Feminist Perspectives on Trauma

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SUMMARY. Feminist therapists, researchers, activists and scholars have long recognized that power differentials can have serious, sometimes fatal, consequences for women and children. Documenting the prevalence of problems such as rape, wife battering, and childhood sexual abuse, feminists began to dismantle social beliefs about gender, class and race that too often protect perpetrators of violence and blame victims for their own suffering. The authors cited (Burgess, Brownmiller, Herman, Koss, Harvey, NiCarthy, and Root) have combined scholarship with social activism to address the needs of the abused and develop social approaches to preventing violence. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address:*

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INTRODUCTION

The theorists reviewed here are acknowledged for their contributions to feminist theory and therapy for trauma. Their work spans multiple forms of violence against women, including child sexual abuse, sexual assault and domestic violence. Although the authors are described separately for their contributions, we recognize that it is on the collective contributions that the progress of eliminating violence against women rests. Many other important contributors could not be included in this review due to space limitations. The women included represent many different disciplines (psychology, psychiatry, social work, sociology, nursing, journalism) and roles (researchers, therapists, theorists). Some have focused primarily on describing specific types of trauma and their sequelae, while others developed and refined theoretical explanations for these problems and still others emphasized the work of prevention of the problem and/or treatment of victims.

What all of the women reviewed here have in common is a commitment to shared feminist values that implicitly or explicitly frame the questions they ask and the implications they draw from the answers. As a group, they recognize the power differentials between men and women cross-culturally and internationally and the necessity of acknowledging the social and political contexts in which violence against women occurs. In doing so they depathologize the individual responses to violence and hold accountable those who perpetrate the violence or refuse to provide safety for all of a society's citizens. They value and validate the experiences of women by presenting their findings in the voices of those who would otherwise be silenced. They value cooperation and collaboration, as the work we review will demonstrate. They value and respect diversity, believing that answers will come from understanding differences and working together to create the changes that must occur at all levels.

In this review, we describe how these authors collectively brought public and professional attention to the existence of crimes against

women and how they sought to challenge prevailing ideas about crimes against women. Anthropologist and psychiatrist Arthur Kleinman has described the importance of determining individual's understandings of a condition before conceptualizing and implementing any type of intervention (Kleinman, Eisenberg, & Good, 1978). Explanatory frameworks generally reflect social and socialized understandings of phenomena, i.e., how situations become recognized as problems, what they are called, how they came to be and what should be done about them. These frameworks also define how serious specific problems are, what maintains the problems, and who should be concerned about them. While recognizing the importance of honoring a culture's deeply held belief systems, these belief systems can also be oppressive to those who do not have the power to communicate their own definitions or modify socially accepted explanations that do not reflect their own experience. Widely believed explanatory frameworks often ignore or distort the perspectives of those without power while rationalizing the actions of those who do have power. Following Kleinman's depiction of explanatory frameworks, we seek to demonstrate how the feminist theorists in this chapter directly challenged the culture's dominant explanatory frameworks regarding violence against women. When feminists began to name women's experiences in this way, they were faced with exposing deeply rooted and widely accepted beliefs. They often addressed these widely accepted beliefs by labeling them "myths" and providing alternative explanatory frameworks. To do so, they had to provide convincing evidence to contradict powerful belief systems and seek nothing less than a major cultural shift. This review is divided into four sections as a way to capture the prevailing explanatory frameworks that were characteristic of each form of violence against women.

As we move from these collective contributions to each theorist's individual work, we discuss how each author's ideas, interests and opportunities evolve over time, alternately supporting, challenging and refining feminists' explanatory frameworks for violence against women. When possible we have addressed these shifts based on the themes identified in the author's work as well as the author's own perspectives on their work.

RAPE

Rape was among the first forms of violence against women addressed by feminists. The 1971 version of *Our Bodies, Ourselves*

(Boston Women's Health Book Collective) outlined some of the "myths" of rape and how women might protect themselves. Among the myths they listed were that women (secretly) want to be raped, that the motive for rape is sexual, that it is an impulsive act, that it usually involves a stranger, and is frequently an interracial crime. Other myths at the time were that women invited rape by what they wore, that it occurred mostly among the lower classes, and was preventable if a woman really did not want to be raped. Most women believed it could never happen to them. Paradoxically, it was also believed (by some) that rape does not really injure women *and* that if a good woman was raped, she would go crazy. What was written about rape in the professional literature often described characteristics and psychodynamics of the victim as explanatory factors. The stigma associated with being raped meant families were shamed and victims were blamed. Few cases were reported to authorities and even fewer were prosecuted. Many of these ideas are still accepted by some people, but the treatment of rape victims has been immeasurably improved by the efforts of feminist theorists, therapists, writers and researchers. In our review of feminist contributions to the study of rape, we highlight the work of Ann Burgess, Susan Brownmiller and Mary Koss.

Ann Burgess

In 1972, Ann Burgess, a professor of community mental health nursing, and sociologist Lynda Holmstrom started a rape crisis center at Boston City Hospital. They began to publish their findings in 1973, describing in nursing and medical journals what they called the "Rape Trauma Syndrome," a model that is cited as valid today (International Society for Traumatic Stress Studies, 2003). Based on a shared social perspective, they described rape as a social problem that needed to be addressed at a social level, both with services to individual victims and changes in institutional and social policies. As advocates in the broadest sense they provided direct services for physical and emotional trauma and also accompanied women to court if they chose to prosecute (Burgess & Holmstrom, 1973, 1974a, 1974b, 1979; Holmstrom & Burgess, 1975).

They described the symptoms they observed in rape victims (including nightmares, flashbacks, somatic symptoms and emotional responses) and linked these to crisis theory, Kubler-Ross's theories on dying and on traumatology (specifically Sandor Rado's theories of traumatophobia and to men's war experiences). Written near the end of

the Vietnam War, there was no category of posttraumatic stress disorder (PTSD) in the *Diagnostic and Statistical Manual II* (1968). Burgess and Holmstrom described the range of normal responses seen in their study group that included representatives of all ages from many ethnic and racial groups. They addressed the myths of rape implicitly in their articles through the data they collected and reported. For example, they described the range of dress and attractiveness of the victims and emphasized that rape is not a sexual crime but a crime of violence. This position is made explicit in some instances, as in providing guidelines for talking with victims: "Use nonjudgmental language and speak about the issues of power, control, anger, and aggression, which are the salient features of the assault" (Burgess & Holmstrom, 1988, p. 38). They make it clear that the women they were seeing in emergency rooms felt they were in danger of their lives, and may barely have escaped murder.

