Praise for This Edition

Jill Schwarz’s book, Counseling Women Across the Life Span: Empowerment, Advocacy, and Intervention, will be an excellent addition to any gender library, or a course in gender. It is a solid and innovative text.—Catherine B. Roland, EdD, LPC, NCC, President, American Counseling Association (2016–2017)

Counseling Women Across the Life Span: Empowerment, Advocacy, and Intervention is very timely and fills a much-needed gap in the literature. One of the unique features of this book is that it is multidisciplinary and can be useful to anyone studying gender in the social sciences, as well as practical applications for counselors. This book can also stand alone as a self-help empowerment book for women and male allies to empower women of all ages. I applaud Dr. Schwarz for the organization and scaffolding to provide a distinct lens that is sure to advocate for all women!--Kara P. Ieva, PhD, NCC, NCSC, Rowan University

As a clinical social worker who has worked many years in outpatient mental health and most extensively in the field of violence against women, I am pleased to share my reaction to Counseling Women Across the Life Span. Many excellent publications contain modalities, strategies, and techniques in counseling theory. What this book does very effectively is to juxtapose counseling theory with the socialization and power imbalance inherent in the lives of women and girls in our society. Of important note is the final chapter that discusses our male allies. Dispelling the myth that men are the enemies of feminist theory is critical in bringing theorists and clinicians together in this work that is so important and has such potential to impact sustaining change. I found Counseling Women Across the Life Span to be a very well developed and organized book that can provide an important tool for all of us who work with women and girls in our practice and understand how important it is to consider every nuance that impacts our clients’ lives.—Patricia M. Hart, MSW, LCSW, Executive Director of Womanspace, Inc.

Counseling Women Across the Life Span is an ideal text for any course in counseling girls and women. It fully examines the societal, environmental, and developmental factors impacting girls and women during each stage of life and offers concrete and effective counseling strategies and resources. Instructors and students alike will value this text due to its readability, connection to the latest research in the field, suggestions for personal reflection and advocacy, and thorough coverage of many effective counseling interventions.—Marion Cavallaro, PhD, LPC, The College of New Jersey

This book provides a comprehensive understanding of women’s development and explains how to apply a positive, feminist empowerment model to address the major issues and challenges women experience across the life span. It will be well suited for use as a textbook in courses in Women’s and Gender Studies and specialized courses on counseling women. I am confident that it will also [appeal] to a wide audience of practitioners from the mental health professions who work with girls and women.—Mark S. Kiselica, PhD, HSPP, NCC, LPC, Dean of the School of Humanities and Social Sciences, Cabrini University; Past-President, Division 51 of the APA

Dr. Schwarz and contributors provide a comprehensive picture of key issues experienced by girls and women across ages and cultures. This is an easy-to-read book, full of case examples and practical suggestions based on current research as well as the authors’ clinical and teaching experiences. The focus on empowerment, prevention, and intervention strategies along with the inclusion of real-life experiences related to each chapter’s topics, reflection and discussion questions, and practical suggestions for ways in which readers can engage in advocacy efforts to create social change makes this book an invaluable resource for students and seasoned professionals alike.—Harriet L. Glosoff, PhD, American Counseling Association Fellow, Professor, Counseling Program, Montclair State University

©Springer Publishing Company
Jill E. Schwarz, PhD, NCC, has been teaching at the collegiate level for over a decade. Currently, she is a core faculty member at The College of New Jersey (TCNJ) in the CACREP-accredited Counseling Master’s Degree Program and teaches students in the School; Clinical Mental Health; and Marriage, Couple, and Family Counseling and Therapy tracks. Dr. Schwarz also teaches internationally for off-site graduate programs and has worked with graduate students in Portugal, Mallorca, Taiwan, and Thailand. She developed and has taught a Counseling Women and Girls course for the past decade and serves as a research consultant for a counseling agency that provides services to survivors of sexual assault and domestic violence.

In addition to being a National Certified Counselor (NCC), Dr. Schwarz is certified as a school counselor, director of school counseling services, and elementary educator in New Jersey. She has extensive experience as a professional school counselor, during which time she established and implemented an adolescent girls’ empowerment and leadership program. Dr. Schwarz regularly serves as an invited presenter and has provided numerous professional development workshops and presentations related to counseling women and girls. Her scholarly pursuits include publications, as well as international, national, and regional presentations, focused on counselor preparation and practice as well as spirituality and gender issues in counseling.
Counseling Women Across the Life Span

Empowerment, Advocacy, and Intervention

Jill E. Schwarz, PhD, NCC
Editor
Contents

Contributors vii
Preface ix
Acknowledgments xi
Share Counseling Women Across the Life Span: Empowerment, Advocacy, and Intervention

SECTION I: FOUNDATION  1

1: Counseling Women and Girls: Introduction to Empowerment Feminist Therapy   1
Jill E. Schwarz

2: Gender Socialization  21
Cheryl L. Fulton

3: Intersectionality: Understanding Power, Privilege, and the Intersecting Identities of Women  39
Alina S. Wong

4: Women and Relationships: Introduction to Relational-Cultural Theory  57
Alyson M. Pompeo-Fargnoli

SECTION II: LIFE SPAN  79

5: Gender Identity Development  79
Megan E. Delaney

6: Childhood  95
Sarah I. Springer

7: Adolescence and Young Adulthood  113
Jennifer E. Randall, Christine J. Schimmel, and Eva Barnewitz

8: Middle and Older Adulthood  133
Lucy Charlene Parker and Suzanne Degges-White
SECTION III: IMPACT 155

9: Violence Against Women and Girls 155
   Rebecca Vazquez and Atsuko Seto

10: Educational and Work Environments 183
    Amy D. Zavadil

11: Females and Their Bodies 203
    Dana Heller Levitt and Connie S. Ducaine

12: Men as Allies 225
    Christopher Kilmartin

Index 243
Contributors

Eva Barnewitz, MSc  Konstanz, Germany

Suzanne Degges-White, PhD  Professor and Chair, Counseling, Adult and Higher Education, Northern Illinois University, DeKalb, Illinois

Megan E. Delaney, PhD, LAC  Assistant Professor, Monmouth University, West Long Branch, New Jersey

Connie S. Ducaine, MA, LPC, LCADC, ACS, BCPC, NCC  Director, Clinical Account Management, Vital Decisions, Edison, New Jersey

Cheryl L. Fulton, PhD, MBA, LPC  Assistant Professor, Texas State University, San Marcos, Texas

Christopher Kilmartin, PhD  Professor Emeritus of Psychological Science, University of Mary Washington, Fredericksburg, Virginia

Dana Heller Levitt, PhD, LAC, NCC  Professor of Counseling and Educational Leadership, Montclair State University, Montclair, New Jersey

Lucy Charlene Parker, MA, NCC  Northern Illinois University, DeKalb, Illinois

Alyson M. Pompeo-Fargnoli, PhD, LPC, SAC, NCC  Assistant Professor, School of Education, Monmouth University, West Long Branch, New Jersey

Jennifer E. Randall, MA  Adjunct Instructor, West Virginia University, Bridgeport, West Virginia

Christine J. Schimmel, EdD, NCC, LPC  Associate Professor, West Virginia University, Morgantown, West Virginia

Jill E. Schwarz, PhD, NCC  Assistant Professor, The College of New Jersey, Ewing, New Jersey

Atsuko Seto, PhD, LPC, NCC, ACS  Associate Professor, The College of New Jersey, Ewing, New Jersey

Sarah I. Springer, PhD, LPC, ACS  Assistant Professor, Monmouth University, West Long Branch, New Jersey
Rebecca Vazquez, MA, LAC, NCC  Doctoral Candidate, Regent University, Vineland, New Jersey

Alina S. Wong, PhD  Associate Dean for Student Life, Barnard College, New York, New York

Amy D. Zavadil  Associate Dean for Equity, Title IX Coordinator, Barnard College, New York, New York
Although it is challenging to capture the entirety of the female experience in a single book, this text incorporates an inclusive representation of women and girls across ages and cultures by examining the intersection of their identities and integrating experiences of women and girls around the world. The overarching themes of this book include an examination of the contextual elements that affect the female experience and a focus on prevention and intervention strategies to support the empowerment of women and girls throughout their life spans. The primary objectives are for readers to gain an enhanced understanding of the socialization and environmental factors that affect female experiences, to obtain greater utility in advocating for equality for women and girls through preventive efforts, and to implement empowering intervention strategies when counseling girls and women of all ages. Instead of pathologizing females as they survive and thrive through challenging life circumstances, this book will help readers in conceptualizing the issues females face through the context of the oppressive structures within which they live. The text integrates information, resources, and concrete strategies necessary for counselors to understand issues within the societal context, develop as advocates, and intervene as agents of social change.

The book was developed with the input of many students, professors, and practitioners and was also informed by my years of experience teaching about and counseling women and girls. It is designed to raise awareness, increase knowledge, emphasize prevention, and offer practical suggestions in a thought-provoking and digestible format. The three sections of the book provide readers with a framework of focus and also help instructors structure their courses. The first section provides a foundation for the book and offers a context for understanding gender socialization and the female experience. This section includes chapters introducing empowerment feminist therapy, gender socialization, intersectionality, and relational-cultural theory. The second section offers detailed information on developmental issues and counseling interventions for women and girls throughout their life spans. Chapters focusing on gender identity development, childhood, adolescence and young adulthood, and middle and older adulthood are included in this section. The third section provides an in-depth look at specific issues affecting women and girls and includes relevant background information and practical application for counselors. In this concluding
section, readers will learn about violence against women and girls, educational and work environments, females and their bodies, and engaging men as allies.

A sample course calendar and syllabus are available to instructors to aid in course development. Qualified instructors can request this ancillary by e-mail: textbook@springerpub.com.

**KEY FEATURES OF THE CHAPTERS**

Worell (2001) identified five levels of feminist intervention: prevention, education, remediation, empowerment, and community change. These themes are integrated throughout this text. Each chapter includes helpful resources to further educate yourself and others, as well as practical suggestions for advocacy efforts that can help create social change. Prevention and empowerment are key themes and foci of the text, and counseling implications and interventions are offered for each area of concentration.

Each chapter of this textbook includes several key features designed to guide your learning, make the material more relatable, and enhance your reflection and practice. At the beginning of each chapter you will find Learning Objectives, which are designed to provide context for your reading and to highlight key concepts that are the focus of the chapter. Throughout the chapters you will also find quotations—voices from the frontlines—that are actual words from girls and women (and, in some cases, men) describing their perspectives and experiences related to the content of the chapter. As you consider these “real life” voices, the relevance of material in the chapter should become even more evident.

Advocacy is an important part of the role of counselors and other mental health professionals. Consequently, in addition to suggestions for practical application for counseling practice, each chapter contains a Call to Action section that focuses specifically on guidance regarding advocacy efforts recommended for the area(s) addressed. We know that self-reflection and critical dialogue are crucial in our personal and professional development as counselors. Consequently, each chapter includes Reflection and Discussion Questions designed to personalize your learning, help you engage critically with the material, and assist in connecting you in discussion with your classmates and colleagues. Finally, at the end of each chapter, Helpful Resources are also offered to assist in these learning and advocacy endeavors. The books, documentaries, websites, organizations, and other sources listed in this section serve as a supplement to the scholarly resources provided in the References section and offer multiple avenues through which students and counselors can gain more information. Many of the resources will also be helpful to share with clients, students, and families.

