeking help themselves, they are empowering their daughters, leading by example. Sometimes speaking out felt like the only way it could be stopped. For many, their families remain in the cycle of addiction, mental health and violence/abuse and are unwilling to hear their truth. Women want their experiences to improve the systems that are there to support them. They want medical professionals, who are often the first point of contact, to ask the right questions instead of just providing medication. They feel like professional practice can sometimes be an exercise in paperwork, and that interdisciplinary communication should occur, in order to bridge the gaps they know all too well.

Empowerment was a strong theme. Many women were seeking to create positive meaning from their experiences. There was recognition of agency in action, and even participation in the focus group itself was acknowledged as a way to have a positive, empowering experience. Women want opportunities for meaningful engagement that recognize their efforts and struggles. Validation, public acknowledgement and support are critical. There is a need for incentives; time is valuable and speaking out comes with very real risks. Women want to share their stories with those who will listen and validate them. **Women want their resilience and strength to be celebrated.** Women want to challenge social and cultural norms which trivialize or find humor in violent acts or speech. Women know social change can happen, and use social attitudes towards drinking and driving as an example. Women want to take action and to effect change, knowing they have a valuable contribution to make.

RESULTS

WHY DO THEY WANT TO SHARE THEIR STORIES?

Women who participated in the focus groups discussed several benefits of sharing their stories. When participants were asked what they would gain from sharing their stories, they mentioned validation and relief from pain, whether through crying or making other people happy. Women have found strength in their vulnerability and experiences, and spoke about being an inspiration to others. Through sharing their stories and being a voice for other women and children, women choose to seek help and learn lessons. They also 'give back' through volunteering and helping others. They can also use their voice to express passion and disgust with the world around us.

Women can also create social understanding and awareness of all forms of abuse, including oppression. By breaking silence women can create supportive survivor communities, providing validation and care for one another. Women feel empowered knowing that their contribution could save at least one woman. They have better understanding of different systems and processes (ie: legal system) and how to navigate these. Women agreed that it is healthy to engage, sharing the victories and strengths of their transformative journey, and that their voices may help others to unlock theirs. Women are also able to realize the abuse was “not my fault” and they are not “crazy”. They have recognized that feelings of shame and guilt have little value, and that standing up for oneself helps celebrate strengths in a positive aspect, and combats the negativity of this issue. A couple of women stated:


I've come a very long way, thanks to counseling and support group[s] and women I can share this with. So taking any of this away from us... well it wouldn't be good. If I wouldn't have these services, I wouldn't be here today. And that is true.

I could let go, a little bit, of my hold. On my desire for justice. On my resentment, and allow healing to really kind of creep in to the crevices of where I was dried up. And breathe life there again, so that it's not negative anymore... I don't have to be an open wound, you know? And I don't have to be carrying around the weight of the impact that it's had. Because it HAS changed my life... But for the better. Now, I can say for the better. There was a time that I could not have said that, but now I can say it's for the better. Thanks to recovery. Thanks to trauma. Thanks to [supportive] places... Where I can see that this can be used for awesome good... I can be healed. I can be free. I can be loved. I can love myself. I can trust myself... that there is hope. That it doesn't have to be my life sentence.

RESULTS

WHAT WAYS HAVE WOMEN ENGAGED BEFORE?

Women have previously engaged in various ways, including public actions such as protests at Queen's Park, Take Back the Night Marches, the Clothesline Project, the December 6th Women's Vigil, writing letters to Members of Parliament, contacting the ombudsman to open a complaint, giving police reports, giving video or Victim Impact Statements for court cases and choosing to find a new General Practitioner who would understand and support them. Some women engaged by attending a mental health conference or a benefit, by volunteering, being a board member for women's shelters or passing surplus food from food banks on to others in need. Other women engaged in ways that brought healing to themselves and others, such as talking to women in AA, participating in support and information sessions, and advising a friend. One participant mentioned that she had to show pictures of her injuries as "proof" in order to get validation for her experience of abuse and violence.



One woman was enthusiastic about her desire to engage: "if I see there's a march... for whatever's going on, I'm out there. I'm down there, marching and chanting the songs... or if there's a vigil, I attend the vigil. If I see anything."