Early in their descriptions of working with rape victims, Burgess and Holmstrom created profiles to provide some direction for providing assistance to victims. These profiles, however, were always based on what the women themselves were asking for. The authors described this approach as an overt shift from the view that the professional knows best to honoring the centrality of the woman's experience. Categories and descriptions of women's experiences were presented in the women's own words when possible. In articles and their book, *Rape: Victims of crisis* (1974c) and *Rape: Crisis and recovery* (1979a), Burgess and Holmstrom emphasized that rape victims may present a range of normal responses, from outwardly calm to visibly distressed. Three phases of recovery were described along with the physical, emotional and psychological needs at different phases. The first state or immediate phase involves acute fear, while the second stage is characterized by a phase of disorganization in which re-experiencing aspects of the assault may be particularly distressing. The third stage is a reorganization phase, the length of which can vary widely. Also described are "compounded" and "silent" rape reactions. The former is consistent with Herman's perspective on "complex PTSD" and the latter, described more by Koss, alerts health care professionals to the kinds of unexplained physical symptoms they may see in patients who have been assaulted in the past and/or more recently, but who have never spoken about it. Later publications have addressed institutional responses to rape (Holmstrom & Burgess, 1978) and sexual assault of children and adolescents (Burgess, Groth, Holmstrom, & Sgroi, 1978).

In the late 1970s Ann Burgess began to shift her work toward violence prevention by identifying risk factors associated with sexual per-

petrators. She worked closely with John Douglas of the FBI to develop criminal profiling approaches for serial rapists and murderers and is now widely known for her work in forensics (Hazelwood & Burgess, 1987; Ressler, Burgess & Douglas, 1988; Ressler, Burgess, Burgess, & Douglas, 1993). Her current work involves looking at vulnerable populations and abuse of power, e.g., people who are cognitively impaired, and those who are in nursing homes or developmentally delayed, who may be without the language or memory (in some cases) or credibility (as witnesses to their own crime) to represent themselves. She was the chair of the 1996 National Research Council's Task Force on Violence Against Women.

Susan Brownmiller

Susan Brownmiller is a journalist who began writing about rape in 1968. Self-described as "combative, wary, and verbally aggressive," she was skeptical in the early 1970s when her consciousness-raising group proposed that rape should be a concern of the women's movement. After she heard the testimony of women at the New York Radical Feminist's Speak Out that she had helped to organize in January of 1971, she became convinced that much of the history of women and of rape had never been adequately described and documented. Her ground-breaking book, *Against Our Will* (1975), marked an important shift in social, historical and cross-cultural explanatory frameworks when she presented evidence, in painstaking detail, of the use of rape as a formal and informal military weapon in the patriarchy's war against women. She came to believe that women's denial that they could be raped was what was keeping us from confronting the problem. She directly challenged the myths of rape by contrasting them with the realities, ranging from the Greek myths of rapists as heroes to the urban myths that women who are raped either do (or should) enjoy it.

Drawing from research, classic and contemporary literature, legal and military records, news reports, and women's personal testimonies, Brownmiller presented readers with disturbing evidence that rape too often has been romanticized, e.g., in both World Wars propaganda posters showed "the rape of Belgium" with Belgium portrayed as a beautiful woman. The reader who persevered learned that rape is far from rare, and is not an act of sex but of violence. Rape is a systemic way that men have kept women in "their place" for millennia. Traditional stories and fairy tales teach women that to be safe from all men a woman must be protected by one man, preferably a strong, overpowering one. Women

have been discouraged from having strong minds and strong bodies; men find beautiful, passive and dependent women more attractive. Women are conditioned to be victims by cultural beliefs about women and men and the socialization of women to passivity. Passive, gentle young women are trophies; strong women are castrating. Even contemporary male writers, such as Updike, Solzhenitsyn, and Cleaver (and some females, such as Ayn Rand) apparently viewed rape either as not a crime or as justifiable (pp. 313-346).

Other myths and misconceptions of rape and rape victims were critically analyzed for accuracy and implications. She noted that women are given a double message about how dangerous rape is. For example, you must show evidence of extreme resistance to support the legitimacy of a rape charge, i.e., serious wounds . . . but if you resist you probably will be killed. Consent, she asserted, when one is threatened, is still forcible rape. Although there was a belief that a woman would only "cry rape" for revenge or because she "changed her mind" there was more evidence that men lie and that juries tended to believe the men. Movie images to the contrary, women do not fall in love with their rapists. In essence, the myths told us, there really is no such thing as rape; but if there is, it's the woman's fault. Not until Freud, and his follower Helene Deutsch, Brownmiller noted, could men take comfort in the belief that women wanted to be raped, as part of their inherent masochism (pp. 315-325).

Perhaps most chilling is Brownmiller's portrayal of rape as a "macho bonding exercise" carried out by groups of men in the wake of battle as the spoils of war, the right of the victor. Rape, torture and murder of women and children are not uncommon. Although charges were filed against American soldiers following the My Lai massacre and defendants were found guilty, the rape charges were later dropped. During the American Revolution and American Civil wars, there were reports of "lewd, lascivious and indecent acts," "much ravishment," and incidents involving "that most irreparable injury" (pp. 77, 119). And, of course, a man whose wife has been raped would never want to take her back once she had been "sullied" and was damaged property. Across cultures and history Brownmiller found reports of mass rapes of women and children as part and parcel of wars, pogroms, and riots. Forced sexual relations are somehow seen as justifiable when they involve oppressed groups, including slaves, minority religious groups, and defeated indigenous groups. Brownmiller's broad perspective puts the range of social and political traumas into a framework emphasized by Maria Root's work in more recent years. Complex interactions between race, sexuality, and

power are outlined in discussions of the many unofficial undeclared wars, in domestic violence, southern lynchings, prison rape, and child sexual abuse. These were and are difficult truths to see and many would rather not.

Brownmiller has continued to speak difficult truths with clarity and passion in the intervening years since the publication of *Against Our Will*. An impressive array of her critical essays and interviews have illuminated readers about a wide range of topics (Brownmiller, 1984; 1992; 1994; 1999) but the topics of feminism and the aftermath of war have continued to engage her. In response to our questions about her current perspective on *Against Our Will* she wrote regarding her intent: "The last line of *Against Our Will* reads: 'My purpose in this book has been to give rape its history. Now we must deny it a future.'" The major point she was trying to make was that, "Rape is a crime of violence, not a crime of lustful sex." How successful was the attempt? The book has had "A lot of influence. The book became a classic text in feminism and therapy. Laws changed." One thing that has not changed is her views on the topic of rape. She wrote: "My views have not changed. The world has come to understand rape much more clearly, but we have not eliminated it." How does she think the work has held up over time? She responded that the "Assumptions and findings have held up brilliantly" (S. Brownmiller, personal communication, April 14, 2003).

