

“Better safe than sorry”: Examining trauma as an obstacle to empowerment and social change in a U.S. intimate partner violence intervention

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“Better safe than sorry”: Examining trauma as an obstacle to empowerment and social change in a U.S. intimate partner violence intervention

Communication for social change (CSC) research often addresses “empowerment.” This paper first sets up a theoretical argument that CSC must better incorporate trauma healing into the concept of empowerment, and thus into a revised model of social change. Following this, data from a U.S. intimate partner violence intervention are used to provide evidence for the validity of, and usefulness of, such a revised model. Three broad theoretical arguments are offered regarding trauma within CSC: 1) Trauma is rarely addressed outside peacebuilding interventions, but is relevant to other marginalized populations; 2) storytelling work has mostly focused on its *politically empowering* effects, and insufficiently on its *healing* effects related to trauma as a precursor to political empowerment; and 3) storytelling work almost always assumes an audience, but there is also value in *internal communication* – e.g., telling a story to oneself or journaling – when trauma has limited one’s opportunities for communication.

Keywords: communication for social change, empowerment, intimate partner violence, storytelling, trauma

Introduction

Communication for social change (CSC), as a sub-discipline of communication, is still finding its bearings. Among its challenges, the sub-discipline is faced with skepticism and critique regarding how to conceptualize and articulate the role of media and communication in

participation, empowerment, and social change; how to promote these lofty goals from the ground up; and how to measure outcomes (Waisbord, 2015).

One term that is often touted as a cornerstone of CSC work, but which causes confusion, is “empowerment.” By “empowering” marginalized groups, the logic goes, *they* can be the instigators of real, relevant, and sustainable change, rather than outsiders (Melkote & Steeves, 2015). But empowerment within CSC is difficult to define. Sometimes it is understood as a strengthening of “voice,” when voice refers to being able to speak in a political sense, such as having a voice in the public sphere and with regard to political decision-making (e.g., Tacchi, 2009). But like empowerment, in most contexts it is difficult to assess whether an individual or group has achieved a level of “voice” that is sufficient for meaningful public sphere engagement.

In this paper I propose a different conception of empowerment and of voice, specific to individuals or groups we would consider victims of trauma: their ability to tell their own story to another individual, or even to themselves. For many survivors of trauma, the ability to tell their story, even to a friend, can feel impossible, or re-traumatizing. In this case, one can see why victims being able to tell their stories would be empowering on a personal level, regardless of whether that empowerment led to more politically oriented social change. Indeed, as I argue below, for those who have suffered trauma, this sort of reckoning with one’s own story is a necessary precursor to more meaningful political engagement, and one that is too frequently overlooked in models of empowerment and social change.

Based on evidence from a U.S. intimate partner violence program, I argue that because many intended project beneficiaries suffer from trauma, CSC requires better theory regarding the role of trauma in impeding empowerment. In this paper, I argue that 1) theory building related to trauma in CSC is mostly limited to projects dealing with conflict and peacebuilding, but that

CSC requires more of an emphasis on the importance of trauma healing as a precursor for political empowerment in other contexts; 2) storytelling work in CSC primarily focuses on the *politically empowering* effect on storytellers, and insufficiently on the *healing* effect on storytellers as a precursor to political empowerment; and 3) storytelling work in CSC almost always assumes an audience and dialogue, but we need to more fully consider the value of *internal communication* – i.e., the value of even being able to tell a story to oneself (such as through journaling, or unmediated self-reflection), when trauma has limited one's opportunities for communication.

Literature review

Communication for social change

Communication and media have been used in global development work for over fifty years. The field has evolved substantially since the 1960s, when using communication for development (C4D) typically followed a diffusion model that assumed individuals could improve their lot if they were convinced by outsiders to change their behaviors (Morris, 2003). Today, there is greater acknowledgement of the normative assumptions that invaded much of this work. Yet, at the same time, much C4D work continues to focus on persuasive individual behavior change, particularly within health interventions (see Naugle & Hornik, 2014).

Communication for Social Change (CSC) is an evolving sub-field of communication research and practice. It has much in common with social justice approaches to communication in that it aims to help economically, socially, and politically marginalized groups achieve political power and a fairer allocation of society's resources (Frey, 1998). It is, in many ways, a spin-off of traditional C4D work, but posits that the locus of social change is not behavior change persuasion (e.g., one-way communication), but rather *dialogue* between insiders and

outsiders. It is based on the theory that through this process, empowerment and consciousness raising lead to locally supported and locally led social change. Under this framework, sustainable change results from the collective action of empowered communities, not prescriptions dictated by outsiders (Gumucio-Dagron, 2004). In other words, it assumes that something called “empowerment” precedes meaningful social change, and that while this empowerment may happen at the level of the individual, social change happens at the level of the community.