RESULTS

WHY HAD WOMEN ENGAGED BEFORE?

When asked why they had engaged before, many participants mentioned that it was a part of their healing process, which helped them to move on and achieve life goals. They identified how they wanted to help other people, that becoming engaged was rewarding and felt really good. One participant felt that being engaged in community and helping others was in her "nature", while another felt she "had to". Other motivating factors involved preserving women's rights to have control over their own bodies, as well speaking out about the loss of her children.

... the more healing work I do, the less the shame is, the more I CAN speak out. Because in the beginning, I couldn't speak out... I had no voice. So, it's taken alot of work. Alot of therapy. Alot of groups. To FIND my voice. So, if my voice can help lessen another women's pain, or shorten their journey...if it could help women to get healthier sooner, and to lessen their suffering, I guess that's what I'm finding is MY need... [that] my pain can be useful to somebody else, is what I pray for.

I feel that you have to grieve and then move on. You have to find ways to move on, whatever means the most to you... you have to acknowledge your feelings... and you have to allow yourself to grieve. And it takes a different amount of time for everybody.

RESULTS

WHY HAD WOMEN NOT ENGAGED?

When asked why they had not engaged, participants provided a vast array of responses from the very general such as: not having enough time, not having enough support, not feeling safe, and not being able to trust anyone, to the very specific, including: fear of legal repercussions and having injuries resulting from violence which prevents them leaving the house. Families played a key role in not engaging, whether it was potentially damaging to relationships with their children, their parents or other family members, or due to fear that their partners and families would find out. Many identified fear as a major reason, whether it was fear of speaking, fear for her safety, fear of the police, fear of the public's reaction, fear of confrontation, and fear that a bad experience would derail their healing. Often, participants stated that they were hiding and remaining silent, and couldn't participate because they were still being victimized, oppressed and judged, whether by their abuser, their family and friends, their communities or the systems that they interact with.

Sometimes the reasons were simply that logistics were too complex: they were unable to find information or didn't know something was happening until it was too late to get involved, they had no money, no phone, wait times were too long, they weren't ready to engage or they simply had never thought of it. Unsupportive police and one's religion as well as feelings of shame have all prevented some women from engaging. In particular, the political and social repercussions of being associated with 'feminism' were more than enough to prevent some women from engaging in activities they perceived as politicizing. Women had much to say about their hesitations and the barriers to engaging. Their voices and stories they shared were powerful:

[engaging in community] “needs to be done in a way that feels both safe and comfortable, otherwise we're not going to want to...”.

I personally don't get involved in politics and that is actually one of the things why I would be hesitant to participate... if it was labeled as something that was 'pro-feminist' or 'pro-political'... I wouldn't sign up for it right away, because one: I don't know enough about it, and I don't like getting involved in politics, but I still want my voice to be heard in a different format.

...to me, political means 'riot gear', you know? (laughter) Especially in the City of Ottawa...It's almost more radical in a sense, you know?

..there is a lot of negative connotations to the word 'feminist'... like it was great back in the 90's when I was coming out, feminism was great. But now, in the year 2013? It's not. There's a lot of negative. So I like the terms that are feminist - 'woman centred'. I think woman centred.

..the question that keeps coming up, is... are you willing to listen? And if there isn't a willingness to listen, then you've been silenced again.

I don't have support from the community, from the people. It's like people thought, 'it will never happen to me'. If it's happen to you, it's like you have something wrong with you. And you know you are the [one who is being] abused, but people thinks you are a little bit responsible for that.

RESULTS

WHAT KIND OF SUPPORT & RESOURCES WOMEN WOMEN NEED (FROM AGENCIES) TO ENGAGE?