**REFERENCE**

Acknowledgments

I would like to acknowledge all of the women and girls who have supported me in my journey and have honored me by inviting me to be a part of their journeys as well. The hundreds of students I have taught and counseled over the years, especially my middle school girls’ group members and the graduate students in my Counseling Women and Girls classes, are my inspiration for this work. I would especially like to recognize my graduate student readers who shared their perspectives and feedback throughout the development of this text: Joanna Kessling, Carolynne Lewis-Arevalo, Anna Nase, Nicole Ottmer, Margaret Plantes, and Kellie Sutterlin.
Share

Counseling Women Across the Life Span: Empowerment, Advocacy, and Intervention
Three little words that mean so much: “It’s a girl!” or “It’s a boy!”

As mentioned in Chapter 1, these seemingly innocent words can evoke a vast array of emotions and expectations and are imbued with personal and social meaning, all of which have important consequences. Gender can differentially impact “susceptibility and exposure to mental health risks and mental health outcomes” and “deepen disparities associated with important socioeconomic determinants such as income, employment, and social position” (World Health Organization, n. d., p. 2). These disparities are rooted in a binary system of gender (i.e., male and female), where being male is associated with greater power and privilege than being female in most societies around the world (Basow, 2006; Ryle, 2015).

The existence of such gender disparities raises questions regarding their origin. Are there inherent differences between males and females (e.g., aggressive vs. nurturing) such that gender discrepancies are inevitable? Does society play a role in defining “male” and “female” in a way that creates and maintains a hierarchical gender order? If society dictates gender roles, then how do individuals learn and adopt their respective gender roles such that the status quo is maintained? Although gender may seem obvious, inherent, and unchanging on the
surface, these questions reflect that the origin of gender roles is a complex, debated, personal, and political topic.

Central to this debate is the question of whether gendered traits and behaviors are the result of nature (biology) or nurture (culture and society). Although there are many theories for explaining gender differences, there are two broad views: essentialist and sociocultural. The essentialist view is that observed differences in traits and behavior among males and females are largely rooted in biological determinants (Brannon, 2008), such as hormones, anatomy, and chromosomes. The essentialist view is reflected in the large body of neuroscientific studies focused on identifying differences in the male and female brain (Fine, 2010; Rippon, Jordan-Young, Kaiser, & Fine, 2014). When gender differences are deemed biologically determined, then gender is depicted as inherent and invariant.

In contrast, the sociocultural view is that gender and gender roles largely occur as a result of socialization. In the famous words of Simone de Beauvoir, “One is not born, but rather becomes, a woman” (de Beauvoir, 1973, p. 301). The way we “become our gender,” or adopt our gender role, is through gender socialization. This is the process through which individuals learn the social expectations associated with their respective gender and come to develop their gender identity (Ryle, 2015). In other words, through gender socialization we learn gender roles, or how we are supposed to perform our gender, in accordance with our biological sex. Gender roles are informed by gender norms or “sets of rules for what is socially accepted masculine and feminine behavior in a given culture” (Ryle, 2015, p. 110). Therefore, gender roles are more related to the traits and behaviors expected of each gender, whereas gender identity involves coming to identify and accept one’s self as male or female (Brannon, 2008). Based on the sociocultural view, the term sex typically refers to a biological designation whereas gender refers to the social meaning of that designation (i.e., male and female), which includes roles, expectations, and stereotypes. These roles, expectations, and stereotypes are transmitted primarily through agents of socialization, such as family, peers, education, and media (Leaper & Friedman, 2007).

Although the nature–nurture debate continues, it is widely accepted among social scientists that socialization is a significant factor in gender differences (Bussey & Bandura, 1999; Carter, 2014). Through the lens of socialization, gender roles are malleable because societal expectations, although deeply entrenched and seemingly fixed, can be changed. Barnes (2015) pointed out that in the United States, although change has been slow and inconsistent, there is evidence of increased gender parity in areas such as work and family life, including domestic labor. Changes in gender roles are also evident in the increasing number of women entering careers historically reserved for men (e.g., doctors, military leaders) and, likewise, the increasing number of men engaging in careers historically in the domain of women (e.g., nurse, homemaker). These shifts in gender roles debunk essentialist ideas that women cannot excel in math and science or that woman, but not men, are hardwired for nurturing.

Despite these changes, a hierarchical gender order and limiting gender roles persist such that there are inequities that adversely impact the wellness and potential of girls and women (Choate, 2008; Ram, Strohschein, & Gaur, 2014). Specifically, prescribed gender roles impact girls’ and women’s interpersonal relationships (Brannon, 2008; Hyde, 2005), career opportunities and choices, economic
circumstances (Andersen, Ertac, Gneezy, List, & Maximiano, 2013; Hyde, 2005), leadership opportunities (Eagly & Carli, 2007), division of household labor (Leaper, 2014), and mental health and wellness (Choate, 2008; Ram et al., 2014). Knowledge and appreciation of gender socialization is important to counseling work as gender is a vital aspect of one’s cultural identity (Sue & Sue, 2013). Furthermore, counselors will be better advocates and more effective in using preventive efforts and intervention strategies that empower women and girls if they are well versed in gender socialization and its consequences.

GENDER CATEGORIES AND GENDER ORDER

Because sex and gender are generally described in binary terms (i.e., male or female), theories and study of gender socialization have been largely based on these gender categories. However, binary gender categories are problematic in a number of ways. First, although most individuals are born with physical characteristics that make assigning gender straightforward, some individuals (nearly 2% of the population) are born intersexed, meaning they do not readily align with binary sex categories of male and female (Fausto-Sterling, 2000). An intersex infant may be born with ambiguous genitalia and/or conflicting gonads or genetics such that choosing a sex to assign is perplexing. Intersexuals challenge our notion of binary gender categories and point to the complexity of gender as biology. Fausto-Sterling (2000) stated that because “intersexuals quite literally embody both sexes, they weaken claims about sexual difference” (p. 8). Regardless, doctors and parents will agree to surgically alter an intersex infant to conform to a single sex even when such a choice may be problematic later in life (Walker, 2004). This conveys the extreme social significance placed on ensuring every individual conforms to two and only two socially sanctioned gender categories.

Basow (2006) noted that when we account for the myriad of gender factors such as biological sex, gender, gender identity, and sexual orientation, we have at least 36 sex/gender/sexual orientation combinations. This results in a much more complex picture of gender than “boys” and “girls.” Fausto-Sterling (2000) argued that from a biological standpoint alone, there are at least five sexes (i.e., male, female, and three variations of intersexuals). Recently, several countries (e.g., Nepal, India, and Germany) legally sanctioned a third gender (i.e., transgender); however, the United States and most countries have not (Khaleeli, 2014). Most theories of gender socialization originated at a time when gender was viewed more traditionally, and, therefore, may have certain limitations in a more gender-complex world.

Second, when only two examples are presented (e.g., male and female), individuals will have the tendency to think of the two categories as being in opposition to one another (Fausto-Sterling, 2000). This can result in the tendency to exaggerate differences while ignoring similarities. Thus, boys and girls will be socialized into two opposing gender categories, even if they are more alike than dissimilar to the other gender. This is limiting to girls and women since most females do not fit the Western female stereotype (Basow, 2006). Furthermore, binary categorization tends to yield the use of one category as the norm and the other as deviant (Brannon, 2008). The traits and roles that are attributed to males
are regarded as more desirable and higher status (Bussey & Bandura, 1999). Thus, gender categories elevate males (norm) and subordinate females (nonnormative).

Last, the binary categorization of gender has yielded an enormous body of social and neuroscientific research in which scholars essentially created, or at least reinforced, differences by virtue of seeking them (Hyde, 2005, 2014; Ribbon et al., 2014). Based on meta-analytic studies of gender differences in psychological variables, it seems there are little to no inherent gender differences (Hyde, 2005, 2014; Zell, Krizan, & Teeter, 2015). In sum, binary gender categories limit individual expression, create a gender hierarchy that privileges males, exaggerate gender differences, and carry gender stereotypes that may disadvantage women.

**GENDER NORMS, ROLES, AND STEREOTYPES**

Despite the complex nature of gender, expectations for gender roles are often based on stereotypes, or generalized assumptions about attitudes, traits, or behavior patterns of men and women (Brannon, 2008). For example, because of differences in reproductive capabilities and physical strength (biology), in many cultures throughout the world being female is stereotypically equated with communal traits, such as being nurturing and expressive, whereas being male is stereotypically equated with agentic traits, such as being competitive and rational (Brannon, 2008). It is not surprising, then, that women more commonly enter careers in which communal traits are valued (e.g., homemaker, nurse), whereas men pursue careers in which agentic traits are desirable (e.g., doctor, manager). Traits associated with stereotypes are not inherently good or bad, but stereotypes misrepresent reality and can be used to reinforce gender inequities.

“Growing up in the post-depression era the family mentality was that I was going to get a job as a secretary. College was never mentioned nor was there encouragement of my interests or talents. I viewed school as social days. Like most women, I got married and became a stay-at-home mom. When I was 40, I decided to go to college to become a dental hygienist. Later I opened a successful business and finally satisfied my drive as an entrepreneur. In retrospect, with a formal college education I probably would have taken things further. Women today have many more opportunities than 50 years ago.”—A 78-year-old retiree

Girls tend to be more flexible than boys in terms of the traits and behaviors they engage in, despite stereotypes. This may be because they have lower status, and, therefore, less to lose (Basow, 2006; Brannon, 2008). For example, in many countries girls wear pants; however, most boys would not wear a dress. Flexible gender roles are related to better mental health outcomes, such as greater self-esteem, self-confidence, and decreased depression, because gender-flexible individuals possess both agentic and communal traits, which increase the array of qualities they bring to life’s challenges (Worell, 2006). It is important to note that
gender fluidity may be more difficult in certain cultures and subcultures where religiosity or traditional values exert pressure to maintain rigid gender roles (Choate, 2008). Furthermore, the intersection of gender and other identities (e.g., race, class, and sexuality) can bring about different stereotypes from those that exist for a singular identity. In other words, a White, heterosexual, female stereotype is not necessarily the same as an African American female or lesbian female stereotype (Worell, 2006).

Additionally, gender roles can be impacted by cultural context (Ryle, 2015). For example, in many countries, it is socially acceptable for women to engage in most activities that men engage in, including working in diverse careers, participating in sports, and running for public office (although there are disparities in all these areas); whereas in a country such as Saudi Arabia, social norms (some enacted as laws) prohibit women from driving, showing skin (even a hand) in public, and freely participating in sports (The Week, 2015). Furthermore, although many cultures value agentic traits such as independence or assertiveness, they are not valued equivalently across cultures. For example, for both men and women in Japan, agentic traits are inconsistent with broader cultural norms of obedience and conformity (Brannon, 2008). Cultural differences in gender norms can also be found within facets of a culture. For example, among U.S. women, a trait such as assertiveness is less likely to be associated with femininity among European Americans and older generations than for younger women and African Americans (Basow, 2006). The nature of femininity and masculinity and gender norms are highly dependent on cultural and historical context.