In the following sections, I review the concepts of empowerment, trauma, and storytelling. As the intervention evaluated here took place in the United States, the review addresses these concepts in both the U.S. and global development contexts. I acknowledge that the meanings behind, and manifestations of, these concepts differ by culture and location. At the same time, I seek to draw attention to potential intersections across contexts.

Empowerment

“Empowerment” is a popular buzzword but varies in meaning. Rowlands (1997) has usefully divided empowerment discourse into three categories: personal, relational (negotiating and influencing a relationship), and collective (where individuals work together for greater social impact). Empowerment work in the United States in fields such as health, social work, and domestic violence focuses on personal empowerment, self-efficacy, self-confidence, and perceived control over one’s *personal* environment. On the other hand, empowerment work in CSC, and in global development more broadly, tends to be more explicitly tied to politics, political empowerment, and collective empowerment (i.e., the ability to exert influence over the broader social environment and political decision making).

Through the remainder of this section I will make the case that CSC theory would benefit from greater attention to personal (non-political) empowerment and self-efficacy as a precursor to collective empowerment, borrowing from research conducted in other fields.

Empowerment in health, social work, and domestic violence interventions in the United States

In many health-related interventions in the United States, fostering empowerment is a key piece of everyday practice, and empowerment is closely aligned with the concept of self-efficacy.

While many interventions relate to political action, and there is certainly recognition of the role that institutions play in systemic oppression (Lee, 2001), empowerment work focuses largely on addressing personal challenges, such as increasing self-confidence and self-care (Garcia et al., 2019). Similarly, with regard to intimate partner violence (IPV) interventions, research in the U.S. context often focuses on survivors' experiences of power 'in the social world' – meaning in their everyday social interactions (Cattaneo & Goodman, 2015). One comprehensive empowerment scale that is often used in such work consists primarily of highly personal indicators of empowerment including self-esteem, a sense of personal control, and assertiveness, among other constructs (Cattaneo & Goodman, 2015, p. 86).

Empowerment in CSC and global development work

In global CSC work, on the other hand, "empowerment" usually refers instead to *political* or collective empowerment. Attention to the individual-level psychology behind empowerment is largely absent. This is in part because CSC focuses on collective action, but also because definitions of global development are primarily political and economic: If "development" is defined by policy and poverty, the steps to get there will also naturally focus on political power.

According to Melkote and Steeves (2015) empowerment in CSC is, primarily, 'the process by which individuals, organizations, and communities gain control and mastery over

social and economic conditions...’ (p. 18). While they acknowledge this includes power over communities’ own stories, the end goal is collective empowerment. According to Jacobson and Servaes (1999), participation and empowerment ‘directly [address] power and its distribution in society,’ as well as ‘the more equitable sharing of both political and economic power’ (p. 16).

The original conceptualization of the term within global development work can be attributed in large part to Paulo Freire. Freire’s philosophies center on the political liberation of the oppressed and the role of citizen participation in creating change. Social change work based on Freire’s theories often rests on the idea that political consciousness-raising is a precursor for more tangible forms of political mobilization.

Freire’s work on political empowerment did, however, begin with a highly personal conceptualization of power: that of the disempowered student in the classroom. Freire’s (1970/2005) original focus on pedagogy posited that students are made to feel that they ‘know nothing’ and that educators make themselves feel superior by acting as though their knowledge is a ‘gift bestowed’ upon their pupils (p. 72). Freire therefore did describe more personal forms of empowerment as precursors to political consciousness raising.

But it was the political consciousness that Freire valued most, indeed even stating that personal empowerment is mostly useless if it does not ultimately develop into collective action. He noted that the student-teacher relationship ‘mirror[s] the oppressive society as a whole’ (1970/2005, p. 73) and is a part of a political system designed to keep the masses in line, ignorant, and obedient. Breaking that pattern, then, is the first step in breaking down the institutions that support it. Empowerment on a personal level thus functions as a means to an end, with the end being a political ‘critical consciousness’ (1970/2005, p. 36). But a critical consciousness, on its own, is still insufficient, according to Freire. The ultimate goal is always

collective political action. Freire stated in a conversation with Ira Shor: 'I don't believe in self-liberation. Liberation is a social act.' When Shor followed up with 'There is no personal self-empowerment?' Freire explained:

No, no, no. Even when you individually feel yourself *most* free, if this feeling is not a *social* feeling, if you are not able to use [it] to help others to be free by transforming the totality of society, then you are expressing only an individualist attitude towards empowerment and freedom. (Shor & Freire, 1987, p. 109)

When Freire asserted that personal self-empowerment is 'only' individualist, he was emphasizing his belief that while personal empowerment is 'absolutely necessary for the process of social transformation,' it 'is not enough by itself' (Shor & Freire, 1987, p. 110).