Mary P. Koss

In the early 1980s, research psychologist Mary P. Koss began studying rape by developing and revising a research instrument to measure sexual aggression by men and sexual victimization of women (Koss & Oros, 1982; Koss & Gidycz, 1985). Strongly influenced by Brownmiller's work. (M. Koss, personal communication, April 16, 2003), the development of this instrument was grounded in her observation that the incidence of rape was hidden by virtue of methodological flaws in viewing sexual victimization as a dichotomous variable. Rather than purporting that women were either victims or non-victims, Koss argued that a woman's understanding of her own sexual victimization could best be identified in a tool which considered a dimensional view of aggression and did not require a woman to label the experience as rape. What followed was the development of a systematic program of research to explore the prevalence, risk factors, consequences and impact of sexual assault.

Like other theorists described here and elsewhere, Koss argued that the prevalence of rape was dramatically underestimated and contrary to

federally published rape statistics, rape was not a rare occurrence (Koss & Oros, 1982). Throughout her work she enumerated the myriad complexities involved in measuring the occurrence of rape and believed that these methodological issues were contributing to inaccurate rape estimates (Koss & Harvey, 1991; Koss, 1993; Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994). She argued that researchers' variations in the definitions of rape and in particular, the use of a conservative legal definitions (only penile-vaginal rape) to determine who qualifies as a victim may exclude women who were raped by other means (orally or anally). Furthermore, a woman's own definition of rape and her assessment of her victim status will vary based on a number of factors (i.e., conceptualization of the experience, acceptance of rape supportive beliefs, relationship to the perpetrator, perpetrator's use of force, whether rape was attempted or completed as well as the precise wording of questions about rape). Measuring the incidence of rape (occurrences in a given period of time) versus the prevalence of rape (occurrences throughout the lifetime) would also result in lower figures. In addition, the frequent exclusion of particular groups of women (e.g., mentally ill, homeless, mentally retarded, lesbian, imprisoned, ethnically and socioeconomically diverse, involved in the military) and flawed study designs (e.g., telephone surveys that are completed when a woman is in the presence of others, use of untrained, gender or ethnically unbalanced interviewers during face-to-face interviews) could all result in lower reports of rape.

In her classification of the forms of rape (Koss & Harvey, 1991), Koss identified a group of women who were hidden victims. In a series of articles based on her findings from a national sample of students in higher education, Koss observed that rates of victimization were 10-15 times higher and rates of perpetration were 2-3 times greater than originally reported by federal statistics. Almost half of the women who were raped did not disclose their rape to anyone, as Burgess earlier noted, while only one third of these women defined their victimization as rape, and only 5% reported their victimization to the police and/or sought victim services (Koss, Gidycz, & Wisniewski, 1987). Since rape reports are based solely on reported instances of rape from women who label their experiences as rape, she concluded that hidden rape victims were not represented in federal rape statistics.

Since the prevailing image of the rape perpetrator was a stranger who raped women in dark alleys late at night, Koss believed that the experiences of women who were being coerced into sex by intimate partners with little or no force were not identified as rape victims for several rea-

sons. Despite meeting legal definitions of rape, Koss argued that women may not conceptualize their experience as rape based on their own acceptance of social and cultural beliefs about rape (Koss, 1993). Supporting this hypothesis she and her colleagues found that while forty-percent of women raped by family members described this experience as rape, over sixty-percent of these women either believed it was a crime, but not rape, or rather a miscommunication despite having been raped by their spouse or family member five or more times. As a result, only 44% compared to 73% of women raped by acquaintance told someone and sought help (Koss, Dinero, Seibel, & Cox, 1988). Furthermore, Koss observed that neither personality nor attitudes towards rape differentiated women who disclosed their rape from those who kept it hidden. Rather, the context in which they were raped determined their hesitancy or urgency to report; hidden rape victims were often raped in the context of a sexually intimate relationship, whereas women who disclosed their rape victimization to authorities had less of a prior relationship to their perpetrator (Koss, 1985). These studies were pivotal in conveying actual women's experiences to the world; not only was rape occurring more often than previously conceived, but a majority of these victimized women were living in secrecy after being victimized by spouses and acquaintances.

Based on the findings from her research, Koss focused on challenging societal perceptions of why men rape and why women are raped. Seeking to dismantle the myth of the deranged and psychopathic rapist, Koss found that 25% of men in one study used incrementally serious forms of coercion and aggression to achieve their sexual objectives leading up to attempted rape (3.3%) and rape (4.4%) (Koss & Dinero, 1988). Among a group of adolescents, women thought that non-consent was "extremely clear," whereas men for the most part thought it was "not at all clear" (White & Koss, 1993). She illustrated that while heterogeneous, men who rape commonly demonstrate developmentally progressive forms of aggression (Koss & Dinero, 1988; Koss & Harvey, 1991; Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994). Beyond individual psychological characteristics, family and peer socialization, Koss argued that institutional and societal forces support rape by failing to charge men for the crimes they commit and by giving women the message that not only will they not be believed, but they will be blamed for the crimes which were perpetrated against them. A woman would have to prove that rape had occurred (Koss & Cleveland, 1997). Like the early feminists, Koss believes the reason women are raped lies in men's need to exert intentional social control over women

(Koss, Heise, & Russo, 1994). Contrary to societal perceptions, she did not find overwhelming evidence for a particular group of risk factors that uniquely predicted women who were raped (Koss & Dinero, 1989). Rather, she concluded that rape happens to all women and the fear of rape is part of women's collective consciousness (Koss, Heise, & Russo, 1994).

Due to the high percentage of women who do not seek treatment immediately following rape (Koss, Gidycz, & Wisniewski, 1987), Koss urged both mental health and other professionals to become familiar with the needs of rape victims. In addition to her work with Mary Harvey, whose work will be described later, Koss believed that non-mental health treatment providers needed to be cognizant of the occurrence of violence against women and its aftereffects (Koss & Harvey, 1991; Koss, Goodman et al., 1994). She encouraged the medical community to routinely screen for rape victimization, provide referrals when needed (Koss, Woodruff, & Koss, 1990; Koss, Goodman et al., 1994; Koss, Ingram, & Pepper, 1997) and address the physical health concerns of rape victims including concern over pregnancy, sexually transmitted diseases and other physical health related problems (Koss & Woodruff, 1991; Koss, Heise, & Russo, 1994).