Prior to the focus group women were not aware of the work OCTEVAW does in the VAW community. Women were very clear that more information must be made available about resources on VAW, especially in the courthouse, in doctors' offices, in the library, community centres, with police officers, hairdressers, at the corner store, in bus shelters, at food banks, in the schools and on the back of the doors in women's public washrooms. Women identified various agencies, services and support they used when in crisis. Services such as social assistance, food banks, women's shelters, crisis lines, Legal Aid and community health centres were mentioned. Participants were very eager to share their experiences and name the centres which they found provided the most positive support in the Ottawa area and beyond. They acknowledged how difficult it would have been to survive their struggles to overcome the effects of abuse without the help of these services providers. However, many of the agencies and services that are supposed to help or protect them are failing and sometimes even causing re-traumatization. A profound sense of injustice and betrayal was articulated by survivors as they described some of their negative experiences with legal resources, medical and health care professionals.

Finally and most importantly, there was a resounding call for ongoing and increased funding. Nearly all the women spoke about the need for funding of services that continue to help women, especially when legal and medical professions fail. Too many women are left with a "broken tool" that does not work. Service providers must be educated on the inter-relationships between abuse and violence with mental health, trauma and addictions. Women state that they will only engage in their communities if it is safe to do so. Participants also talked about having celebrity spokespeople or champions to speak out against VAW.

[Speaking about calling police]: "... if you call just to make an incident report it could be days before they get in touch with you. If you call 911 they don't always show up and sometimes yes they do show up, but they don't follow up."

I know about OCTEVAW, but I'm just thinking I don't really know off the top of my head right now what OCTEVAW could do to help us more. I'm thinking I didn't really call on OCTEVAW all these years because, even though I see the pamphlet, even though I see the acronym, I don't know what they do. I don't. So what do they do right now that would help us?

Yes they put them in jail, these men, they do - thank you very much. But for two, three weeks. Let them back out. They don't call me, they never notified me. I'm at the goddamn window and here he is again.

Anyway, I wrote him a letter ... I just said: 'I will not be back. I said honestly that was unacceptable, and you need to read up and study and understand that if a woman comes to you in your office henceforth and tells you that she's being abused in any way, whether it's physical, verbal, psychological, whatever - you have to listen to her and believe her, and you didn't believe me'... so I never went back to him.

RESULTS

HOW WOMEN WANT TO BE INFORMED OR RECEIVE INFORMATION ON OPPORTUNITIES?

Participants want to be informed about events that are coming up such as VAW rallies, healing workshops and information sessions on how to stay safe. Very often women only learn about events after it is over or when it is too late to make arrangements to participate. There is no single system to get the information out. For many women it is difficult to get the information at home because it is not safe for them when their abusive partner is monitoring telephone calls, computer usage and incoming mail. Some participants also said they do not have Internet access at home because they do not have the finances to purchase a computer. Doctor's waiting rooms were mentioned as a place where women can be reached (or gynecologists, pediatrician's offices). Participants discussed a variety of ways to receive information that could reach many women by using social media (Facebook, Twitter, Pinterest), commercials and public service announcements (similar to MADD campaign), community centre bulletin boards, flyers at the grocery store, using the computer at the library to check out OCTEVAW's website, newspaper ads or have the flyers put in their mailbox.

I wish an email would come to me on a regular basis telling me...if you're interested in being involved with this, things that are happening with domestic violence, to get the message out in a safe way.

Hairdressers! Training hair dressers to talk, to be able to respond to their clients by talking about their partners.

..sometimes when I'm sitting on the bus, and I look to see what sort of signs are up there, and I think that it just has to be out there, like in the bus shelters, like it costs money to put those up there. Or riding on the buses you can buy, OCTEVAW could buy a bus banner... telling women okay - this is abuse.

[Speaking about social media] ..or a word of encouragement. It doesn't just have to be a 1-800 number or a rally or an information session, but, you know, a quote. That could encourage somebody that day... so if you're following that particular Twitter account then you could be encouraged throughout the day.

DISCUSSION

While participant responses each carried with them the unique insight that comes with lived experience, there were distinctly prominent themes represented throughout, including **Empowerment, Education, Validation, Anger, Safety, Family, Support, Shame, Being Silenced, Grief and Loss, and Resilience.**

The importance of **Empowerment** can be found throughout participant responses, and can be gained through personal agency, such as writing letters, sending a picture or standing up for themselves; or through external forces and dynamics, such as peers, families, communities, institutions and the public. For such a highly valued aspect of engagement, empowerment can be restricted through a great number of barriers based on patriarchal and institutional limitations as well as public, family, community and self dis-empowerment. Working towards empowerment can have negative consequences for women, including family separation, and often re-traumatization. Awareness and education are major tools identified that can help lead to empowerment in the short term, whether it be through hearing and sharing other women's stories, within groups or supportive institutions; or, in the longer term, as a way to lessen shame and provide space for expressing feelings in a more accepting society.