Given Freire's near dismissal of personal empowerment as valuable on its own without leading to collective social change, it is unsurprising that most CSC work places little emphasis on this step in the collective action trajectory. In CSC personal empowerment is acknowledged as important, but it is discussed as something of a natural byproduct of having community members' voices heard, feeling that they have a voice in the community, or engaging in some kind of social action. For example, Bery (2003) has argued that 'participatory video producers... tell their own stories, and share them... in an attempt to create positive social change' (p. 111); White (2003) has argued that participatory video allows community members to 'become conscientized about personal and community needs' (p. 64); Wang and Burris (1997), the creators of photovoice (a popular participatory media methodology), have stated that it is meant to help people act as 'catalysts for change' in their communities, and that it is meant to 'promote critical dialogue' and 'reach policymakers' (pp. 369-70).

While it makes sense to see the end goal of personal empowerment as political and social transformation, perhaps the focus on collective action has made us overlook the importance of spending more time on this first, ‘absolutely necessary’ phase of social change.

Indeed, the extant literature in most (if not all) of these fields, including CSC, does support the idea that some degree of personal empowerment – defined as self-efficacy and self-confidence to control one’s own personal environment – precedes personal *political* empowerment (a raised consciousness). In global development work focused on violence against women, for example, there is often a focus on helping women learn to value themselves as a first step in community-level change (e.g., Kogen, 2019). Similarly, Bery (2003), a participatory video practitioner, has organized empowerment into ‘four key elements’: ‘a psychological concept of the self that includes self-awareness, self-esteem, and self-confidence; a cognitive understanding of the power structures and one’s placement within the existing systems; economic independence...; and political analysis...’ (pp. 103-104). While Bery has denied that these elements must occur chronologically, it makes sense that one might need to develop a certain level of self-awareness before beginning to critically contemplate one’s role in a larger set of institutional systems.

The problem, then, is not that CSC does not acknowledge the importance of personal empowerment, but rather that it is insufficiently interrogated as a hurdle to collective social change. There is an assumption that communication interventions can promote empowerment without recognizing that the existence of trauma can drastically complicate this process. The next section addresses this obstacle.

Trauma

“Trauma” is another term that has different meanings across cultures and contexts (Visser, 2011). Here I use common definitions of trauma in the field of health in the United States, while recognizing that these definitions are not universally applicable.

According to Mooney (2017), in addition to trauma brought on by one-time events such as physical assaults or natural disasters, trauma can be ‘more chronic, lasting over multiple incidents or longer periods of time, including experiences such as exposure to ongoing domestic violence, child abuse and neglect, or community violence’ (p. 1). Similarly, the U.S. Department of Health (n.d.) has described trauma as potentially resulting from a ‘set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being’ (para. 1). Some chronic trauma is a result of the stress of living in poverty, experiencing institutional oppression or inequality, or experiencing subtle ‘every day’ racism (Williams et al., 2018, p. 244).

Understood in these terms, trauma and post-traumatic stress disorder (PTSD) are quite widespread, particularly among poor and marginalized groups. Approximately 90% of U.S. clients in public behavioral health care settings (who are more likely to be poor) suffer from trauma (Jennings, 2004), and approximately one in seven children in the United States experiences some form of abuse or neglect, with children in lower SES households approximately five times more likely to experience abuse and neglect than children in higher SES households (Centers for Disease Control, 2019). Approximately one in four women in the United States has experienced IPV (Truman & Morgan, 2014) (compared to one in three globally (García-Moreno & Pallitto, 2013)). Other marginalized groups in the United States, including ethnic minorities (Williams et al., 2018), incarcerated individuals (Deveaux, 2013), LGBTQ+

communities (Mooney, 2017), and immigrant communities (de Arellano et al., 2018) also experience trauma and PTSD at higher rates. Trauma is thus not a niche issue in the world of social change; it is a significant and daily hurdle for many populations.

Psychological impacts of trauma

Those who study brain functioning have posited that different parts of our brain control physical responses to stimuli. Part of our brain is more associated with primitive functioning, and with unconscious survival instincts such as the fight-or-flight response (Van der Kolk, 2015). Another part of our brain is associated with advanced, abstract, cognitive processing. When a person experiences trauma, the primitive brain hijacks control and limits cognitive functioning. The fight-or-flight response kicks in immediately, along with its associated physical attributes, such as increased heart rate and the release of stress hormones like adrenaline (Van der Kolk, 2015, pp. 61-62). Higher level cognitive processing is impaired. Even when the immediate threat has passed, trauma and re-traumatization endure. Long-term psychological problems associated with PTSD include depression, distrust, shame, self-hatred (Krystal, 1991), and a loss of hopefulness (Jenmorri, 2006).