Koss's work demonstrates an awareness that male violence against women transcends racial, ethnic, socioeconomic, sexual orientation and age boundaries as well as state and national boundaries (Koss, Heise & Russo, 1994) and urges for improved research among ethnically diverse, lesbian and disabled women (Koss & Hoffman, 2000). What is most striking about Koss's work as a researcher is her reliance on accurate measures of the subjective experience. She takes the position that if the data do not support what we intuitively believe (e.g., that those with less education and income, who often use public transportation and live in central cities are more vulnerable to rape), then we need to see if the study methods used were flawed (Koss, 1993, p. 215). She notes that sensitivity to issues of diversity demands recognition that confidentiality may be a meaningless construct to participants who are historically skeptical and distrustful of institutions and people in positions of power (Koss, 1993), and that differences may exist in perception and expression of abuse (Lira, Koss, & Russo, 1999; Koss & Hoffman, 2000).

Through rigorous research and her ability to speak to multiple audiences, including psychology, law, medicine, and public health, Mary Koss brought the subjective experiences of women's lives into the objective realm of research. In doing so, her work helped to raise society's awareness of the magnitude of rape, of the secret pain of hidden victims

and of the social forces that support its existence. In her current work, Koss is moving from theory to practice to explore social justice perspectives. She is currently involved in an innovative project based on concepts of restorative justice among Native American populations in Arizona in the belief that "Justice is healing" (M. Koss, personal communication, April 16, 2003).

SEXUAL ABUSE

As with rape, there are numerous myths that deny the existence of the sexual abuse of children, or blame the child for the transgression when it is acknowledged to exist. Now, as in Freud's era, people prefer to believe that such things exist only in the fantasies of children who crave attention. Hence we are encouraged to believe the myths that child sexual abuse is rare, even rarer for prepubertal children, and that avoiding strangers will protect children from sexual abuse. We find comfort in the myth that only alcoholic or drug-crazed psychopaths would commit such acts, and that, if they do occur, it is a one-time occurrence that children will forget if it's not talked about. Most comforting, of course, is the belief it could never happen to us, to our children, or to anyone we know. Among the many fine feminist theorists, therapists and researchers who have addressed this topic we highlight the work of Judith Herman and Mary Harvey.

Judith Lewis Herman

As a practicing psychiatrist and researcher, Judith Herman's work bridges the gap between grass roots social change efforts and interdisciplinary academic research. She describes the work as part of an ongoing "enlightenment" project to reveal truths based on empirical data and aimed at empowering victims of violence (Herman, 2002). Working with many different collaborators, Herman implements a clear program of research based in the reality of human experience rather than framed and constrained by predetermined theories. In studying incest, sexual abuse by therapists, and long-term consequences of repeated trauma, she first asks what the problem is and seeks answers from those who have experienced it. Risk factors for the problem are then identified as well as strategies that will prevent it or help people heal from the experience. Findings are reported to both lay and professional groups. In each case she makes clear the links between the social context in which ap-

parently individual problems occur and the multilevel changes necessary to alleviate them.

Like most of the feminists described in this section, Herman was involved in anti-war and civil rights before coming to feminism. She credits her experience in a consciousness-raising group as giving her the ability to see and hear what the women she was seeing in practice were actually describing. While completing her psychiatric residency, she also volunteered in a storefront clinic and found similarities between the women she saw there and those who "sought shelter" in psychiatric hospitals. In 1975 she and her first collaborator, Lisa Hirschman, wondered why they were seeing so many incest survivors and battered women when the conventional wisdom was that these experiences were rare. When they published the findings from their first small study in *Signs* (Herman & Hirschman, 1977) they began to hear from victims and therapists all over the country that what they were seeing was far from rare and that the contemporary treatments based on psychoanalytic theory were not helpful in understanding the problem or helping victims.

The 1981 release of their book *Father-Daughter Incest* (Herman & Hirschman) brought to the public both the poignant words of victims and the disturbing statistics about the reality of sexual abuse in the family setting. In this book and related articles, Herman and Hirschman refuted the belief that sexual abuse is rare (citing that 1% of women have been victims of father-daughter incest and 10% of women report a childhood sexual experience with a relative) and that the consequences of sexual abuse are negligible (Herman, Russell & Trocki, 1986; Herman, Perry, & Van der Kolk, 1989). Also described were family risk factors for sexual abuse (Herman & Hirschman, 1981) and the family, social and institutional barriers (Schatzow & Herman, 1989) to disclosing the abuse. Much of Herman's subsequent work has been dedicated to documenting the pervasive and prolonged negative effects of early childhood sexual abuse from somatic symptoms, affective dysregulation and sleep disruption to disorders of personality and a range of self-destructive behaviors. In another study, Herman (1986) reviewed the records of 190 psychiatric outpatients and found nearly one-third of women had been physically or sexually abused and nearly as many (29%) of the male patients reported abusing others.

In the late 1980s Herman collaborated with Gartrell to study another abuse of trust and power: the prevalence of sexual abuse of vulnerable patients by psychiatrists. In a national survey of 1,423 randomly sampled psychiatrists, 98% of the respondents disapproved of sexual contact with patients and recognized it was harmful to patient (Gartrell,

Herman, Olarte, Feldstein, & Localio, 1987a). There was much less agreement, however, about the time that should elapse between the end of a therapeutic relationship and the possibility of engaging in a sexual relationship with a former patient (Herman, Gartrell, Olarte, Feldstein, & Localio, 1987). Most (86%) of the psychiatrists believed that there should be mandatory reporting of fellow therapists who have abused the therapeutic relationship; however they had only reported 8% of the situations about which they had knowledge (Gartrell, Herman, Olarte, Feldstein, & Localio, 1987b). A program to assess and rehabilitate sexually exploitive therapists was described in subsequent papers (Gartrell, Herman, Olarte, Feldstein, & Localio, 1988; Gartrell, Herman, Olarte, Feldstein, Localio, & Schoener, 1989).