Adherence to gender norms is often rewarded with benefits such as greater likeability, whereas gender nonconformity is often viewed less favorably (Sanchez, Crocker, & Boike, 2005). Nonconforming children may even encounter rejection or harassment (Lee & Troop-Gordon, 2011). In some countries, gender noncompliance, deeply entrenched in societal norms and religious practices (e.g., strict adherence to Islamic Sharia law), can result in harsh punishment or even death (Curtis, 2014). Thus, gender nonconformity may bring significant social and physical consequences.

THEORIES OF GENDER SOCIALIZATION

There are numerous perspectives regarding how the process of gender socialization occurs and each theory contributes to the overall understanding of the development of gender roles. As mentioned previously, biological theories focus on the determinant nature of biological factors, such as hormones. There are a number of classic psychological and sociological theories, however, that are prominent in discussions of gender socialization, and they each contribute to our understanding of how socialization occurs. These theories include psychoanalytic theory (Freud, 1949), social learning theory (Bandura, 1971), cognitive developmental theory (Kohlberg, 1966), and gender schema theory (Bem, 1983).

Briefly, based on psychoanalytic theory, gender socialization occurs via processes leading to a child’s identification with the same-sex parent (Freud, 1949). Social learning theorists describe socialization as a result of rewards and punishment for gender-appropriate behavior and vicarious learning through
observation and modeling (Bussey & Bandura, 1999). Cognitive developmental theorists emphasize a child’s active role in socialization once the child develops the cognitive ability to understand her or his gender. Finally, gender schema theory, which builds on both cognitive developmental and social learning theories, involves the development of gender schemas or mental models that enable children to organize knowledge and process social information relevant to gender categories. These theories are discussed in more detail in Chapter 5 as they provide important context for how agents of socialization operate.

Agents and Processes of Gender Socialization

The way in which gender is experienced and performed is something we learn and renegotiate throughout our lives (Ryle, 2015). We learn our gender through both primary and secondary socialization and various agents of socialization. Gender norms and roles may vary based on many factors, such as nationality, racial/ethnic group, family, peers, and media exposure.

“Growing up in Vietnam, I was taught how women should talk, walk, eat, and my duties and roles to my family and society. I learned the Confucian teaching (tam tòng, tứ Đức) that a woman must obey the men in her life (father, husband, and son) along with her duties to maintain the home, her appearance, and her skills. I witnessed my mother being beaten while everyone stood by. When I moved to the United States, I did not see a major change in my gender role or societal expectations. However, I witnessed an instance of domestic violence on the metro platform in Houston. People were angry, some called the police, while others intervened. It was surprising to me as instances of domestic violence usually went unnoticed as bystanders are not willing to get involved in Vietnam. This changed the way I see the relationship of a woman and her family members and society. This instance gave me hope that society can change to positively promote the well-being of everyone, including women.”—A 26-year-old female student

Primary and Secondary Socialization

Primary socialization, occurring in infancy and childhood, is the initial process of learning the ways of a society or group and is transmitted through the primary groups to which we belong. Primary groups are characterized by intimate, enduring relationships among small groups who generally spend a great deal of time together (Cooley, 1909 as cited in Ryle, 2015). A person’s family members or closest friends are examples of proximal agents of primary socialization.

Due to the fact that learning gender is a lifelong process, gender socialization is also impacted by our association with various groups that, throughout our lives, have subtle or direct effects on our view of gender (secondary groups). As compared with primary groups, secondary groups are larger, more temporary, less personal, and more specialized (Ryle, 2015). For example, a counseling
program might be a secondary group with its own ideas about gender that are directly or indirectly conveyed to its members. As people are exposed to different groups, they may adopt different ideas about their gender. Varying roles throughout life (e.g., partner, parent, and worker) will also impact gender roles over time (Ryle, 2015).

**Agents of Socialization**

Because gender roles are communicated in many ways, such as through family, peers, teachers, clothing, toys, advertisements, and television, it is nearly impossible to develop in a gender-neutral manner. Four of the most studied agents of socialization include family, peers, education, and media, as these are pervasive in an individual’s life.

**Family**

The role of the family in gender socialization has been widely studied and is regarded as perhaps the strongest influence in shaping gender attitudes (Brannon, 2008). Infants and young children are capable of absorbing gender knowledge (Brannon, 2008), and, according to Kohlberg (1966), gender constancy, by age 6. Thus, it is not surprising that researchers have focused on family members, as they are the agents who are most proximal during early development. Family members are significant to the socialization process as they are the first to expose individuals to gender norms (Leaper, 2014). Given the varied nature of contemporary families, Carter (2014) noted that a family can be understood as “any primary group of people who share an obligatory relationship with one another” (p. 243), rather than defined in terms of the traditional conception of family (i.e., heterosexual, married couples with children).

Studies of family influence on gender roles have been largely focused on parental influence. Parental influence may occur through modeling and differential treatment, such as type of activities encouraged (e.g., type of toys, household chores). Parents also convey gender-typed expectations for personality traits (e.g., girls are emotional) and abilities (e.g., boys are proficient in math; Leaper, 2014), which can influence the type of activities children pursue. Parents, consciously or unconsciously, impose expectations on children in an effort to shape their behavior to align with social norms and increase social adaptability (Peterson & Hann, 1999).

**Modeling**

Children may observe primary caregivers modeling gender-role expectations through activities such as household chores and career participation (Leaper, 2014). Children raised by same-gender parents will be less likely to endorse gender stereotypes with respect to household labor and careers except when parents choose to divide homemaking and career along traditional lines (Leaper, 2014). Transmission of parental views of masculinity and femininity may also vary depending on family composition (presence/absence of father/mother) and racial/ethnic affiliation (Brannon, 2008).
Differential Treatment
Differential treatment of sons and daughters is more likely observed among financially disadvantaged families in poorer countries than in wealthier countries (Leaper, 2014); however, it occurs in many societies. The most common difference in the treatment of boys and girls in Western countries is with respect to the encouragement of gender-stereotyped activities (Leaper, 2014). For example, based on studies of adult interaction with infants (e.g., Seavey, Katz, & Zalk, 1975; Smith & Lloyd, 1978) where the infant was not necessarily dressed or named according to gender, researchers found evidence for differential gender-based treatment from the way adults played and interacted with the infant (e.g., more motor activity with perceived boys) to the types of toys offered, such as dolls for girls and toy hammers for boys. Interestingly, studies of parental attitudes toward play (largely conducted in Western cultures) revealed that parents will hold more flexible attitudes about play for girls (e.g., they can play with dolls and do sports) than for boys (e.g., playing with dolls would be discouraged; Leaper, 2014). Biases in play may be important as the type of play activities a child engages in can impact his or her cognitive development and skill acquisition (Lee & Troop-Gordon, 2011).

As part of shaping gender roles and perpetuating gender stereotypes, parents and other family members have the tendency to use gender-biased language, such as speaking about the physical characteristics of boys (e.g., strength), while focusing on the expressivity or fragility of girls (Carter, 2014). Parents also use verbalizations, even inadvertently, that are essentialist in nature, such as “boys like sports” and “girls like dolls,” but rarely offer counter-gender statements, such as “girls can play sports” (Leaper, 2014). Parents may also show implicit sexist attitudes about children’s academic abilities, such as a belief that boys are more competent in math. This can impact girls’ math attitude and aptitude, as well as influence what activities and areas of study are encouraged among girls (Leaper & Brown, 2014). Based on meta-analytic studies, girls have achieved parity with boys on math ability (Hyde, 2014). Thus, even when gender differences are unsubstantiated, sexist parental messages can reinforce old, enduring stereotypes that may eliminate potentially rewarding experiences for girls.

Furthermore, the nature of communication between parents and children varies by the child’s gender. For instance, mothers will talk more to daughters, use more supportive speech, and encourage them when they make supportive remarks to others, but avoid discussing anger. In contrast, mothers will encourage independence in their sons and frequently discuss and attribute emotional states to anger (Bussey & Bandura, 1999). Although girls and boys equally express anger overtly with physical aggression in early childhood, by preschool age girls learn that this is not acceptable for them, and they are less likely than boys to express anger overtly (Choate, 2008).

Researchers have largely focused on unilateral parent-to-child socialization effects, yet socialization can occur in a number of other ways. For example, children can socialize parents (i.e., change their attitudes about work and family roles); children and parents can reciprocally socialize one another; and all family members can be socialized within the larger social system (Carter, 2014). Although parental influence is relevant to gender socialization, Leaper (2011) relayed it may be less important than originally thought, as other relationships, such as peers, are also influential.
Peers

Although parents are important agents of socialization in early childhood, there is a shift toward peer influence as children enter middle childhood and early adolescence, when they become more concerned with adhering to the social norms of their peer group (Tenenbaum & Leaper, 2002). Starting around age 3, and increasingly over subsequent years, children demonstrate a preference for same-gender peer interactions (Brannon, 2008). The onset of puberty (age 11 or 12) marks a period of gender-role intensification, whereas adolescence into early adulthood marks a transition to greater gender-role flexibility (Choate, 2008). Both girls and women allow greater gender flexibility within their own group and are more tolerant of it among boys and men, whereas boys will tend to be more restrictive, focusing on same-gender play groups and gender normative activities (Brannon, 2008).

Similar to parents, peers model gender attributes, encouraging others to adopt and conform to gender normative behavior (Bussey & Bandura, 1999); and children report feeling pressure to conform to these norms (Lee & Troop-Gordon, 2011). Gender conformity is viewed more positively by adults and peers, whereas nonconforming children may be viewed as unpopular among peers (Sroufe, Bennett, Englund, Urban, & Shulman, 1993). McGuffey and Rich (1999) studied camp attendees in middle childhood and found that both boys and girls played an active role in gender socialization. They found the status of boys was higher than girls, and that boys policed gender nonconformity across groups, whereas girls had less power to police because they were lower status and played in smaller, less centralized groups. Gender nonconforming boys were strongly rejected by other boys, whereas nonconforming girls (e.g., being a strong athlete) and boys (e.g., showing emotion) were both supported by the girls. Nonconforming girls could enter the boys’ social arena only if they were deemed masculine enough (McGuffey & Rich, 1999).

Children may react to peers’ gender nonconformity through resistance to befriending them or even marginalizing or harassing them (Lee & Troop-Gordon, 2011). Peers may react with overt aggression, such as hitting or verbal insults, or with relational aggression, which involves manipulating social relationships via social exclusion, spreading rumors, and/or threatening friendship status (Lee & Troop-Gordon, 2011). Girls are more likely to engage in relational aggression (perhaps because overt aggression is gender nonconforming for girls), which is associated with anxiety, depression, and loneliness (Choate, 2008). Thus, counselors must be aware of the pressure children may feel regarding gender-role conformity and the consequences of nonconformity and victimization.