This understanding of trauma can help us understand why efforts to raise individuals' political consciousness may fail. Not only does political consciousness-raising require abstract thinking, it requires *hopefulness*. For someone to be in a mental state to be open to consciousness-raising regarding their maltreatment in an unjust system, they need at least some degree of optimism. They need to believe in the possibility that things could change for the better. Indeed, Freire (1994/2014) notes that hope is a *requirement* for political liberation, and that without hope 'we cannot so much as start the struggle' (p. 3). If CSC work rests on the idea that political consciousness-raising is a precursor for more tangible forms of political

mobilization, we must also recognize that some groups may be in a state of anxiety that does not permit them to reflect on their position in the wider political system.

In the case of the IPV intervention to be discussed here, for example, survivors who were initially excited to take part in my evaluation of the program (or at least expressed themselves that way to me) often failed to participate because of factors that were difficult to pinpoint or explain. Some dropped out because of health- or family-related emergencies (which occur more often for vulnerable populations), some told me they had changed their minds and could not handle the research emotionally, and some left the project without ever telling me why or responding to my attempts to contact them. Part of this is likely because this group, like other marginalized populations, faces a multitude of everyday challenges that many academic researchers like me are unable to fully understand. But a piece of this puzzle almost certainly relates to emotional distress and enduring trauma.

Other CSC projects working with marginalized communities have experienced similar challenges. Wagner et al. (2016), for example, discussed a photovoice project with IPV survivors in which only two of eleven participants ever returned their cameras (the others were lost or broken) and the two that were returned did not contain usable images. The authors noted that they thought the participants would be excited by the project and about having their voices heard, but realized that for these women, the project had become just another obstacle in their lives – ‘another object they had no time for’ (p. 340). This observation reflects the fact that some participants might not be ready to be ‘conscientized’ in the Freirian sense. It lends credence to the idea that there is another, more healing phase of empowerment that must occur first.

The notion that trauma impedes empowerment and social change is acknowledged in other scholarly fields – most notably Critical Race Theory (e.g., McGee & Stovall, 2015) – but it

is not sufficiently incorporated into CSC theory and practice. CSC theory must better acknowledge that communication can be a powerful tool to aid trauma healing. This is the subject of the next section.

Storytelling

Many IPV survivors seek emotional support by telling close confidants about their experience (St. Vil et al., 2017). A recent review of the international IPV literature on victim disclosure (victims telling their story of abuse) concluded that disclosure and social support following disclosure are associated with victims' improved mental health (i.e., 'fewer symptoms of depression, anxiety, and PTSD') (Sylaska & Edwards, 2014, p. 18). It can also lead to greater self-efficacy and confidence: Moe (2007) demonstrated that empathic support following disclosure of one's IPV experience was associated with greater feelings of empowerment with regard to *resisting* violence.

The extant research also indicates that disclosure of trauma has particularly strong positive impacts when it is told in the form of a *narrative*, or story. In other words, putting one's experiences into some cohesive form – with some semblance of a beginning, middle, and end (even if the story is not yet over in the mind of the storyteller) – forces the individual to organize their thoughts around what has happened to them, and thus reflect upon them (Smyth & Greenberg, 2000). Indeed, storytelling interventions in which marginalized individuals are asked to narrate their experiences in the form of short videos are increasing in popularity within U.S. health interventions because researchers have found that 'assembling the pieces of a story in a cohesive whole can be cathartic and therapeutic' (Fiddian-Green et al., 2019, p. 505).

Healing can occur even if no one is listening. Research has shown, for example, that those who journal show improvement in physical health, emotion regulation (Harvey et al., 2019), and even disease severity (Smyth & Helm, 2003).

Storytelling in the field of CSC

It is not difficult to imagine that telling one's story of trauma, and beginning to heal from that trauma, might serve as an initial piece of political empowerment. Individuals must self-reflect on their own history, their own identity, before they can reflect on their position in the wider world. Evidence from global social change work suggests that storytelling does indeed allow individuals to develop and articulate their own identity. Rosenthal (2003) found, in interviews with Holocaust survivors, that when survivors told their stories 'not all that infrequently processes of self-understanding... take place' (p. 922). Bery (2003) has noted that around the world 'active storytelling through [participatory] video helps the producer and the viewer to look within themselves, sometimes for the first time' (p. 116). Rodríguez (1994) found in a video project with Latin American women that participants 'encounter[ed] aspects, feelings, characters, and landscapes previously unimaginable' (p. 6). All of these observations suggest that the act of creating a story allows the storyteller to better understand themselves in a way that can be psychologically healing, not just politically empowering.