With the 1992 publication of *Trauma and Recovery: The aftermath of violence from domestic abuse to political terror*, Herman wrote what many describe as a classic text on the topic. In an accessible academic writing style, reminiscent of Brownmiller's work, she leads the lay or professional reader through the compelling and disturbing cross-cultural history of the changing psychiatric beliefs about violence and its consequence in terms of human suffering. Herman takes the issue of trauma out of the gender battle by providing a scholarly description of the experience of trauma across many situations, from "shell shock" and combat-related traumas suffered by concentration-camp survivors, hostages, and prisoners (more frequently experienced by men) to the "combat neurosis of the sex war." The latter category includes survivors of domestic battering, childhood sexual and physical abuse, rape, and organized sexual exploitation (much more frequently experienced by women). Building on original observations of Freud, Janet, and Charcot, as well as contemporary trauma specialists, Herman uses multiple sources to develop her argument for a new Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis of "Complex Post-Traumatic Stress Disorder." This diagnosis acknowledges that the effects of early and/or repeated acts of terror, captivity, and disconnection differ significantly from the trauma response associated with a single event that may have been experienced in the company of other victims (Herman, 1992b, 1995). The stages of recovery she describes (Safety, Remembrance and Mourning, Reconnection) link her own research with historical sources (van der Hart, Brown, & Van der Kolk, 1989), and contemporary work based on combat trauma (Scurfield, 1985), "complicated PTSD" (Brown & Fromm, 1986) and Multiple Personality Disorder (Putnam, 1989).

In *Trauma and Recover*y, now in its second edition (1997), as well as related research papers, Herman demonstrates her capacity to communicate in whatever language is most meaningful to different audiences. Because professional legitimization of any psychiatric condition currently requires verification of measurable, observable physiological evidence of neuropsychiatric damage, her collaboration with other scientists is crucial. At the same time, she grounds her presentations in the language of the men and women who have lived the experiences. Simultaneously poetic, passionate, well-documented and empirically-based, Herman's work maintains a feminist focus and identity without alienating everyone who is not a feminist. The social and political contexts of problems and their solutions are never lost. Nor do they drown out the voices of those who are suffering and need to be empowered as individuals.

Judith Herman's current efforts include teaching and research at Harvard, and ongoing practice in the Victims of Violence Program in Cambridge, Massachusetts that she co-founded with Mary Harvey. Her focus, like the feminist movement that has sustained her, has both broadened and deepened. She sees what is now an international women's movement as an opportunity to learn if the experiences of recovery from trauma can be understood more fully in a cross-cultural context. She is exploring, from a multidisciplinary perspective, what advocacy means to victims and what they would see as justice for the crimes they have endured. She asks how we can hold people accountable for their actions. And, because she has reminded us that there is no "magic bullet" or recipe for healing, the enlightenment project must continue (Herman, 2002).

Mary R. Harvey

Like Judith Herman, Mary R. Harvey's contributions to feminist theory are well informed by her direct involvement in feminist grassroots organizations such as the Victims of Violence program. Based on her extensive experience as a treatment provider, Harvey has continued to bring the political forces that shape women's lives into the clinical domains of treatment and assessment. Her work has shaped the way treatment is provided both nationally and internationally and has promoted the recovery and resilience of victims of violence worldwide.

As the recognition of women's experiences took shape in prevalence studies, so too was the acknowledgement that violence against women was endemic to society. Feminists argued that violence against women

was not an individual problem, but rather a community problem with a burden shared by all. To extend these ideas to clinical work, Harvey applied an ecological framework to describe the causes and clinical implications of trauma (Koss & Harvey, 1991; Harvey, 1996; Harvey & Harney, 1995). In doing so, she emphasized the salient role of the community in treating and preventing victimization by describing the multiple interrelationships between the individual and the community.

Harvey's work on her ecological framework of victimization placed the relationships among the person, event and environment at the focal point of discussion. Person characteristics (i.e., internal traits, abilities), event characteristics (i.e., components of the victimization, such as the nature, severity, frequency and duration of victimization) and environment characteristics (i.e., degree of safety and protection provided post-trauma, attitudes toward the victim and the resources available to her) form the individual's unique ecology and serve as the foundation from which recovery will occur. Harvey described how while the person and event characteristics are likely to be stable, the environment characteristics will range in the degree to which they promote or hinder recovery. Cultural norms or explanatory frameworks will inherently be transmitted to members of a given community. Consequently, women from communities that support a valued role for women and view violence against women as a form of patriarchy and oppression will likely fare better than women who are from communities which uphold patriarchal views. Moreover, since women belong to multiple communities simultaneously (i.e., cultural, racial, professional), victims of violence must negotiate their recovery amid potentially disparate messages heard from multiple communities. Harvey also described how the provision or absence of supports to heal within the community (e.g., availability of rape crisis centers) will shape the recovery process and play a vital role in buttressing women's well-being following trauma (Harvey, 1985; Koss & Harvey, 1991).

While Harvey demonstrates how the ecology of one's environment can empower or disempower recovery, she also stresses how the environment itself can serve as a mechanism to promote violence. Depending upon the nature of social, cultural, political and other environmental forces that are embedded in the ecology, ecological threats may prevail (racism, poverty, misogyny, patriarchy, and disinclination towards diversity and pluralism) to support violence against women, allowing men to use violence as a way to oppress women and exert their power over them. Given the pivotal role of the environment in preventing and intervening in victimization, Harvey underscores the need for social ac-

tivism and community change to be at the heart of efforts to combat violence against women (Koss & Harvey, 1991).

Harvey also developed a model, based on the role of treatment, the ecological framework and stage models, to help clinicians provide the appropriate level of intervention to assist victims who are at different stages of recovery. Treatment assumptions within an ecological framework include the need to depathologize trauma by placing individual post-trauma reactions within the larger social context, recognition that recovery is multidimensional, and that effective treatment must be provided in the context of the person's unique ecology. Since victimization is the result of a loss of power and control, interventions must guide the victim in restoring these internal and external facilities (Koss & Harvey, 1991; Harvey, 1996).

The timing and level of intervention provided is based on awareness that not all victims of violence will develop post-traumatic stress disorder and as a result, many will benefit from a single session of crisis intervention (Koss & Harvey, 1991; Yassen & Harvey, 1998). At this stage it is important for clinicians to focus on the various reactions to violence and trauma (physical, psychological, relational, cognitive, behavioral and spiritual) and give power and control of the internal and external environment back to the victim by establishing physical and emotional safety, providing information, allowing for ventilation and validation of experience, mobilizing internal and external resources and preparing and planning for the future. Because clients often heal from trauma without intervention, having a history of trauma is not necessarily indicative of current treatment needs. In instances where the trauma is unresolved however, clinicians should begin to develop a relationship with the client and work towards assisting clients to process painful memories, manage disturbing symptoms, and integrate belief changes around the trauma, with the goal of restoring mastery, control and power. The egalitarian nature of group treatment approaches can provide multiple benefits for those who may feel isolated and stigmatized. Central to group treatment are opportunities for victims to validate feelings, foster safe attachments, share grief, confirm and assign meaning to the experiences (Koss & Harvey, 1991).