Education

Based on recent research, it seems that teachers are making an effort to be egalitarian in their approach to and expectations of students (Leaper & Brown, 2014); however, teachers, the curriculum, school environment, and peer dynamics have all been found to impact gender socialization (Stromquist, 2007). Peer influences, as previously discussed, can take place in the school environment where children spend much of their day. Teachers also model gender-related attitudes and
behaviors. For example, math anxiety among female teachers was associated with greater likelihood that girls would endorse the stereotype that boys are good at math and girls are good at reading (Beilock, Gunderson, Ramirez, & Levine, 2010). Teachers also socialize gender differences through bias in their treatment and expectations of boys and girls (e.g., calling on boys more in class). Gender bias in teacher expectations is problematic as teacher expectations about students’ ability can be self-fulfilling (Leaper & Brown, 2014). For example, if teachers believe girls are not as interested and capable as boys in science, they may inadvertently convey lower expectations of girls on science projects and provide less encouragement and tutoring; and teacher expectations can impact performance. Furthermore, perpetuation of stereotypes that girls are unable to succeed in math, despite all evidence to the contrary, can undermine girls’ confidence, particularly when parents and teachers maintain these beliefs (Hyde, 2005). When girls internalize such gender stereotypes, it can adversely impact their interest and achievement in STEM subjects (science, technology, engineering, and math), which are important to obtaining the growing number of STEM jobs (Leaper & Brown, 2014). Thus, school counselors have a crucial role in advocating for girls by educating teachers about gender discrepancies in the classroom so that girls’ interest in diverse subjects, including STEM subjects, are fostered and supported.

Media

Media is a pervasive and a well-identified agent of gender socialization (Leaper & Friedman, 2007). Advertisements in media “sell values, images, and ideals of love, sexuality, success, and normalcy” (Hodgson, 2011, p. 5). Many popular television shows commonly watched by most children are potent means for conveying sexism as they reinforce gender stereotypes (Leaper & Friedman, 2007). Based on social learning theory, persons/characters in the media serve as models of appropriate gender behavior (Bussey & Bandura, 1999).

“When I watch TV shows it always seems like the girls are dressed up in fancy clothing and wear lots of make-up. The girls always seem to be out shopping or getting a manicure while the boys get to go on all the adventures. I think this makes girls my age feel pressure to dress up and abandon their natural selves. That’s why I like strong girl characters like Nancy Drew who get to be smart and be the center of all the action.”—An 11-year-old girl

For example, the Disney Princess line, targeted at young girls internationally through many films and more than 25,000 marketable products, reached $4 billion in sales by 2008 and is considered a powerful media source related to gender socialization (England, Descartes, & Collier-Meek, 2011). Disney films have been found to portray females in stereotypical and racist fashion with regard to appearance (e.g., emphasis on light skin, full breasts, and small waists) and women’s primary functions, which are focused on their sexuality and domestic work (England et al., 2011). Furthermore, analysis of popular television shows for
children tend to portray boys as more knowledgeable, directive, and innovative than girls, and these stereotypes are reinforced by teachers’ differential treatment of boys (Leaper & Brown, 2014), such as allowing boys to be more assertive and expecting girls to be cooperative. Thus, it is evident that agents of socialization (education and media) can reinforce one another.

Media messages can be particularly impactful in shaping expectations for beauty (Hefner et al., 2014). Media transmission of ideal body expectations and internalization of these ideals are well-known factors for body dissatisfaction and disordered eating among women (Smolak & Chun-Kennedy, 2013). They also encourage the use of cosmetic surgery among women (Pike, Dunne, & Addai, 2013). “Aging beauty” media (i.e., actresses older than 40 who appear younger, thinner, and sexier than average) also was found to be associated with greater disordered eating and body dissatisfaction among older women (Hefner et al., 2014).

Teaching media literacy, which can mitigate the adverse impact of media, involves teaching critical thinking skills and working through four steps: identifying harmful cultural images; exploring and deconstructing their underlying meaning; resisting the message; and actively working to change the message (Choate, 2008). Teaching children, parents, and teachers media literacy is a way that counselors can help protect against negative consequences such as body dissatisfaction and disordered eating as well as mitigate reinforcement of stereotypes related to division of labor and career opportunity.

IMPLICATIONS OF GENDER SOCIALIZATION

In the broadest sense, gender roles limit all individuals, as they place boundaries on experience. However, the subordinate status of women’s gender role has implications for many areas, such as leadership, violence, career, household labor, and even counseling. Understanding these consequences is important in advocating for and empowering girls and women.

Leadership

Gender roles and stereotypes adversely impact women’s ability to achieve equal representation in some of the more influential leadership positions in society. For example, women make up half the U.S. population, but only represent 18% of Congress. Women also account for 44% of master’s degrees in business and management, but only represent 14.6% of the top five leadership positions and less than 5% of chief executive officers (CEOs) at Fortune 500 companies (Warner, 2014). Eagly and Carli (2007) suggested that a labyrinth, rather than a glass ceiling, is a better metaphor for the complex leadership journey women must take and emphasized that leadership disparities stem from gender roles and stereotypes. They stated that traits associated with traditional leadership align with societal views of male traits rather than female traits. Even though women leaders may be evaluated as positively as men leaders, if they appear uncaring or overly authoritative, they are judged more harshly than men portraying the same traits (Hyde, 2005). This is one of many examples related to how nonconformity to gender-stereotyped traits and behaviors affects women in leadership. In sum,
stereotypes, cultural norms, and expectations reduce opportunities for women to hold leadership positions in which they could influence public policy, legislation, and business.

Violence

Violence against women takes many forms including intimate partner violence, sexual assault, and sex trafficking. Societal definitions of masculinity (i.e., strong and aggressive) and femininity (i.e., weak and submissive) set the stage for violence against women. As such, a patriarchal society engenders violence against women and is a determinant of rape culture whereby rape is a “logical and psychological extension of a dominant-submissive, competitive, sex-role stereotyped culture” (Burt, 1980, p. 229). In this regard, the ways in which gender is socialized has serious implications for both women and men. Women, however, have greater exposure to mental health risks because they face a significantly greater threat of sexual violence over their lifetime than men (Choate, 2008).

Career

Women largely occupy careers in health care and education, which are professional roles that align with cultural ideals of femininity, but have lower prestige and pay (Swanson & Fouad, 2010). Compared with females, males are socialized to be competitive and therefore are more likely to self-select into competitive work environments. This may be one reason why men earn more money than women in most societies (Andersen et al., 2013). Additionally, gender stereotypes such as “girls are better caregivers” and “sports are for boys” affect girls academically and physically, resulting in limited engagement with STEM courses, which are important in the job market, and lessen athletic participation (Leaper & Brown, 2014), which fosters physical, emotional, and behavioral skills (Worell, 2006).

Women continue to be at a disadvantage in terms of career achievements due to gender-biased family roles, which still position women as primarily responsible for caregiving roles (Swanson & Fouad, 2010). Eagly and Carli (2007) noted that marriage and parenthood was associated with higher wages for men than for women because of the assumed lack of greater career stability. Thus, the ways in which a given culture defines gender roles can limit academic and career achievement, income, and career satisfaction, all of which are important to well-being (Worell, 2006). Women who violate the stereotype of being nurturing and nice and show agentic traits are less likely to be hired than males showing those same traits (Hyde, 2005). Thus, women face a double bind in the hiring process: They must come across as confident and capable without violating norms for stereotypical femininity.

Household Labor

The division of household labor is a clear example of the feminist tenet that the personal is political, as choices about the amount and type of household labor one
engages in may seem like a personal choice. However, gender roles influence the division of household labor (Leaper, 2014; Nakamura & Akiyoshi, 2015). Attitudes regarding household labor and careers can be highly varied among families, but overall they have become more egalitarian in Western societies (Leaper, 2014). Despite this, Nakamura and Akiyoshi (2015) found that across 10 diverse countries, including the United States, women still perform more of the housework. Likewise, although same-sex couples tend to be more egalitarian with regard to household labor, if they choose to organize their family along traditional gender roles, they may experience similar disparities (Leaper, 2014). Because women are socialized to be relational, they may feel strongly about meeting the needs of family members while also balancing their careers (Swanson & Fouad, 2010). This may leave them susceptible to role strain, which often leads to feelings of confusion and guilt (Choate, 2008). Counselors can advocate for women and men by encouraging more equitable division of household labor and childcare among couples, as this has been associated with greater satisfaction and intimacy among Westerners (Worell, 2006). This may be harder to achieve with couples from countries such as Japan where the gender gap for division of labor is highly disparate and gender norms and cultural institutions reinforce this gap (Nakamura & Akiyoshi, 2015).

**GENDER SOCIALIZATION AND COUNSELING**

Counselors may bring biases based on gender stereotypes to the counseling process because they are subject to gender socialization as well (Swanson & Fouad, 2010). Gender bias may appear in a plethora of ways, including using theories based on the “male normal,” which may pathologize women (Sue & Sue, 2013); evaluating traits of women and minorities less favorably; stereotyping in diagnosis; and attributing stress to intrapsychic versus sociocultural causes (Worell & Johnson, 2001). The gender role of the counselor may also interact with the client’s gender (Swanson & Fouad, 2010). For example, a male counselor might be more directive with female clients because he adheres to a stereotype of female passivity. Similarly, a female counselor may overlook subtle expressions of emotion in a male client because she learned the stereotype of male stoicism. Career counselors must also be aware of how gender socialization may impact career choices, as women may be more likely to choose certain careers because these careers seem more accessible or acceptable (Swanson & Fouad, 2010). Feminist approaches to counseling may be a means to overcome such biases in counseling. Counseling can be a corrective experience that empowers girls and women rather than reinforces stereotypes and inequities. A feminist approach invites the counselor to advocate for change at the client, community, and societal level, thereby empowering women and girls, as opposed to colluding to pathologize them and support their adaptation to oppressive and discriminatory environments (Evans, Kincade, Marblley, & Seem, 2005).

In conclusion, gender roles and stereotypes are transmitted through family, peers, education, and media as well as secondary groups. Gender roles create and impact gender disparities that disadvantage women and girls throughout the world. Educating parents, teachers, children, and adults regarding gender roles,
teaching media literacy, and supporting gender-role flexibility may help empower girls and women. Counselors must be aware of gender socialization in the counseling process and, through advocacy, seek to challenge gender roles and empower women and girls so that they may experience dignity and wellness.

**CALL TO ACTION**

Counselors can use the questions and resources that follow as a starting point for advocacy in addressing gender socialization, bias, and stereotyping.

- Use the Reflection Questions in this chapter to examine your own gender socialization so that you can prevent the unintentional perpetuation of gender stereotypes in your personal and professional interactions.
- Teach media literacy to children, teens, college students, and parents so they learn to critically view social expectations regarding male and female as they are portrayed and reinforced in the media (see Miss Representation or Killing Us Softly 4 documentaries, in the Helpful Resources list for this chapter).
- Involve boys and men in the movement toward gender equity (see HeForShe campaign, in the Helpful Resources list for this chapter).

**REFLECTION AND DISCUSSION QUESTIONS**

1. What is one of the most vivid memories from your childhood regarding what you learned about how members of your gender are supposed to behave?
2. In what way(s) do you conform to or resist the gender norms of your culture? How does this impact how others respond to you?
3. Describe a time when you felt you were being treated in accordance with a gender stereotype. How did that impact you? How did you react?
4. Describe how gender socialization may impact how you interact with a client (male and female), such as how you might reinforce gender stereotypes within the counseling process.