Education was called for by all participants, to raise awareness of VAW issues with professionals, lawyers, schools, policy makers, future abuse victims and abusers, as well as the general public. Participants recognize the value of their personal narratives in creating positive change. With education comprised of more than just statistical data, understanding the lived experience of abuse is a key component for developing support in others and within oneself. Several participants also highlighted the importance of support for men as abusers being a focal point for change.

Since many women expressed how they had felt 'crazy' at points in their lives, the need for **Validation** of their feelings and experiences, of their strength and resilience is valuable and critical for healing. Validation can occur when women are believed and receive non-judgmental, empathetic support from family, doctors, legal professionals and the public. Women can also find validating experiences by creating and participating in therapy and support groups or VAW organized events. Validation is reflected through positive experiences and connections with others, and encourages engagement. It is valuable not only for one's self, but is important for encouraging and inspiring other women.

Anger is often silenced, as social messages communicate that women's anger is unwelcome and discouraged. Women felt anger because nothing was being done; they were not being supported, services were unhelpful and they felt betrayed by the VAW legal system. Women were angry that abusers do not suffer losses and stigma in the same way, and how finding the courage to engage through the legal system often keeps them trapped in a cycle of poverty. Participants recognized how repressed anger is unhealthy. They expressed the importance of validation for their anger, because it represents their passion and is a driving force for healing and engagement. Facilitated spaces for women to safely express anger are challenging to find, but should be available as a means to finding one's voice and channeling that force into something positive.

Women are experts on **Safety**, easily recognizing what is safe and what feels unsafe, particularly within certain communities. Women want to be asked directly what they want and need in order to feel safe. Participants reported feeling unsafe within court systems and with police when making reports and seeking help, leading to further silencing of their voices. Safety is embodied in different ways, through spaces or people and is open to the perception of the individual, but also means the ability to remain anonymous and protected. Safety is important for engagement, so as not to be re-traumatized. Participants were clear that they would not engage unless they felt safe. Establishing a safe space can encourage positive sharing and engagement.

Every participant's experiences were rooted in **Family**. Participants shared experiences from childhood, as well as those associated with woman abuse, and often felt invalidated and silenced the most by their families. Inter-generational trauma and abuse featured largely in the stories of many participants. They found strength in working to break the cycle of violence and abuse within their families; many recognizing how childhood experiences of abuse and violence became a vicious cycle in their own adult relationships and lives. Participants wanted to protect themselves and their children, and wanted to learn about the effects of deciding to leave or to stay. Participants wanted support in learning how to exercise boundaries and work with their families. They expressed how their families may not understand as a result of either denial or further abuse, and how this can cause ruptures in relationships because of further silencing and invalidation. Women also saw family as a source of support and validation, sometimes being a place of healing depending on each individual's unique situation.

Through silencing, a lack of support, invalidation and a general lack of education and understanding, **Shame** consistently featured as a deterrent to engagement for participants. Alongside shame, social stigma is a perception that validates feelings of shame, which increases self-blame. Shame and stigma prevent women recognizing that they did not deserve to suffer the abuse, and that they have a right to speak out and access social supports. Participants expressed the need to challenge social and self-stigma, through education, support and validation.

Outlined briefly in previous themes, the recurring issue of **Being Silenced** has played a large part in the perpetuation of violence, abuse and re-victimization. There is personal silence, as well as political, institutional, family, and emotional silence. Silencing happens because other people do not want to hear, are in denial, or are unaware of the situation. Women are effectively taught to internalize this message, thus resulting in silencing themselves. There is often a need to protect oneself and maintain integrity, because there is no safe space to speak and engage. Participants insightfully expressed how not speaking one's truth is a burden, and keeping secrets and maintaining silence creates sickness.