Beyond providing a structure for treatment, Harvey describes seven indicators of recovery that are applicable to all treatment types. Given the increased emphasis on the efficacy of treatment endemic to the current political climate, these recovery dimensions importantly provide a benchmark for therapeutic goals and clinical assessment. The indicators of recovery include (Harvey & Harney, 1995): (1) authority over the

remembering process, (2) integration of memory and affect, (3) affect tolerance, (4) symptom mastery, (5) self-esteem and self-cohesion, (6) safe attachment, and (7) establishing new meaning. These components of recovery are fundamental to the several stage models of treatment developed by Harvey and her colleagues and account for the variation in goals of each stage, the amount of time clients typically spend during the stage and the oftentimes cyclical and non-linear nature of progression through the stages (Lebowitz, Harvey, & Herman, 1993; Yassen & Harvey, 1998). In her current work, she is focused on violence in general, including domestic, community, political violence (M. Harvey, personal communication, April 22, 2003) and is extending these ideas to examine recovery and resilience from the victim's perspective (Harvey, Mishler, Koenen, & Harney, 2000).

DOMESTIC VIOLENCE/BATTERING

The myths about violence against women have often been incorporated into law and interpretations of the belief that women are men's property and that "family matters" should be private. Even with laws now changed in every state many of the myths about why women are battered and about those who batter continue to be widely believed. Among them are that few women experience battering, that it occurs primarily among low income groups, and that women often obtain satisfaction from being beaten, which is why they don't leave. Batterers are seen as either crazy or "just" under the influence of alcohol and their threats are empty. If women do leave, they will probably find someone else to batter them.

Ginny NiCarthy

Directed at women who are in an abusive situation, Ginny NiCarthy's book *Getting Free* (1982) grew out of her experiences as a social worker with women in the early battered women's shelter movement. NiCarthy was the director of a battered woman's shelter in 1976 when she began to look for the experts who could provide guidance for helping women who were trying to escape violent relationships. She found, as she had earlier when working with rape victims, that the only real experts on the subject were the women who had lived the experience. Written as a self-help handbook that could help women decide how dangerous their own situation was, information also was provided about the signals that

it might be getting more dangerous. Using the words of survivors and building on the successes and failures of these real experts, the book helped women evaluate the possibility of leaving their partners and identify the resources they would need. Practical information was provided about dealing with legal and social services, dealing with financial concerns, finding safe shelter and identifying options to overcome the pervasive and crippling sense of helplessness and terror. Checklists and values clarification exercises help a woman (who often is isolated) begin to frame her situation in terms that invite active problem-solving. It gave her hope that her life could be both different and much better. Now in its 2nd edition (1986, 1997) and 15th printing, *Getting Free* has been translated into many different languages and is still considered by many the "bible of domestic violence texts" (Amazon.com). Similarly, *The Ones Who Got Away: Women Who Left Abusive Partners* (NiCarthy, 1987), which presents the stories of 33 women and their escape from domestic abuse, is often cited as an invaluable resource for women who are trying to make sense of their own lives and identify the realistic costs and benefits of possible alternatives. Readers can confront their fears and take strength from the words of women who have risked leaving bad relationships, overcoming fear of poverty, retaliation, and loss of their children, for refusing to be treated badly.

NiCarthy originally had intended to write a succinct resource for women who were in abusive relationships, but as she added the exercises, examples, and information on all the relevant issues related to creating a new life, she found the book grew much larger than she anticipated. The publication *You Can Be Free: An Easy-to-Read Handbook for Abused Women* (NiCarthy & Davidson, 1989) is a shortened version of the step-by-step suggestions in *Getting Free*. Also translated into many languages, it is directed at women who will find the reading level more accessible, but the book also has the advantage of being brief enough to be used by women whose anxiety may limit their ability to concentrate or retain many details. It also is small enough to be concealed, if necessary.

At a time of these publications, services for battered women were just beginning to be developed and community responses were inconsistent. Although these realities still exist for many women in many places there is a much stronger public awareness that intimate partner violence exists and can no longer be dismissed as just an individual woman's problem, one considered "off-limits" within the private sphere of the family. When she first started running groups for battered women, NiCarthy found that what worked with other groups, did not work with battered

women. These groups, involving women with very real fears and diminished self-esteem, provided major challenges to leaders in helping them make decisions. These observations resulted in a co-authored book, *Talking It Out* (NiCarthy, Coffman & Merriam, 1984) directed at group leaders who worked with abused women.

Ginny NiCarthy describes herself as driven by learning, challenge and change, noting that these were always present in the battered women's movement: women taught her. As they did, she realized she needed to constantly revise her evolving theories about patterns of abuse and the social and political contexts in which they occur. As evidence mounted that violence against women was not just physical, that it occurred among adolescents and could also be perpetrated by other women, she incorporated these observations into the revised version of *Getting Free* (1986). Chapters on emotional abuse, teen abuse, and lesbian abuse represented more complexity than the view that men beat women because they can.

Questions about the dynamics and abuse of power at all levels and the different ways they are managed in different cultural groups have continued to challenge her. Some of these questions are explored in *You Don't Have to Take It!* (NiCarthy, Gottlieb, & Coffman, 1993), a book about abuse in the workplace. Other questions relate to the tensions and paradoxes between assumptions feminists held the early battered women's movement and realities unfolding over time. For example, we want women to feel fine about who they are *and* we are hoping they will identify some ways to change their lives, through changing their own behavior and thinking (as well as through social change). And, as feminists, we recognize and honor cultural differences *and* at the same time we may support policies and laws that are incongruent with some cultural group's ways of managing conflict. In many cultural groups the idea of separating men from women for treatment (or the abuser from the abused) may be inconsistent with family and community-based values. Nor is it always clear how to proceed when a person may be an abuser in one instance and abused in another. Labels about abuse and privilege are seldom as distinct in reality as they appear to be in theory, once we consider class, race, life experience, disabilities, etc., as well as gender differences. Her ongoing concerns about the abuse of power between individuals and its relationship to abuse of power between nations have led her to some of the same larger questions raised by others reviewed in this section. Specifically, she wonders how people can be helped not to batter when, as humans, we all have the capacity to abuse others. She echoes the concerns of the other authors in this section in

asking increasingly broad questions, such as "How do people of good will deal with people who are not of good will?" Simply excluding some nations from the human rights committee or telling women who are battered that they should leave are not solutions. Work against violence has to involve work toward community building. We are dealing with the same thing on global and individual levels and we should be able to take what we learn in one arena and transfer that to other arenas, or the violence will continue. How, she asks, are we going to deal with bullies in the world without being or becoming bullies? (G. NiCarthy, personal communication, May 1, 2003).