However, in CSC, storytelling is typically discussed as a way to promote understanding of marginalized groups for outsiders. This is communication more so in the Habermasian sense of communicative action (Jacobson, 2003), in which communication works to facilitate understanding between groups. Rarely, to this author's knowledge, is storytelling used in CSC specifically to heal the trauma of the storyteller.

An exception to this is communication work related to peacebuilding in conflict-affected regions. In this sub-field, storytelling is often discussed as a method to promote understanding between conflicting groups, and ultimately reconciliation (e.g., Senehi, 2002). It is also discussed as a way to heal trauma (e.g., Baú, 2018; Rodríguez, 2011). Communication for peacebuilding therefore offers a starting point from which to take research on trauma from other fields and begin to incorporate it into CSC more broadly.

A proposed model for trauma, communication, and empowerment

CSC theory, to date, focuses mainly on political understandings of empowerment. While it acknowledges the importance of personal empowerment, it does not sufficiently acknowledge the psychology behind it, nor how difficult empowerment can be for many traumatized individuals. These hurdles remain mostly absent from the CSC discourse. The above discussion suggests that trauma is relevant to CSC work in the following ways: 1) trauma may be widespread among many of the marginalized groups that CSC seeks to empower and impedes personal empowerment; 2) storytelling can aid in trauma healing and therefore pave the way for personal empowerment as a precursor to political collective action; and 3) internal communication, such as through journaling, can also foster healing from trauma.

It follows, therefore, that CSC work might promote internal communication, storytelling, and healing from trauma as a first step in collective social change. The development of CSC theory might, therefore, begin to consider pathways between *trauma recovery*, *internal communication*, *interpersonal or mediated communication*, *personal empowerment* (defined as self-efficacy and self-confidence regarding control of one's personal environment), *individual political empowerment* (consciousness raising), and *collective political empowerment* (defined as increased political influence in decision-making), as suggested in Figure 1. These need not

necessarily be linear stages, but rather overlapping capacities that build upon and reinforce each other.

[Figure 1 near here.]

In the next section I use data from an IPV program to reflect on how useful these concepts can be for CSC work.

Background of the intervention

The evidence presented here comes from a participatory evaluation of a transitional housing facility for homeless IPV survivors.¹ The facility houses survivors for periods ranging from about six months to two years, and is designed to promote a sense of safety: The address of the facility is confidential, there are strict limits on visitors, and clients enter through a locked gate with a monitored security camera. One theory of change that undergirds this and similar programs is that easing survivors into the outside world, over time, increases their chances of emotional and financial success after reintegration. The primary goal is usually to help clients feel empowered, meaning they are in a position to take back ownership over their lives.

As stated above, IPV survivors frequently experience PTSD, depression, or other forms of psychological distress (Pill et al., 2017). Approximately 85% of the clients at this particular facility, in addition to surviving IPV and being homeless (and thus experiencing poverty), were women of color.² Thus, given the array of challenges the women at the facility faced, it is likely that the vast majority were experiencing or recovering from trauma.

¹ This evaluation was approved for human subjects research by the Institutional Review Board at Temple University. All interview subjects provided informed written consent prior to participation.

² The facility technically accepts male survivors of IPV, though at the time of the evaluation the facility had never housed male clients.

This transitional housing facility, like many others, offers supportive services including case management, childcare, employment workshops, and therapy. In its ideal form, the program is essentially about emotional healing from trauma and finding the strength to survive on one's own after abuse. It is, in many ways, a journey of self-discovery.

An evaluation of this program thus provides an opportunity to consider the proposal presented above to 1) more widely incorporate the importance of trauma into CSC work; 2) more widely consider the impact *on the storyteller* of telling stories to reduce trauma; and 3) incorporate the idea of *internal communication* – telling narratives to oneself – as a form of empowerment that can foster more outward-facing political engagement.

Method

I conducted an evaluation of this program between 2019 and 2020. The evaluation was organized around several research questions, though none focused on storytelling – this was an unanticipated finding from the qualitative interview data. Here, I focus on the two research questions that are relevant to the present discussion: The first was whether clients who went through the transitional housing program were better off than clients who were placed directly into permanent subsidized housing through the same organization. This is relevant to the discussion here because the transitional housing facility focuses to a large extent on providing a safe location to heal trauma. The second, related question asked what “empowerment” really means for IPV survivors at this facility and how it can be achieved.

The data used for this portion of the evaluation were 1) quantitative survey data regarding employment status and perceptions of safety (for the transitional housing and subsidized housing programs), collected by the program's staff through client entry and exit interviews and 6-month and 12-month follow-up surveys; and 2) transcripts from 20 in-depth interviews with former and

current clients and staff from the facility. The quantitative data were used to compare outcomes for transitional and traditional housing programs. The interview data were used to put the quantitative results in context by seeking to understand 1) the differential outcomes between the two programs and 2) what empowerment means for IPV survivors. While the analysis would have benefited from hearing from clients who had gone immediately into subsidized housing, the clients who had left the transitional housing facility were almost all placed in subsidized housing afterward, and therefore could provide a comparative perspective on living in the two environments.