Grief and Loss featured prominently throughout participant experiences and discussions. Some participants lost their children to death and others to the care of Children's Aid Society; some lost family members because of denial and distancing, or through the choice to leave their abuser. Some women had experienced a profound sense of loss when loved ones failed to protect them. Many times, relationships were damaged beyond repair, and participants needed to be able to walk away and start over. All participants had experiences of trauma through abuse and many triumphed by finding hope, strength, empowerment and reclamation of self. Some participants came very close to giving up, with discussion of suicide often accompanying loss of self and strength. There exists a strong inter-connectivity between grief and pain, trauma and mental illness. Several participants spoke passionately about the failure of institutions and professionals to recognize these connections, and that without this understanding, misdiagnosis and labeling occurs, which is incredibly unhelpful and problematic.

Survivors are victorious, and the **Resilience** that features when participants openly acknowledged and expressed this indicated the breadth of their internal strengths and resources. They recognized within themselves and their peers how far they have come, and how they were still able to move forward and look for ways to share, with the desire and ability to help and support other women. Women wanted to share their feelings of resilience with others, and to celebrate and be celebrated by others. Alongside fear of change and loss were feelings of hope; for moving forward, for family reconciliation, and for surviving. Many participants did not want to be labeled as 'victims'. They are survivors, because surviving means they have strength and courage within themselves and for others.

“You have to move on, no matter how painful it is”

RECOMMENDATIONS

OCTEVAW

The majority of the participants in this research study had no knowledge about OCTEVAW's mandate and their work in the VAW community. There are many ways in which OCTEVAW can increase its visibility in the community. Women were adamant about specific locations where resources need to be available to them. Educational pamphlets and poster displays offering support need to be visible and accessible in the courthouse. Women identified gaps within the medical, policing and legal system, which could be addressed through OCTEVAW's advocacy efforts, particularly by education and awareness campaigns. As an example, women mentioned professional development workshops as a method to educate and assist medical, legal and law enforcement personnel to develop more effective, empathic ways of working with survivors. Classroom presentations could be delivered to students in many disciplines and trades who are likely to come into contact with VAW issues. A long term goal may involve lobbying actions to include VAW in the educational curriculum for all students who may encounter women in their profession.

OCTEVAW can also offer more opportunities for women to engage in their communities by ensuring events are widely publicized; perhaps through a listserv which offers regular emails or an online network to help survivors and supporters connect, to inform women of resources in the community. The use of social media tools, such as Facebook, Twitter or Pinterest were mentioned as means through which women can be informed about events. For women who might not have access to the Internet, offering pamphlets in grocery flyers, newspapers, and on bulletin boards in a variety of publicly accessible spaces would be helpful to increase public visibility and awareness.

It is fundamental that OCTEVAW reach women who have not yet engaged. Since survivor engagement gives unique expertise on how to reach other women and how to engage them, it is highly recommended that OCTEVAW further explore avenues to reach women in the community. Offering training and leadership roles to survivors is essential for those who are interested in facilitating focus groups or support and information sessions. Creation of an OCTEVAW survivor engagement committee would offer a mechanism for exploring ways to engage survivors. When organizing such events, the atmosphere and environment is important. Women were very clear what the preconditions must be in order to facilitate their engagement in any social justice activity. It is advisable that similarities such as age, ethnicity or cultural background be considered when holding focus groups. Women should be offered financial and practical incentives as well as support for their involvement.



RECOMMENDATIONS

CRIMINAL JUSTICE SYSTEM & POLICE

Awareness of VAW issues is essential for every component of the Criminal Justice System. Creating awareness about external resources external to the court system, as well as notifying women of an abuser's release is fundamental. Women spoke about desperation and fear for their safety. They felt that sometimes the court system was not helpful and in fact contributed to their insecurity. Several women felt as though they were left to navigate the system alone; this was confusing and scary when they lacked awareness of judicial decisions that held potentially detrimental consequences for their physical safety. Women expressed vulnerability when this information was not offered. Communication between survivors and the Criminal Justice System is highly relevant, as it allows women the opportunity to take precautions and establish safety plans. While women commended the support they receive from the Victim- Witness Assistance Program, they also expressed the need for more support from external resources. Information on various community agencies should be readily available to women for extra support beyond the court system. A common theme was feeling as though the support had ceased once the court process was completed. Ongoing court support, perhaps following the conclusion of trial is suggested. Accessibility to VAW-specific counsellors plays an important role in women's healing and recovery process.