GLOBAL PERSPECTIVES ON VIOLENCE AGAINST WOMEN

The work of one author in this review does not fit tidily into the aforementioned sections. Maria Primitiva Paz Root is discussed under this section because the scope of her work includes all forms of violence against women. Her theories are global perspectives in that they address all forms of violence against women. She asks critical questions concerning definitions of trauma and what groups of people have been included or excluded from these frameworks.

Maria Primitiva Paz Root

Maria P.P. Root is a clinical psychologist whose contributions to feminist theory extend well beyond the study of trauma; her work spans two decades and includes numerous books and other publications on ethnic, gender and class identity development, cultural assessment and eating disorders (Root, Fallon, & Friedrich,1986; Root, Ho, & Sue, 1986; Root, 1987; Root, 1990; Root, 2001). The work we review here is limited to her involvement in educating professionals about the long-term sequelae of victimization, reconceptualizing definitions of trauma and in guiding researchers studying violence against women of color.

As awareness of the prevalence of male violence against women was growing, so, too, was the recognition that these forms of violence may have long lasting effects on victims. During the mid 1980s, Root and her colleagues observed how women with bulimia had histories and symptoms that were reminiscent of women who were victims of interpersonal abuse, noting that the "bulimic often comes to therapy looking like a victim" (Root & Fallon, 1988, p. 161). Based on these clinical ob-

servations, Root conducted one of the earliest studies measuring the oc-
currence of interpersonal victimization in a sample of outpatient women
with bulimia. In this study Root observed that 66% of the sample had
been physically victimized, 25% raped, 29% were sexually molested,
29% were physically abused and 23% were battered (Root &
Fallon, 1988). It was in these results that Root believed that disorders
traditionally ascribed to women, such as bulimia and substance abuse,
had overlapping expressions of post-trauma reactions and the disorders
themselves were evidence of the various ways women tried to cope with
interpersonal victimization (Root, 1989). These findings would prompt
Root to assert that professionals could be more effective in treating
women with these disorders if they began treatment by addressing the
aftermath of victimization. To that end, she placed the onus of detecting
interpersonal victimization on professionals from different treatment
settings, calling on them to recognize warning signs potentially indica-
tive of victimization by asking carefully worded questions to ascertain
information about victimization history and by becoming comfortable
discussing traumatic experiences with women clients (Root & Fallon,
1989; Root, 1989; Root, 1991).

Much of Root's work has been directed toward developing a broader
definition of trauma; extending notions of what trauma is and who is
seen as a victim. Many feminists, theoretical scholars and clinicians
have criticized existing definitions of trauma and post-traumatic stress
disorder (PTSD). These criticisms often have focused on how trauma
responses tend to be viewed pathologically rather than in a normative
perspective and how the system of diagnosis castigates victims, labeling
them in ways that strip their experiences of meaning, history and con-
text. Root extends these critiques by proposing a multidimensional defi-
nition of trauma and in doing so, she provides a framework that allows
for understanding of the common and unique reactions observed across
individuals and groups following victimization. It is also through this
reconceptualization that Root extends the traditional definition of
trauma, used by most of the foregoing authors, to include groups of peo-
ple who may be "psychologically or spiritually wounded" as a result of
being marginalized by race, ethnicity, religion or sexuality (Root,
1992).

Root's multidimensional definition of trauma is based on a number
of limitations found in current thinking of trauma and its aftermath
(Root, 1992; Root, 1997). First, consistent with Brownmiller and
Herman's views, Root asserts that trauma should be defined as both an
individual and collective set of reactions within a larger historical and

socio-political context, since there are particular subgroups of people who have been excluded from trauma frameworks despite having experienced large scale atrocities (Japanese Americans, Holocaust survivors and Native Americans, for example). Second, the artificial separation of the mind and body in American culture neglects to incorporate the impact of trauma on one's spirit and spirituality, facets of the human experience particularly important to women of color. Third, concepts of what is traumatic need to become more elaborate and should include threat to life, chronic poverty, racism, homophobia and other forms of discrimination. Lastly, Root believes that by exploring the impact of trauma on dimensions of safety (physical, emotional/psychological, spiritual), professionals would be able to identify potential similarities and differences in trauma-responses based on the nature of the event.

In adopting a more comprehensive definition of trauma, Root sought to distinguish one form of trauma from another in two ways. First, she begins by categorizing trauma based on the proximity to the perpetrator (Root, 1992; Root, 1997): (1) Direct trauma includes traditional forms of trauma (war, accidents, natural disasters) as well as sexual and physical abuse, sudden or debilitating physical illnesses and culturally bound atrocities (internment of Japanese Americans, dislocation of native groups and genocide); (2) Indirect trauma is secondary trauma, whereby a person is traumatized by the trauma endured by another person. Friends, family members, direct witnesses to trauma, people who are habitually exposed to trauma (professionals who work with trauma victims or members of the media) could suffer indirect trauma. Women, as a result of being socialized to be relationship-dependent, may be more likely and vulnerable to indirect trauma; (3) Insidious trauma is form of psychological or symbolic threat based on individual characteristics that are directed towards a larger group of people who are marginalized by gender, race, ethnicity, age, religion, class, sexual orientation or physical ability. The effects of insidious trauma become part of a collective consciousness, leaving generations of people traumatized as a result of their ancestor's direct suffering.

Secondly, Root emphasized the perceived intent of trauma and interpersonal context in which trauma occurs (malicious vs. accidental; in isolation vs. with others) affects the attribution of blame, the support likely to be received as well as the process of healing (Root, 1992). In instances where the perceived intent of trauma is malicious, Root believes that society will tend to blame the victim because talking about this experience is uncomfortable and more often than not, people in society will be unable to identify with the person who has had this trauma

inflicted upon her. As a result, victims of malicious trauma will likely suffer in isolation, receive little support and will be viewed as uniquely vulnerable. If the perceived intent of the trauma is accidental however, Root believes blame will be absorbed by society or an equally large force external to the victim and her characteristics. Additionally, her vulnerability will be considered universal. Moreover, Root introduces similar discrepancies based on the interpersonal context in which the traumatic event occurs. If the victim experiences the trauma in deliberate isolation, such as with sexual abuse, the coercion on behalf of the perpetrator will likely lead the victim to blame herself for the crime. The connection with at least one other person, on the other hand, will provide social support and diminish feelings of self-blame and vulnerability. However, when trauma occurs both in isolation and with others (i.e., racism) the affected individual and the community will be simultaneously marginalized and united and will experience feelings of universal and unique vulnerability.