I did not enter with a priori assumptions or hypotheses about the role of trauma or storytelling in empowerment. The interview questionnaire focused on open-ended questions about the women's personal experiences at the facility, what they thought worked well, what did not, and what survivors needed to thrive after an abusive relationship.

The transcript analysis was undertaken using a participatory design. After I conducted the interviews, they were transcribed and then iteratively coded for themes using Atlas.ti software. Quantitative data were analyzed using Excel. I then brought the transcripts to a beneficiary advisory panel (BAP) comprised of a small group of present and former clients from the housing facility which met for three full days to analyze the data.

I presented the BAP with excerpts from the transcripts (with identifying information excluded) focused on the two research questions. This method is in line with others conducting participatory evaluations, who advocate for presenting the raw data to participants in basic patterns (Adams et al., 2014). This made their task easier and protected the identity of interviewees. In our post-analysis debrief, the women agreed it was impossible to identify interviewees from the data.

Findings

The data available for quantitative analysis were limited but provided some evidence that clients in the transitional housing facility experienced better outcomes than those in subsidized housing. According to exit interview survey data, 62 of 72 transitional housing clients (about 86%) reported a lower perceived risk of violence at program end compared to 81 of 129 subsidized housing clients (about 63%). Of the 28 clients that entered the transitional housing program unemployed, 12 gained employment (about 43%) compared to two of 14 subsidized housing clients (about 14%). These limited quantitative data suggest that transitional housing clients outperform traditional housing clients on some measures of success. The qualitative data from the evaluation – the transcript analysis – helped uncover many potential explanations for these differences and represent the bulk of the data used here.

Having the BAP analyze the transcripts was invaluable, as the connections between facility type, trauma, storytelling, and empowerment were not anticipated. Whereas I, the researcher, “interpreted” the transcripts, the women in the BAP were able to “translate” them for me. They were able to explain the data to me in a way that I, as an outsider, could not have understood it otherwise, even after reading the transcripts dozens of times, coding for themes, and coming to my own conclusions.

Trauma as an impediment to change. The transcripts and BAP analysis revealed that none of the program clients could begin to feel empowered until they felt physically safe. Being in a state of physical fear makes it impossible to begin recovering from trauma. It was only when they came to the transitional housing facility, with its locked gates and security cameras, that they could begin to heal:

Brianna (current client)³: In the past month or so, when I'm out of the gates I don't feel that safe, but when I'm inside of the gates I feel safe because I know that he can't get in, and there's cameras and stuff.

**

Chloe (current client): Before I got here, I really didn't feel safe. It was a constant... I mean, I do look over my shoulder today, still, from time to time, just, you know what I mean, just to be safe. Better safe than sorry... But since being here, I've ... I guess it's like a shell, like a turtle shell I guess. You know what I mean? I'm okay when I'm in my shell. I'm fine as long as I've got my shell.

**

Destiny (current client): I feel like I have a place for me and my kids to go, and we're not worried about if somebody's going to... come and find us. So I feel good.

The interview excerpts above reveal that it is difficult to accomplish *any* goals – personal, political, or otherwise, when one feels physically unsafe. The BAP concluded that, while transitional housing clients feel physically unsafe even while within the locked gates of the facility, this feeling would be multiplied if they were immediately put into permanent housing, where there are no gates, no cameras, and no staff on site. Being in this state of constant fear and paranoia makes it impossible to recover from trauma.

On the other hand, a feeling of safety can be transformative and empowering. Being in a facility with gates and cameras allows clients to breathe for a moment. As one member of the BAP put it during the transcript analysis, 'When you feel safe, when you know nothing is going to happen to you, you become a different person.'

³ Names have been changed.

The idea that a transitional housing facility reduces trauma, and therefore supports better long-term outcomes, may seem obvious. And yet, it is a point that is consistently minimized in current U.S. housing policy debates. Indeed, the U.S. Department of Housing and Urban Development has recently ‘fundamentally shift[ed]’ away from transitional housing and toward subsidized housing under the assumption that living independently is the best way to become empowered and thrive (U.S. Department of Housing and Urban Development, 2016). In other words, the current wisdom stands in almost complete opposition to the idea that IPV survivors cannot feel empowered when they feel alone and unsafe.