**HELPFUL RESOURCES**

**Books and Documentaries**

- Butler, J. (2004). *Undoing gender.* New York, NY: Routledge.—This is a seminal work that furthers Butler’s thinking regarding gender performativity discussed in her earlier work, *Gender Trouble.*
• *Killing us softly 4: Advertising’s image of women.* (Available from Media Education Foundation, 60 Masonic Street, Northampton, MA 01060)—This documentary is designed to help students think critically about how women and girls are portrayed in media/advertising and how this relates to sexism, eating disorders, gender violence, and contemporary politics.

• *Miss Representation*—This documentary offers insight regarding how the portrayal of women and girls in the media influences their power and ability to obtain leadership roles in society.

**Advocacy Websites**

• Geena Davis Institute on Gender in Media (www.seejane.org)
• HeForShe Campaign and Action Kit (www.heforshe.org)
• The American Association of University Women (AAUW) (www.aauw.org)
• UN Women (www.unwomen.org/en)

**REFERENCES**


©Springer Publishing Company


Section III: Impact

CHAPTER 9

Violence Against Women and Girls
Rebecca Vazquez and Atsuko Seto

“The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable. Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work. . . . Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.”

—Herman (1997, p. 1)

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Understand the prevalence and forms of violence against women and the impact of such on their well-being as survivors.
2. Conceptualize the counseling process through an empowerment lens while recognizing the stages of prevention, intervention, and restoration.
3. Understand the definitions and distinctions of compassion fatigue, burnout, and vicarious trauma in order to learn how to implement wellness practice into clinical work.

As counselors and agents of change, we have a responsibility to confront violence against women and to understand this as a global occurrence instead of a localized issue. This chapter is dedicated to telling the truth about the atrocities that women of all ages have faced and continue to experience in today’s world. As Judith Herman (1997), a renowned leader in the field of traumatic stress, expressed in the opening quote, vocalizing these atrocities is necessary for the restoration and healing process for survivors of violence. Although disturbing and difficult
to grasp, we must open our eyes to perpetual issues of violence against women before we can help facilitate both individual and systemic restoration. The word “women” is used in this chapter to represent women of all ages unless a distinct separation needs to be made to address developmentally specific issues.

As you journey through this chapter, you may be learning about these atrocities for the first time. Some readers may be all too familiar with the information because it has profoundly affected them or someone they love. We encourage you to pay attention to your own reactions to the content presented and practice appropriate self-care strategies if you are overcome by intense emotions and thoughts.

This chapter includes brief historical, political, and cultural perspectives on violence against women as well as the current state of this issue. Following this overview, we discuss various forms of violence against women that impact their emotional, physical, and psychological well-being. Although the contents of this chapter are not exhaustive, our hope is to provide you with a fundamental knowledge of how violence against women has manifested throughout society. Clinical implications discussed in this chapter include an overview of the clinical foundation in working with survivors of violence and the three layers of the counseling process: prevention, intervention, and restoration. Finally, we discuss the impact of this work on the counselor, along with how to promote posttraumatic growth in clients.

HISTORICAL REFLECTION ON VIOLENCE AGAINST WOMEN

The United Nations (UN, 1993) defines violence against women as, “... any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (p. 3). This definition has been relevant throughout time and across cultures. According to Fox (2002), religious traditions, Greek philosophy, and legal systems have greatly influenced societal views of women and their treatment for centuries. The patriarchal nature of these social structures has led to an unequal power distribution and subsequent discrimination against women (Fox, 2002; UN, 2006). Fox (2002) specifically referred to this phenomenon as “patriarchal privilege” and noted how its presence led to historical formation of rigid, unbalanced gender roles within religious, philosophical, and legal traditions (p. 16).

One of the earliest recorded incidents of violence against women can be seen in the ancient Greek image illustrated in Figure 9.1, dated to around 450 BCE. Experts describe the image as a drunken man, holding his own robe and walking stick, aggressively knocking on a bolted door. His presumed wife stands on the other side of the door with a timid stance and a lamp, suggesting that this incident took place in the middle of the night (Llewellyn-Jones, 2011). This scenario took place more than 2,000 years ago, yet today is still a familiar occurrence.

Social Inequality

History has illustrated contradictions between how women were portrayed and how they were actually treated in society. An example of this is found in the ancient African text, the Ifa. A poem within the Ifa reveres women with statements such as,
“Obarisa said that people should always respect women greatly. For if they respect women greatly, the world will be in right order” (Olatunji, 2013, p. 6). Despite this clear instruction from an influential social entity, women were often given a lower status than men in the name of tradition (Olatunji, 2013).

Legal systems in many parts of the world have perpetuated injustice and gender inequality. Lansing (2006) noted that rapes in England were common but convictions were rare. Often, cases were settled out of court by the provision of a dowry by the family, or by marrying the victim to her attacker in order to preserve the reputation of the victim and her family, which still occurs in modern-day society (Lansing, 2006). In Latin America during the 19th century, the legal system clearly favored men. According to the Colombian Criminal Code of 1873, men who battered or even killed their wives as a result of an “involuntary lapse of reason” or during “absolutely involuntary inebriation” were excused of any responsibility for their actions (Uribe-Urán, 2013, p. 57).

These social inequalities are not only found in a historical, global context, but also in a current context within the United States. A prime example of such inequalities is the income gap between men and women. According to the U.S. Department of Labor, Bureau of Labor Statistics (2011), women in the United States were earning around 81% of what their male counterparts did in 2010. Although the United States has taken strides to close the economic gap, as well
as address other forms of gender inequality through various legislations, there is still much work to be done to ensure equality for women within the United States.

**Wartime Violence Against Women**

Wartime violence against women is another unfortunate historical reality. Across countries and conflicts, women have been seen as “an effective and inexpensive war tactic” (Munro, 2014, p. 50). Whether used as a way to obtain information or to instill fear in the community as a whole, wartime sexual violence has been documented in many parts of the world including, but not limited to, El Salvador, former Yugoslavia, Sierra Leone, Japan, Bangladesh, Iraq, and Colombia (Cohen, Green, & Wood, 2013). Although the international community has denounced the use of sexual violence in global conflicts, it is still considered a contemporary weapon that is systemically used to gain control and instill fear within a community. Specifically, wartime rape has been identified as a tool in genocide and ethnic cleansing (Munro, 2014).

Unfortunately, much of the information previously presented is not only historical fact, but also a current truth. In spite of notable strides that have been made to create safety and equity, various forms of violence are a daily reality for many women around the world today.

**WHERE ARE WE NOW?**

The movement toward ending violence against women has gained significant momentum since the end of the 20th and the beginning of the 21st centuries. With the advent of technology, public awareness campaigns have flourished, and international platforms have been established to support the efforts to confront violence against women. Both male and female celebrities have joined the cause of eradicating gender-based violence, drawing more resources and attention to the movement. Global organizations, such as the United Nations (UN) and the WHO, have developed declarations to denounce violence against women for moral, health, economic, and social justice reasons. More recent federal, state, and local statutes address issues that directly impact women who experience violence. For example, survivors of sex trafficking often have been arrested for prostitution and treated like criminals instead of victims, resulting in additional devastating effects on many aspects of their lives (Polaris Project, 2015a). In order to address this injustice, states across the union have begun to implement Safe Harbor laws, which recognize this damaging inconsistency within the legal system and seek to provide appropriate services to survivors of sex trafficking (Polaris Project, 2015a).

Despite these signs of progress, the prevalence of violence against women remains at a pandemic level. Worldwide, 35.5% of women have been subjected to sexual and/or physical violence, with the highest prevalence (45.6%) in African nations (WHO, 2013). Approximately half of women killed in 2012 were murdered by intimate partners or family members (United Nations Office on Drugs and Crime [UNODC], 2013). According to the International Labour Office (ILO, 2012),
women and girls represent 55% of the estimated 20.9 million victims of forced labor trafficking and 98% of the estimated 4.5 million individuals forced into sex trafficking. More than 700 million women alive today were forced to marry before they were 18 years of age. More than one in three, or about 250 million women, were forced into marriage before the age of 15 years (United Nations Children’s Fund [UNICEF], 2014a). With the prevalence of violence against women and girls still existing at staggering levels, counselors need a solid understanding of how to address these issues and support the survivors of violence. Regardless of clinical settings, most counselors will encounter female clients who have been victims of violence (Sawyer, Peters, & Willis, 2013). Therefore, understanding the magnitude of this issue and various forms of violence that impact women of all ages is crucial in counseling and advocating for this population.

**POWER AND CONTROL**

In order to grasp the complexity of violent relationships, we will begin with one of the most notably used tools in the field of trauma work. In 1984, advocates from the Domestic Abuse Intervention Program (DAIP) in Duluth, Minnesota, partnered with battered women to develop the Power and Control Wheel (Figure 9.2), which is delineated as the following:

The Power and Control Wheel is not a theory or conceptual framework and it does not attempt to give a broad understanding of all violence in the home or community but instead offers a more precise explanation of the tactics men use to batter women. Battering is one form of domestic or intimate partner violence. It is characterized by the pattern of actions that an individual uses to intentionally control or dominate his intimate partner. That is why the words “power and control” are in the center of the wheel. A batterer systematically uses threats, intimidation, and coercion to instill fear in his partner. These behaviors are the spokes of the wheel. (L. Stavnes, personal communication, December 19, 2016)

The image of the Power and Control Wheel has had a great impact on the understanding of battering around the world. Although it is commonly believed that violence occurs when men who batter lose control, it is clear through what women have shared about their experience that this is not the case. This visual representation of the lived experiences of battered women serves as a foundational tool in understanding violence against women.

The gender-neutral terms “perpetrator” or “abuser” are used throughout this chapter. Although the vast majority of perpetrators of violence against women are men, women have also been documented as perpetrators. The intention here is to acknowledge that although the majority of survivors are women, men are also victimized by violence (Thureau, Le Blanc-Louvry, Thureau, Gricourt, & Proust, 2015; UN, 1993). The word “survivor” is used to refer to women who have been victims of violence. Although the terms “victim” and “survivor” may be used interchangeably, in some settings “survivor” is often preferred and is typically viewed as empowering (Jordan, 2013). In working with individuals who
have experienced violence, counselors should be open to using each client’s preferred term in order to promote client self-empowerment and establish a therapeutic working alliance.

**Domestic Violence**

What comes to your mind when you think of the term DV? Do you think of a woman with a black eye? Or, perhaps, a movie? A loved one? A celebrity scandal? DV is most often portrayed in heterosexual couples with the man being physically and emotionally violent toward the woman. However, DV can occur in any...
relationship including, but not limited to, same-sex, bisexual, and transgender couples, couples in which one partner has a disability, a female perpetrating against a male partner, and relationships in which no physical violence exists. Power and control exist essentially in all intimate relationships, but the function and distribution of power and control varies from couple to couple. DV occurs when the dynamic of power and control in a relationship is invasive, malicious, and/or oppressive (Coy, Scott, Tweedale, & Perks, 2015; Herman, 1997).