Despite findings that abuse of power is witnessed cross-culturally, Root stresses how violence against women of color has not been explored extensively to date (Root, 1997). To address this gap, Root describes the multiple structural (language, economic disenfranchisement, conceptual, cultural and research) and other barriers that must be considered when conducting research among women of color. First, since women of color have been historically silenced and marginalized, it is imperative that researchers are cognizant of the effects of a traditionally devalued status in society; victims of trauma and particularly women of color may be disinclined to report their trauma out of fear of being mistreated, stereotyped or for fear that disclosing will have little or no effect. Second, researchers must provide ways for women to communicate in their native language. Third, economic status of both the perpetrator and victim and issues of privacy should be considered. Lastly, as Koss noted, researchers must consider how methods of data collection and analysis impact research outcomes; since these components are not independent of culture, Root promotes using ethnoculturally sensitive means of collecting and analyzing data to minimize researcher imbalance and bias and to allow the individual's cultural group to become visible, instead of upholding the viewpoints of the dominant group which have silenced women of color.

FEMINIST CONTRIBUTIONS TO THE MEMORY DEBATE

As might be predicted from the history of any movement that challenges the status quo, a battle emerged during the mid-nineteen-nineties

that created some strange bedfellows. Feminists found themselves in the same position Freud had been in when he challenged powerful belief systems nearly a century before (Herman, 1997). Proponents of the so-called "false memory syndrome" accused clinicians of pursuing and implanting nonexistent and distorted memories of abuse in their clients. Specific details and critiques of the scientific, legal, therapeutic and political implications of the backlash against feminist inroads are reviewed in Brown (2000) and Contratto and Gutfreund (1996). Along with other mental health advocates, Harvey, Herman and Koss disputed claims that members of the mental health community were using coercive techniques to conjure memories of nonexistent traumas. In a series of articles and book chapters, they illustrated the validity of clinical experience and shared their findings with respect to memories among victims of violence.

Through clinical vignettes and a study of adult childhood abuse survivors, Harvey and Herman (Harvey & Herman, 1994; Herman & Harvey, 1997) illustrated the three levels of trauma memories based on clients who enter therapy: (1) relatively continuous memories or complete recall with changing interpretations over time; (2) partial amnesia with a mixture of delayed recall and delayed understanding of meaning; (3) delayed recall following profound and pervasive amnesia. Rather than dichotomizing trauma memories as either present or absent, Herman and Harvey's classification underscores how memories are recalled in a continuous process with clients entering therapy at different stages in this process. Furthermore, they argue that distorted memory is part of the clinical presentation of trauma survivors who are diagnosed with PTSD and contrary to popular belief, most people do not enter therapy in search of memories, but rather seek treatment to acquire the strength and resources to cope with the symptoms related to the memories they already have.

Divergent thinking between researchers and clinicians was one of the many focal points of the false memory/recovered memory debate. Harvey questioned whether laboratory research findings (i.e., the finding that memories were malleable and subject to distortion) could be transferred to the therapeutic milieu since these two environments may be incompatible. Given this caveat, she encouraged the research community to consider the ecological validity of the therapeutic atmosphere and in doing so, become more respectful and accepting of clinical observations (Harvey, 1999). Koss also highlighted the differences between laboratory findings and actual or simulated memories in demonstrating that rape memories were distinguished from other un-

pleasant memories by being less clear, vivid, sequentially developed, well-remembered and talked about (Tromp, Koss, Figueredo & Tharan, 1995; Koss, Figueredo, Bell, Tharan & Tromp, 1996).

CONCLUSION

We hope readers will be moved to read the author's original publications as the body of work described here is remarkable. The authors reviewed here have made significant inroads in shifting cultural beliefs about the invisibility and acceptability of violence against women. In the process of creating and writing about their research and clinical practices, they also exemplify feminist values of collaboration and co-operation. They acknowledge one another's efforts as important influences in the development of their own projects. They conceptualize gender and violence on a continuum rather than as a dichotomous variable of socialized characteristics and norms. They also recognize that the problems of rape and violence against women in all of its forms lie to a great extent in the social construction of femininity, masculinity and heterosexuality, as well as concepts of privilege associated with beliefs about class and race. They know that true social change means changes in traditional beliefs about the appropriate roles of men and women. And, perhaps most importantly, they know that the contributions they have made will be lost if others do not continue to build on their work and confront with each new generation what they will call the "myths" of the previous generation.

Lessons for the Future

1. Multilevel approaches are needed. Although individual treatment for women who have experienced trauma has an important role, the need for social interventions is crucial if trauma associated with violence toward women is to be prevented. Community resources can provide essential information to agencies, including schools and law enforcement. Changing the social structures that support or ignore domestic violence in its many forms requires working with social and cultural beliefs and definitions, and the influence of these beliefs on the development of policies and interpretation of laws.
2. Remain grounded in the client's experience. Research and theories are useful to the extent that they are relevant in the client's

real world. Definitions of what constitutes violence and abuse and beliefs about how trauma is experienced and should be managed vary widely within and between cultures and sub-groups within cultures.

3. Know the social and historical contexts of the problem. Beliefs about who has the right to name and control the experience of others is deeply embedded in every society's stories and laws. Confronting and contradicting those who benefit from the dominant perspectives in any situation will engender a vigorous response.

4. Collaboration is essential to understanding, preventing and treating violence. Collaborations between clients and therapists, advocates and agencies, researchers and therapists, feminists and non-feminists, are all necessary to address complex problems. Disagreements can help refine our understandings. Supporting those who question taken-for-granted perspectives may diminish the effects of vicarious trauma and assaults from vested interests.

5. Issues of trauma related to violence raise larger issues for several authors. For example "How do people of good will deal with people who are not of good will?" and "How do we deal with bullies without becoming bullies ourselves" (G. NiCarthy, personal communication, May 1, 2003) as well as "What would constitute justice from the perspective of victims?" (Judith Herman, 2002). Violence takes many forms and must be addressed at all levels.

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