Empowerment and storytelling for the IPV survivor. In answering the research question regarding what “empowerment” means for IPV survivors, again, the BAP took more from the transcripts than was visible to this outside evaluator’s eyes. Based on the transcripts, the BAP developed five factors they considered necessary for the empowerment of IPV survivors. One of these was the ability to tell their story.

To tell a story, in certain ways, means that the storyteller has constructed and reflected upon a particular narrative of what happened to them. It may not mean the story is completely in the past, but it means that at least some aspects of it are over in their minds, and they now have the ability to narrate and reflect upon that portion of their past, as one member of the BAP put it, ‘without it controlling’ their present. This is in line with the extant research described above on the value of journaling and of story disclosure.

Because the value of storytelling was not an explicit part of the original research, few of the interview excerpts focus explicitly on storytelling. The BAP’s conclusions about the value of storytelling came largely from discussion (following reading the transcripts) of the facility’s “community meetings,” which occur once per week and address a variety of items depending on

the week, such as changes to facility protocols, job advice, and psycho-education. These meetings sometimes, though not always, include group discussion, reflection, and storytelling regarding IPV. After reading the transcripts, the BAP felt that relating one's story of abuse was a key component of empowerment, that storytelling at community meetings was an underutilized opportunity, and that story disclosure through social support groups ought to become a key pillar of the transitional housing program. While the interviews did not systematically address the value of storytelling, the BAP felt they provided evidence of the value of discussing (interpersonally), and reflecting upon (internally), one's experience with abuse, as in the following quote:

Madison: At first I was reluctant to go [to the community meetings]... But once I started coming, it got easier and easier, every group got easier and easier and then I just let my guard down and then realized that these women was just like I was. You know, different story but same situation. And it just, you know, [I said to myself]... 'Give life a chance. Stop holding back so much...' And you know, people would look around and go, 'I'm not the only one.' ...And it just was, how can you say? A sort of type of a home that I didn't have. I can't speak for nobody else, but that I didn't have at that time. That I guess I was searching for...

Madison's comments reflect a tension that appeared throughout the transcripts, and which is also common among IPV survivors: On one hand, storytelling (and listening) is empowering. At the same time, however, it can be stressful or even re-traumatizing. There was a hesitancy for the clients to disclose their stories to, or even become friends with, other clients at the facility. As one interviewee stated, 'I find that it's not good to be social in places like this because everybody is emotionally traumatized or going through their own things.' The BAP interpreted quotes like

this to mean that part of the reason the women were hesitant to tell their stories was because of a fear of being brought down by the reactions of others. This suggests the importance of ensuring that storytelling groups are led by a trained facilitator who ensures survivors are not pressured to tell their stories and who teaches clients how to *listen* supportively to one another (e.g., not blaming victims, not telling victims what they ought to do, affirming victims' judgements and action) in line with best practices in IPV support (Taylor, 2000).

Additionally, Madison's reaction to hearing others share their stories, her realization that their stories were different, but also 'the same,' and her conclusion that this allowed her to 'stop holding back so much,' also aligns with current research indicating that social support groups are particularly helpful for individuals recovering from trauma whose voices have historically been marginalized, including women of color (Taylor, 2000), and can promote solidarity among such groups (Gubrium et al., 2019; Silva-Martínez, 2017). Silva-Martínez (2017) argues that storytelling can be particularly empowering for women of color because it helps them reflect upon 'their multiple realities and multiple identities' (p. 453).

Internal communication for the IPV survivor: journaling and a quiet space for self-reflection.

The analysis also revealed the value of self-reflection, including journaling, and suggested this was an emotionally safer path toward healing for some clients. Like other trauma survivors, many IPV survivors are uncomfortable talking about their experiences, which is why internal communicative capacity might be a more reasonable starting point for some.

The comments from program clients suggested that having the opportunity to live in a transitional housing facility – a safe, quiet space, in which basic needs are met – gave them a moment to breathe, and therefore to self-reflect. They were well served by having the time and space to heal from trauma before rejoining the "real world." The ability to self-reflect – with or

without writing down their reflections – was both healing and empowering, because they realized they could start making their own decisions about who they were, who they wanted to be, and what direction they wanted their lives to take:

Aliyah (former client): So, being in the space to have the clarity that I needed to make those decisions really changed my life mentally. I found a lot of that peace [here]... They definitely boosted me in the confidence area. In general just creating the space to have peace of mind so you can make better decisions... So to have the peace of mind to say ‘Well, what is it that I want to be doing?...’

**

Hailey (current client): Over here it’s my own peace, my own sanctuary. I have these people placed here to help me if I need them, and I can always go talk to them, but they’re not, like, in your face... as opposed to somebody just looking over my shoulder, like: ‘Let’s do it this way or that way.’