Emotional Abuse

The emotional effects of DV can have devastating impacts on survivors. Although physical violence is quite destructive, many survivors attest that emotional abuse including verbal insults, name-calling, psychological mind games, and humiliating the survivor in private or public tends to be harder to heal from than physical abuse. Common thoughts and beliefs held by survivors include: “It’s my fault. I am to blame”; “I should have known better or tried harder”; “Love hurts”; “I gotta be tough and not let things bother me”; and “I can’t trust anyone, not even myself” (Johnson, 2012, p. 377). These messages are instilled and reinforced by the perpetrator, resulting in survivors feeling guilty, ambivalent, and hopeless.

Physical Abuse

It is important to recognize that physical abuse within the context of a relationship can occur on a continuum. Physical abuse includes, but is not limited to, pushing, slapping, kicking, punching, broken bones, permanent injury, and use of weapons. Campbell et al. (2003) developed the Danger Assessment instrument, which is designed to assess the severity of violence and homicide risk in intimate relationships. According to Campbell et al. (2003), strangulation is considered of high lethality and should be assessed for whenever working with survivors of violence.

Financial Abuse

Although financial abuse may not automatically come to mind as a form of DV, it is a pervasive form of power and control. For many women living with DV, their options are contingent on their ability to provide for themselves and their children. This dynamic can be especially prevalent among survivors with disabilities or undocumented immigrants who may have to rely on their partners to access available resources (Kaltman, Hurtado de Mendoza, Gonzales, Serrano, & Guarnaccia, 2011; Nosek, Foley, Hughes, & Howland, 2001). Financial control can take many forms: (a) determining that the woman cannot work, (b) preventing her from keeping a job, (c) forcing her to work and bear financial burdens so that the perpetrator no longer has to, (d) forcing her to hand over her paycheck, (e) denying access to important household financial information, and (f) making her have sex for money to support children. Controlling money is one way to ostracize a survivor and isolate her from others. Without adequate financial resources, safety and stability can be difficult to achieve.
Sexual Violence

Although sexual violence is often present within DV, it also occurs outside of intimate relationships and is addressed separately in this chapter. Legally, sexual violence is often referred to as sexual assault or rape. Because local legislations may define these terms differently, counselors need to be aware of the relevant laws in the states where they practice. Regardless of the terminology, the feeling of shame often consumes survivors of sexual violence due to tremendous stigma and vulnerability that are associated with the act. As such, many incidents of sexual violence go unreported (U.S. Department of Justice, 2014). Despite the fact that many women choose not to disclose an incident of sexual assault, the number of reported cases of sexual violence against women is alarming. The National Sexual Violence Resource Center (2015) reports that one in five women in the United States will be raped at some point in their lives. As previously mentioned, sexual violence can be used to exert power and control in the context of war as well as in familial or intimate relationships.

Childhood Sexual Abuse

The impact of childhood sexual abuse (CSA) is difficult to fully comprehend. Perpetrators are often adults in a position of power and trust to the child. The child, who has yet to develop her sense of self, is likely to suffer immense confusion, and humiliation as a result. Vilenica, Shakespeare-Finch, and Obst (2013) poignantly note that sexual trauma during adulthood can shake the established foundations of an individual, whereas CSA plays a significant part in shaping children’s foundational views of themselves, others, and the world. Many survivors of CSA report feeling “damaged” or inherently bad, largely due to the assumption that “good things happen to good people [and], bad things happen to those who deserve bad things” (Vilenica et al., 2013, p. 40). It is not uncommon for “survivor guilt” to plague survivors, in spite of their bravery and resourcefulness. The guilt can serve as a way of regaining a sense of power in the midst of a disaster. To imagine that there was something more that could have been done may be easier to face than the reality of helplessness (Herman, 1997). Sexual violence during the formative years of childhood can result in a wide range of reactions including, but not limited to, depression, sexual dysfunction, anxiety, suicidal ideation and attempts, strained interpersonal relationships, and poor sense of self (Foster & Hagedorn, 2014; Vilenica et al., 2013).

Incest

Incest, or sexual abuse within the family system, is considered a universal taboo (Atwood, 2007). Since it is hardly ever spoken of, one might think incest is a rare occurrence. However, Atwood suggests, “If there is a universal rule against something, then that something must be occurring universally. The incest itself is universal, not the absence of it” (p. 288). Survivors of incest are nearly always coerced into keeping the abuse secret. Depending on the age of the child, the offender may frame the abuse as a “game” or as “special time” that must remain secret.
between them (Ballantine, 2012). This dynamic often leads to a false sense of mutuality or complicity, which can result in immense feelings of guilt and shame (Ballantine, 2012). The perpetrator might also threaten them or other loved ones with harm or other forms of retribution. If the survivors disclose, they are often made to feel as if they are causing the trouble in the family, especially in family systems that are in denial of the abuse.

**Date Rape**

Date rape is defined as a type of sexual assault in which the survivor and the perpetrator are, or have been, in some form of personal relationship (Russo, 2000). Although not a legal term, date rape is often used to describe sexual violence among adolescent and college-age populations (Lanier & Green, 2006). According to the U.S. Department of Justice (2014), women between ages 18 and 24 years experience the highest rate of rape and sexual assault victimizations compared to their counterparts in all other age groups. Date rape is often associated with victim blaming, which can include labeling the victim as a “tease” if she changes her mind and using the victims’ attire or behaviors (e.g., voluntary use of alcohol and/or drugs) as a justification of the assault (Lanier & Green, 2006). Ultimately, victim blaming shifts the responsibility away from the perpetrator and to the victim. Such attitudes still exist in our society and often contribute to survivors feeling culpable for the violence perpetrated against them.

 Adolescent girls and young adult women are most vulnerable to drug-facilitated sexual assaults, which are commonly associated with date rape. According to the U.S. Department of Health and Human Services’ Office on Women’s Health (OWH, 2012), the three most common date rape drugs are rohypnol, gamma hydroxybutyric (GHB), and ketamine because these particular drugs are often odorless and colorless and do not have a distinctive taste, rendering them easy to slip into a victim’s beverage. The effects of these drugs, including loss of consciousness, confusion, loss of muscle control, memory loss, nausea, distorted perceptions of sight and sound, and impaired motor function, often exacerbate the devastation of the assault (OWH, 2012). Survivors often report being unaware of the attack until hours after the incident, and many times have little or no recall of the assault, contributing to lower rates of arrest and subsequent prosecutions.

**Human Trafficking**

Issues regarding human trafficking, also referred to as modern-day slavery, have gained a great deal of attention in society and within the counseling profession. The U.S. Department of Health and Human Services’ Office on Trafficking in Persons (2012) defines human trafficking by utilizing a three-pronged criteria involving force, fraud, or coercion. Force refers to beatings, sexual violence, or confinement used to control individuals, especially during earlier stages of victimization, to establish power and control (Stotts & Ramey, 2009). Fraud involves the manipulation used to entice victims. For example, a promise of employment is used to gain access to women in economic need. Coercion refers to threats and psychological manipulations to which trafficking survivors are often subjected.
Debt bondage and threats to the survivor or to her family members are frequently used by perpetrators to maintain their position of power and control (Stotts & Ramey, 2009). Ultimately, human trafficking is a crime of vulnerability. Whether economic, emotional, or physical in nature, traffickers aim to exploit any vulnerability in women for their personal gain.

**Sex Trafficking**

The commercial sex trade is one of the most widespread forms of trafficking around the world (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Although this form of trafficking occurs across a variety of settings, residential brothels, online forums, street prostitution, massage parlors, and strip clubs are among the most common (Stotts & Ramey, 2009). It is important to note that sex trafficking and prostitution are not synonymous. One way to conceptualize the difference is to ask who is profiting from the commercial sex act. Survivors of sex trafficking have to give all or most of their earnings to their trafficker (also known as pimp or madam), whereas those who engage in prostitution are not forced by a third party and keep the money earned by performing sexual acts (Hyde & DeLamater, 2014). It is also important to note that the term “child prostitute” is not accurate because it implies that the minor has consented to engage in prostitution. According to federal statutes (e.g., Trafficking Victims Protection Act [TVPA] of 2000, Preventing Sex Trafficking Act and Strengthening Families Act of 2014, and the Justice for Victims Trafficking Act of 2015), minors cannot consent to being exploited and therefore are victims of sex trafficking, not prostitutes (U.S. Department of Health and Human Services’ Office on Trafficking in Persons, 2016). It is also important to recognize that many adult women who are viewed as “prostitutes” were actually sexually exploited minors who are still in the commercial sex trade.

**Labor Trafficking**

This form of trafficking involves use of violence, threats, lies, debt bondage, or other forms of coercion to force people to work against their will (Polaris Project, 2015b). Individuals trafficked for labor are made to work long hours, often under inhumane conditions, for little or no pay. Like sex trafficking, there are various settings in which labor trafficking can occur. Domestic work, construction, factory, and agriculture are milieus where individuals can be enticed and exploited with the promises of financial stability for themselves and their families. Other trends of labor trafficking include door-to-door sales crews, carnivals, and health and beauty services (Polaris Project, 2015b). This form of trafficking is not mutually exclusive from sex trafficking and can be difficult to detect.

**GLOBAL VIOLENCE AGAINST WOMEN**

Although each of the aforementioned forms of violence occurs within a global context, there are also culturally bound practices that are more prevalent in specific regions of the world. As the world continues to become smaller through...
technology, migration, and globalization of certain industries, counselors are encouraged to develop a global understanding of these issues.

**Acid Throwing**

The practice of acid throwing, in which women and girls are targeted by men and boys for refusing their advances, has been documented in several parts of Asia, the Middle East, and Africa (Chowdhury, 2005). Bhullar (2013) defines *acid throwing* (otherwise known as acid attack or *vitriolage*) as the “act of throwing acid or similarly corrosive substance onto the body of another with the intention to disfigure, maim, torture, or kill” (p. 60). Physiological effects of the acid include a loss of vision, body disfigurement (mostly on the face), and, if left long enough, deterioration of the bone (Bhullar, 2013). Women disfigured by acid are often ostracized and forced to depend on others for survival, since their injuries make it difficult for them to find work (Bhullar, 2013).

**Honor Killing**

Collectivist cultures tend to value welfare of groups (e.g., community, family) over an individual’s well-being. For some cultural and religious groups, honor killings represent a preservation of a family’s honor, or “izzat,” which is a multidimensional construct that refers to honor and reputation that guides relationships in Hindu and Persian cultures (Dorjee, Baig, & Ting-Toomey, 2013). With this in mind, honor killings are defined as the “premeditated murder of a relative (usually a young woman) who has allegedly impugned the honor of her family” (Chesler & Bloom, 2012, p. 43). Dorjee et al. (2013) explain that the honor of the males is considered “dynamic” and able to change within a collectivistic cultural context. Female honor, however, is viewed as “static” and cannot be redeemed, hence honor killings are often associated with females who have been divorced, suspected of adultery, victims of rape, or in a relationship with someone whom the family does not approve of. Therefore, women who are perceived to have brought shame to the family are viewed as causing irreparable damage to the izzat. Honor killings are often the extreme manifestations of families’ attempts to redeem their social status within the community (Dorjee et al., 2013).