While some women who contacted the police were thankful for their services, others discussed disappointment in dealing with the police. Women had negative experiences which caused them to hesitate when contacting police for assistance. Women had experienced blame and invalidation, which they felt discourages further contact. Women mentioned that there is the need for follow up from the police services after a 911 call has been placed.

RECOMMENDATIONS

MEDICAL PROFESSIONALS

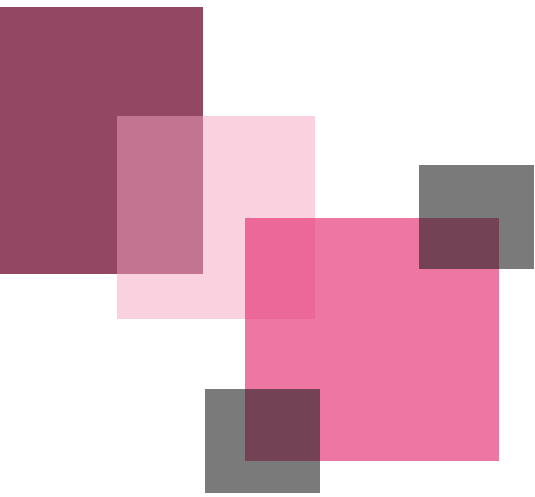
Many women expressed their disappointment in health care institutions and professionals, specifically General Practitioners (GP). GPs who have been providing services to women for years have failed to acknowledge and validate women's experiences of violence. Women also discussed instances where doctors prescribed them antidepressant medications when they informed them about experiencing abuse. Women were clear that doctors should be knowledgeable about VAW issues and should be able to identify the signs and types of abuse. Considering the prevalence of violence against women in our society, health care providers should have competency and knowledge which allow them to support women who are in abusive relationships. Since doctors are among the first contact for women who experience abuse, it is of paramount importance that such knowledge be included during medical training and education. All health care professionals should be educated on how to read signs of abuse, and most importantly, know how to respond to clients who are experiencing

LIMITATIONS & FUTURE DIRECTIONS

While this research project was carefully prepared, the researchers are aware of some unavoidable shortcomings and limitations. Course deadlines and time constraints both factored into this project. As well, researchers were limited in resources and time, so were only able to conduct three focus group sessions. It is acknowledged that the voices of many women were not captured for several reasons. While women were able to connect to a common experience, there was little diversity in the women who participated in the focus groups. Lack of time and resources to reach out to Aboriginal women, the LGBTQ community, women with disabilities and multicultural communities might have affected the richness of data for this research project. Given that no member of the research group was French speaking, all the focus groups were held in English. Francophone participants had to contribute in English due to the language barrier of researchers. It is recognized that this may have prevented women from expressing themselves liberally. While an interpreter would have helped, the researchers did not use one because of ethical and confidentiality reasons.

The research population was small due to certain requirements that women had to meet. For the emotional safety of women, only women who had completed phase one and phase two groups met the criteria for participation. Such requirements precluded the participation of women who were no longer in contact with their counselors, or those might not have had a positive enough experience or have never engaged. Practical logistics such as winter weather, time, location, accessibility and lack of childcare services were all factors which may have deterred women from participating.

Future research must include a larger catchment area, as diverse in population and as wide in geographic location as possible. Researchers must be mindful of the offerings women have made in this pilot study about safety and validation and draw on the strengths of the women. Participatory action research is critical for social change. Having survivors involved throughout the research, development, design and analysis process is in keeping with grounded theory and feminist principles of neutralizing power in research. To make spaces that are inclusive is empowering. Involving survivors in the ethical process of working toward change, not as token actors but as genuine participants, who are equals is an important part of personal healing.



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