**

Jada (former client): Going through [the program], I was really by myself a lot, and I really had time to get to know me and to really get to know my kids... And, yeah, I went through that process. That process was not easy, but I did it and I did it on my own with minimum help. I did it. I did it. Every day, I was just doing it.

**

Kayla (current client): I got peace here. I got real peace here... That’s... the thing I believe [the program] gave me – time to know who I am, what I got to do.

**

Laila (current client): Now that I’m here in my own spot and just trying to catch up with everything, that helps me personally... Just being in your own mind space, you know?...

Just being... in your own space and having a nice clear mind is better. It's just like... Phew!

Yeah. Just a chance to kind of breathe and reset.

**

Sydney (former client), regarding the journal given to her by the program therapist: I still [use it.] It's like my everything book. I carry that book everywhere I go. I can't go without it... It just holds so many thoughts and feelings... I can be on the train and say, "Oh gosh. I'm feeling so frustrated" or whatever it is... And it's like, I can't go nowhere without that book, because my life is in there.

**

Aliyah (former client): I did a lot journaling while I was there. I did a lot of that. Things that I learned to gain your clarity and gain your balance back. I had the space to do it. I feel like [this program] is a great place for any woman that needs the space to re-direct... Good, bad, everybody has their story.

While these excerpts do not explicitly address writing down one's story of abuse, the expressed benefits of reflection shown here, coupled with the extant literature from other fields on the benefits of journaling and on the benefits of telling one's story, suggest the potential for writing down one's story of trauma, in the form of a narrative, as a helpful step in healing from trauma.

From the personal to the political

The analysis and excerpts offered above mostly reflect survivors' ability to heal from trauma. To put it another way, few of the women I spoke with mentioned anything about politics or systems-level change. Such goals were unthinkable for these women, many of whom were still in the midst of trauma. Instead, being able to self-reflect fostered personal empowerment.

However, there was some evidence that personal empowerment could lead to more political forms of engagement. Some of the clients who had finished the program *did* express an interest in acting in leadership roles, in terms of speaking with other survivors as something like mentors or offering motivational support. The survivors in the BAP additionally concluded that present and former clients should start meeting in discussion groups to create a mentorship and / or support system.

This echoes findings by French (1993), who similarly found that many of the rape survivors she interviewed – most of whom she felt had gone through significant healing from trauma – stated that the rape had, in certain ways, caused them to find meaning in their lives – specifically in regard to helping other women in similar situations. Likewise, East and Roll (2015) found in their IPV intervention that story circles led to some survivors joining a ‘women’s leadership program’ (p. 5). These could all be considered evidence of personal empowerment leading to political consciousness-raising and eventually to more outward, dialogic social change.

Discussion: broader implications for the CSC field

The evidence and analysis provided here support the value of incorporating trauma, and trauma healing through storytelling, into social change models. The women here, who had all experienced some form of trauma, all practiced *internal communication* through self-reflection and / or journaling; some practiced *interpersonal communication* through storytelling their experiences in community group settings; almost all experienced increases in *personal empowerment* (greater feelings of self-efficacy regarding their personal environment); and some clients that were farther removed from the program even experienced what could be considered *individual political empowerment* (consciousness raising) in that they had reached a level of

stability and confidence in their own lives that allowed them to be able to support other survivors. The organization that runs the program also engages in public policy advocacy work, and includes former clients who have thrived following the program in these efforts, demonstrating *collective political empowerment* (with the community here being IPV survivors).

The analysis illustrates why it can be important to consider the role of trauma in impeding empowerment when working with marginalized populations, and how storytelling (even to oneself) can promote healing from trauma. These observations suggest that CSC work might consider the role of personal trauma in empowerment more broadly, as suggested in Figure 1. Often within CSC, there is an assumption that meaningful dialogue and participation will lead to consciousness raising regarding marginalization and oppression. But there is insufficient recognition that some individuals are shut off to a degree that consciousness raising is not (yet) possible. Freire assumes the first step in emancipation is realizing that one is oppressed, but individuals may need to self-reflect on, and heal from, their own personal experience before they can start to see that experience as part of a larger, systematic pattern of oppression.

Waisbord (2015) argues that CSC still lacks adequate theory regarding how communication promotes development. The case study described here and the model I have proposed suggest one way to conceptualize the importance of internal and interpersonal communication in the path from trauma to social change. The extant literature on story disclosure and writing about trauma shows that telling stories can have tangible benefits on health and well-being, and might also be a first step in more political social change.

I have argued here that trauma inhibits empowerment. But at the same time, some have argued that those who have experienced trauma often feel a deep need to find meaning in their

lives afterward (Jenmorri, 2006). Trauma therefore represents a challenge, but also an opportunity to empower those who deeply deserve to find meaning and hope in their lives, and may be uniquely motivated to push for political change down the line.

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