**Female Genital Mutilation**

The cutting of female genitalia has been practiced for centuries among groups in Africa, Asia, and the Middle East (UNICEF, 2014b). Its origins are deeply rooted in historical, cultural, and religious traditions that are highly contested today (Baron & Denmark, 2006). Tremendous strides have been made to reduce this practice because it has been recognized as a violation of human rights and gender inequality. Not only do girls who undergo female genital mutilation (FGM) experience excruciating pain, but they are also at a higher risk for infertility, complicated child birth, chronic kidney and urinary infections, HIV, and even death (Baron & Denmark, 2006; UNICEF, 2014b). According to Mulongo, McAndrew,
CLINICAL FOUNDATION

“Being able to come here and trust [the counseling process], I was able to open
up and bring down walls that I’ve had my entire life. . . . Because I made that
connection and I felt I could trust, that meant that I could be safe. You’re not
going to laugh at me or tell people what goes on here. I didn’t think I had to
keep everything inside. I could let it out. And that was empowering—talking
about my fears, my insecurities, all the different abuse I went through. Just
letting it out. And knowing that you’re here to listen.”—A 29-year-old
Caucasian female client

This section is dedicated to providing counselors with a helpful and practical
clinical framework for working with survivors of violence. We begin this section
by discussing the three main foundational concepts for creating a therapeutic alli-
ance with clients: safety, empowerment, and advocacy. As articulated in the pre-
ceding quotation, establishing safety and trust in a counseling relationship is
essential to working with survivors of violence and facilitating their healing.

Safety

According to the Merriam-Webster online thesaurus (“Safety,” n.d.), the antonyms
of safety are “danger, exposure, and jeopardy,” which are precisely what many
survivors of violence have faced in their lives. The counseling relationship
should, therefore, be one of safety. This aligns with Maslow’s (1943) Hierarchy of
Needs, which places safety as a primary requirement for fostering one’s well-being
and as a prerequisite for achieving greater self-actualization. The need for both
psychological and physical safety is something that can be taken for granted.
Sadly, for many survivors, the very places (i.e., their bedrooms, homes, schools,
and communities) that are supposed to offer them a sense of safety and support
have been sources of danger.

In creating a safe space with clients, counselors can ask their clients directly
if they have any safety concerns. Doing so conveys counselors’ sensitivity and
respect to clients and helps to strengthen therapeutic relationships. Although
counselors may not be able to control what happens outside of the counseling
room, they can help clients critically and creatively think through their own need
for safety. This skill is called safety planning (Waugh & Bonner, 2002) and is dis-
cussed in detail later in the chapter. Safety is not only crucial in the physical
sense but emotionally as well (Foster & Hagedorn, 2014). For example, clients

and Hollins Martin (2014), survivors of FGM are susceptible to depression, anx-
xiety, posttraumatic stress disorder (PTSD), and low self-esteem and are at a greater
risk of a mental illness. Despite the intense emotional and physical consequences
of FGM, research findings suggest that girls who are uncircumcised often fear a
loss of cultural identity and exclusion from their community (Baron & Denmark,
2006; Mulongo et al., 2014).
may feel safe in the counseling process and even with their abuser(s), but they may feel unsafe when they are alone. Some may be overcome by intrusive thoughts, feelings, and memories subsequent to a traumatic event, which can contribute to residual feelings of danger and fear. Therefore, conceptualizing safety in a comprehensive manner with each client can assist with establishing rapport, extending empathy, and establishing trust in the counseling process.

Empowerment

Empowerment is conceptualized as a complex and multidimensional process, as opposed to a one-dimensional, linear process (Chamberlin & Schene, 1997). It has become a keyword in public awareness campaigns and in the literature; however, a clear definition has yet to be constructed and agreed upon. One definition that we find helpful in understanding empowerment within a counseling relationship is “the active, iterative process of self-directed and goal-oriented accrual of individual and social agency” (Jefferson & Harkins, 2011, p. 105). Agency, in this context, refers to persons’ ability to actively make and enact choices regarding their lives (Hoener, Stiles, Luke, & Gordon, 2012). Empowerment is crucial to grasp and practice when serving women who have experienced violence in their lives.

As previously discussed in this chapter, acts of violence are tools used by perpetrators to gain power and control over their victims by purposefully taking away their choices. A crucial part of the healing process is working side by side with survivors to explore their options and helping them make their own decisions, even if those decisions are different from what others see as the correct decision. Oftentimes, with good intentions, counselors and concerned people in survivors’ lives may impose their decisions on survivors (e.g., “You have to leave your abusive boyfriend” or “If you really love your kids, you should leave this relationship”) without recognizing that it disempowers survivors by undermining their ability to make decisions for themselves. Counselors can work with clients on identifying potential dangers and assist them in learning how to trust their ability to direct their lives. There may be dangers that are unknown to the counselors, even after a thorough assessment. It is important that clients are encouraged to follow their instincts in making decisions as they are the experts in their lives and know the nuances of risk that are present.

The decision to leave a violent situation can place the survivor at a higher risk for violence as the perpetrator attempts to maintain control in the relationship. This is a primary reason why counselors should check the urge to give directional advice to the client. To support survivors in having a sense of control over their own lives, counselors should actively help them identify their options, provide them with useful information so that they can make informed decisions, and create an appropriate space that respects their dignity. The concept of empowerment may sound simple and ordinary to counselors. Practically speaking, however, empowerment can be challenging for counselors to practice since it requires relinquishing their own power and supporting the client’s. In other words, despite their years of training and expertise, counselors must truly acknowledge that they are not an expert on the client’s life. Only the client is the expert on her own life. The role of the counselor, therefore, is to come alongside survivors in their pursuit of safety and healing.
Advocacy

Advocacy has become an integral part of counselors’ professional identity. The advocacy competencies developed by Lewis, Arnold, House, and Toporek (2002) encompass both the micro- and macro-levels of advocacy within multiple contexts. The domains of advocacy competencies also distinguish “acting with” from “acting on behalf” of the client. Counselors work with clients to identify their personal strengths and resources, help them advocate for themselves, and support them in carrying out their plans. In this process, counselors may become aware of external barriers that impede clients and act on their behalf to increase access to services. This is an important distinction for counselors working with women and girls who have been victimized because each clinical setting will call for counselors to interact with various systems (e.g., child welfare, legal system, social services) to help clients empower themselves. Understanding the difference between “acting with” and “acting on behalf” can help establish appropriate boundaries and avoid the common clinical extremes of doing too much for the client (which can be enabling or disempowering) or doing nothing at all.

UNDERSTANDING CONTEXTS THAT IMPACT SURVIVORS OF VIOLENCE

Now that a clinical foundation of safety, empowerment, and advocacy has been established, we explore some of the practical, systemic considerations of working with this population. Each of the following systems can serve to empower or disempower clients and, therefore, are important to consider in the counseling process.

Family and Culture

Counseling women who have experienced violence does not occur in a vacuum but, rather, within several contexts that impact survivors in various ways. Family is one of the most intimate systems that influences one’s view of the world. Women receive both implicit and explicit messages from their family about gender roles, boundaries, safety, and self-worth (Agoff, Herrera, & Castro, 2007; Collins, 1998). Unhealthy family dynamics can perpetuate a cycle of violence by exploiting vulnerable members of the family, silencing their voices, and denying the realities of abuse (Jewkes, 2002). Additionally, it is important to understand cultural values and beliefs that influence the function of individuals and families (Agoff et al., 2007; Collins, 1998).

Legal System

Decisions made in legal milieus often have a direct impact on survivors of violence. For example, many states’ laws and policies regarding DV emphasize family reunification. This emphasis can deter the courts from considering the physical and emotional safety of women and children and serve to perpetuate the problem (Coy et al., 2015). Because the legal system was not founded on trauma-informed
principles, court decisions can inadvertently disempower women and children. When working with survivors of violence, it is important for counselors to assess for any legal involvement (e.g., restraining orders, criminal or civil charges) because survivors may be unaware of their legal rights and experience confusion and frustration during legal proceedings. Although counselors do not provide legal advice to their clients, they can help clients empower themselves through learning about their legal rights and how to effectively navigate the system.

Immigration System

Although considered a part of the broader legal system, the immigration system has distinct nuances that deeply affect women who face violence. Many women emigrate because of violence in their home countries; however, undocumented survivors of violence often avoid seeking help out of fear of deportation (Kaltman et al., 2011). Additionally, some experience significant loss of their support system and cultural identity, which increases the sense of alienation (Edelson, Hokoda, & Ramos-Lira, 2007). There are federal and state statutes that protect undocumented women and children who experience violence. The Violence Against Women Act (VAWA) and the TVPA are excellent examples of such legislations. Many states allow for undocumented survivors of DV to obtain restraining orders and file criminal charges against perpetrators without being subjected to deportation. Educating undocumented survivors of their rights and protections under the law can minimize their fear and potentially increase safety. Moreover, a thorough assessment of clients’ experiences with violence in their home country, during the migration process, and in their current country of residence is important in understanding their circumstances and offering appropriate services.

CLINICAL IMPLICATIONS

Now that we have reviewed historical, systemic, and clinical foundations, this section focuses on the actual phases of counseling, including prevention, intervention, and restoration. It is important to recognize that counseling women who have experienced violence can look different based on when the violence occurred.

Prevention

Many of the efforts to thwart violence against women have focused on supporting survivors postviolence and holding perpetrators accountable. Sadly, the goal of preventing the actual occurrence of violence remains elusive (Keating, 2015; Wolfe & Jaffe, 1999). Some prevention strategies that target women (e.g., self-defense courses) have been criticized for their tendency to assume women’s responsibility to prevent violence from occurring or blaming them for acts of violence. This approach to prevention has also been challenged since it perpetuates a one-dimensional solution to gender-based violence (Frazier & Falmagne, 2014). As such, there has been an increase in prevention strategies that challenge gender norms and notions of masculinity that normalize men’s misuse of power in
relationships (Frazier & Falmagne, 2014; Lapsansky & Chatterjee, 2013). Counselors can implement a variety of creative prevention strategies based on their clinical setting and the identified needs of clients and communities that they serve.

**Intervention**

A number of interventions can take place to effectively support survivors of violence. If the violence is recent or ongoing, safety becomes the primary clinical concern. Safety planning is an intervention often used in DV counseling to assess for risk and to plan for the individual's safety in case of future acts of violence (Waugh & Bonner, 2002). In this process, the client is considered the expert of his or her situation, and the clinician's role is to explore available options with the client, as well as provide unbiased support. A safety plan should be as comprehensive as possible, taking into account the survivor's physical, emotional, and financial safety (Waugh & Bonner, 2002).

In addition to developing an individualized safety plan, it is important for the counselor to assess for symptoms of trauma. In order to better understand the symptomology of trauma survivors, counselors are encouraged to refer to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, which contains revisions to stress-related diagnoses (American Psychiatric Association [APA], 2013). Common trauma symptoms include *intrusion symptoms* (e.g., nightmares, flashbacks), *avoidance symptoms* (e.g., persistent avoidance of trauma-related thoughts, feelings, or external reminders), *negative alterations in cognitions and mood* (e.g., inability to recall details related to trauma, negative beliefs about the self and the world), and *alterations in arousal and reactivity* (e.g., aggressive behavior, hypervigilance, exaggerated startle response, sleep disturbance; APA, 2013). Assessing for the presence, intensity, and frequency of these symptoms is a vital part of the counseling process. Throughout the assessment of safety and trauma symptoms, it is important to normalize survivors’ experiences and provide psychoeducation. Many survivors often feel “crazy” and do not recognize that their symptoms are normal reactions to abnormal situations. Once a thorough assessment has been completed, there are a myriad of treatment approaches that are considered to be effective in working with survivors of trauma. The following options are not an exhaustive list, but are meant to provide a foundational understanding of what is recommended in the literature and used in clinical practice.

**Animal-Assisted Therapy**

The therapeutic use of the bond between humans and animals has been an effective approach in working with trauma survivors. Animal-assisted therapy relies on the nonjudgmental, reflective nature of animals to help clients reduce physiological stress and increase self-awareness (Geist, 2011). Experiencing gentle contact with animals promotes a sense of safety, trust, and acceptance within the therapeutic environment, which is conducive to working with trauma survivors (Dietz, Davis, & Pennings, 2012). The use of trained therapy animals, such as dogs and horses, is not viewed as a stand-alone treatment option but rather is used to bolster existing therapeutic approaches (Geist, 2011).
Eye Movement Desensitization and Reprocessing (EMDR)

Eye movement desensitization and reprocessing (EMDR) has gained momentum in recent years as an evidence-based treatment for survivors of trauma. According to Shapiro (1995), EMDR is “an interactive, intrapsychic, cognitive, behavioral, body-oriented therapy” that rapidly processes the trauma of the past (pp. 52–53). This approach consists of an eight-phase treatment approach coupled with protocols for specific issues, such as anxiety, pain, posttraumatic stress, and grief. The eight phases involve (a) obtaining a thorough client history and creation of treatment plan; (b) preparing the client for using EMDR; (c) assessing the target issue components to be addressed; (d) desensitizing the target material with eye movements or an alternate form of stimulation; (e) installing the desired positive cognition; (f) conducting a body scan to determine if any effects from the target issue remain; (g) closure; and (h) reevaluation (Shapiro, 1995). Although the atypical use of eye movement and claims of rapid improvement with trauma survivors has generated some controversy within the field, research suggests that EMDR could be a viable treatment option for female survivors of trauma (Diehle, Opmeer, Boer, Mannarino, & Lindauer, 2015; Edmond & Rubin, 2004).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-focused cognitive behavioral therapy (TF-CBT) is one of the most researched therapeutic approaches (Diehle et al., 2015). This approach is commonly used with traumatized youth and consists of the three distinct phases: an initial coping skills-building phase (stabilization phase); a trauma narrative and processing phase; and a final phase of consolidation and closure (integration phase; Murray, Cohen, Ellis, & Mannarino, 2008). TF-CBT includes a wide range of practical strategies for regulating distress, including distraction, mindfulness, perceptual bias modification, self-awareness skills, and cognitive coping skills (Cohen, Mannarino, Kliethermes, & Murray, 2012). The therapeutic relationship plays a pivotal role throughout the treatment phases as it models to clients a predictable, consistent, and safe relationship that is essential to their healing and restoration.

Sensory Approaches and Mindfulness

When trauma occurs, it can cause a disconnection from oneself and normal bodily sensations and thoughts can become fragmented and distorted. As a result, there has been increased attention in the field on the use of sensory-based techniques, which provide practical and effective ways of self-regulating emotional and physiological arousal (Scanlan & Novak, 2015). Encouraging survivors to engage in soothing multisensory experiences (i.e., sight, smell, taste, touch, and hearing) has been highlighted as noninvasive, self-directed, and empowering (Scanlan & Novak, 2015). Likewise, mindfulness encourages clients to engage in nonjudgmental, present-moment awareness of their minds and bodies (Goodman & Calderon, 2012). By increasing their self-awareness, survivors can acquire a sense of control, develop internal resources for symptom reduction, and promote meaning making (Goodman & Calderon, 2012). Both sensory approaches and
mindfulness techniques are geared toward maintaining the client in the present and should be used in conjunction with other treatment approaches.

It is important to reiterate that there are a myriad of clinical interventions that have not been detailed in this chapter. Counselors and counselors-in-training are encouraged to stay abreast of research pertaining to current, best-practice treatment approaches.

Restoration

*Restoration* refers to engaging in “reparative behaviors and a recommitment to the values damaged by the offense” (Cornish & Wade, 2015, p. 98). One way that the literature has conceptualized the restoration process is through *posttraumatic growth*. The concept of posttraumatic growth is one of hope for both the counselor and the client. Tedeschi and Calhoun (2004) define posttraumatic growth as the “positive psychological change that results from engaging in the struggle associated with traumatic or highly challenging circumstances” (p. 1). Tedeschi and Calhoun identify three areas of growth that survivors can experience in this phase of their healing: changes in self-perception, interpersonal relationships, and life philosophy. The restoration phase of the counseling process usually occurs when a client feels relatively safe, but is still struggling with the ongoing effects of the violence she experienced in her daily life. When survivors are able to achieve a sense of safety and stability, some may realize that the emotional impact of their trauma has yet to be processed. Survivors in this stage often express frustration saying things like, “I should be over this by now.” Counselors can help to normalize such feelings and assess if clients are ready to delve into deeply seated emotions and thoughts related to the trauma. If the client is willing to do so, the restoration process can be likened to picking up the pieces of their shattered self. Although the restoration process can be complicated and expose a client’s vulnerability, it is also rewarding for her as she begins to develop a positive sense of self.

**COMPASSION FATIGUE, BURNOUT, AND VICARIOUS TRAUMA**

The current American Counseling Association’s *Code of Ethics* (ACA, 2014) specifies that counselors must “. . . monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired” (p. 9). Without precautions, counselors can be psychologically harmed by trauma work (Hernández, Engstrom, & Gangsei, 2010). As such, the literature concerning the impact of trauma on counselors is growing. Theoretical terms such as vicarious trauma, compassion fatigue, and professional burnout are often used interchangeably to describe how working with trauma survivors impacts counselors. However, each of these terms has distinctions that are important to recognize.

*Vicarious trauma* is defined as “the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients’ trauma experiences and their sequelae” (Pearlman & Mac Ian, 1995, p. 558). This experience may mirror the client’s responses to trauma and often can be characterized by feeling unsafe, a reduced sense of self, less interest in others, a
negative worldview, and increased negative affect (Newell & MacNeil, 2010; Sansbury, Graves, & Scott, 2015). Although vicarious traumatization interferes with the counselor’s emotions and cognitive schemas, memories, and/or sense of safety, it is important to note that these symptoms are not considered pathological in either the counselor or the client (Hernández et al., 2010) because they are understood as normal reactions to traumatic events.

*Compassion fatigue* differs from vicarious traumatization in that it more generally describes counselors’ overall experience of their emotional and physical fatigue, resulting from the long-term use of empathy. It does not necessitate direct interactions with traumatized clients (Newell & MacNeil, 2010; Sansbury et al., 2015) and is often found in combination with many of the “bureaucratic hurdles,” such as billing, administrative work, and other work-related stressors (Newell & MacNeil, 2010, p. 61). Compassion fatigue is not limited to counselors who do trauma work and takes into account other factors involved in the ongoing need to be empathetic (Hernández et al., 2010).

*Professional burnout* is defined as a “gradual and progressive process that occurs when work-related stress results in emotional exhaustion, an inability to depersonalize client experiences, and a decreased sense of accomplishment” (Sansbury et al., 2015, p. 115). Professional burnout is similar to compassion fatigue in that it does not require direct contact with clients; however, burnout develops over time, whereas compassion fatigue and vicarious traumatization can have a sudden onset.

Survivors’ stories of violence can affect counselors deeply. There seems to be consensus among scholars that ongoing self-care is necessary for counselors to be effective and fully present to clients, to avoid professional impairment, and maintain professional boundaries (Wicks & Buck, 2014; Williams, Richardson, Moore, Gambrel, & Keeling, 2010). Some techniques suggested by the literature include engaging in alone time, exercise, mindfulness, meditation, autohypnosis, music, and spirituality (Wicks & Buck, 2014; Williams et al., 2010). Self-care in a professional context could include supervision, manageable client caseloads, peer consultation, and a supportive work environment. Although personal and professional self-care can be difficult to incorporate consistently, they are an integral part of maintaining balance, career longevity, and compassion.

Just as vicarious trauma can affect counselors negatively, the reverse is also possible. Vicarious posttraumatic growth, or vicarious resilience, posits that counselors can be positively affected by witnessing the trauma of their clients (Barrington & Shakespeare-Finch, 2013; Hernández et al., 2010). Counselors have reported gains in relationship skills, an appreciation for the resilience of people, satisfaction from observing growth and healing, and enriched self-understanding as a result of working with those who have experienced violence. The research on this phenomenon is limited but seems promising (Barrington & Shakespeare-Finch, 2013; Tedeschi & Calhoun, 2004). By implementing self-care strategies, counselors can help to facilitate their own vicarious posttraumatic growth and resilience.

**VOICES FROM THE FRONTLINES**

Throughout the chapter, we have noted how survivors should be considered the experts of their own lives. In closing, we thought it would be appropriate and
helpful to conclude this chapter with the voices of women who have survived violence in their lives. Giving women a forum to voice their experiences is especially important as they have often been silenced, either by the perpetrator, the shame, the fear, or other causes. The first author obtained consent from several of her clients to share with readers their responses to the questions that follow. The women have each sought counseling for issues of domestic and/or sexual violence.

What Is One Thing That You Want a New Counselor to Know About Working With Survivors of Violence?

“The most important thing is to find a way to get them to tell their story. Gain that trust and tell their story. Because you bring it out of the dark and into light and that’s what really changed everything for me. Once I told it in group, it just took so much of that power of the guilt, the shame, and the pain. And I think that’s the most important thing—telling one’s story. And in order to do that, there’s got to be trust. Trust is taken away when one is sexually abused as a child. And then you just go through life not trusting for many reasons. But I was so ashamed and scared to tell that dirty little secret that I didn’t trust anyone to believe me, to feel compassion. So once I gained trust with certain people I was able to finally tell my story.”—A 29-year-old Caucasian female

How Has Culture Impacted Your Healing Process?

“The beliefs from my family that divorce is not an option. That was a big impact. And that we had to stick it out. They say work it out, but it really is stick it out. Because it’s not workable, but you have to stay in the relationship, which is hard. But it’s not only culturally, but because we are so religious, you know, time has changed, but their mentality and tradition haven’t. So even though I made a decision to leave, I had to get permission from the priest to finalize it. That was something pushed on me by my parents. So basically, if I didn’t get that permission, I would have had to go back again. It wasn’t going to be acceptable. It has such an impact because it makes it harder to make a better decision at that point.”—A 40-year-old Latina female

How Did You Know It Was Time to Begin the Counseling Process?

“Going through the same stages with different individuals. They had the same characteristics as my ex who I dated on and off for 16 years. And my friendships, everything. They all had abusive characteristics in them or everything that I did not want. Whether it was a friendship or a boyfriend, I just did not want any of that so I felt it was time to bring it all out in order to process it, get through it, and overcome it.”—A 27-year-old African American female
All of these survivors experienced horrific acts of violence in their lives. Their stories are filled with violations of trust and boundaries that are difficult to grasp. Yet, each of these survivors represents hope, both for counselors and future clients. May their voices inform and inspire our work.

CALL TO ACTION

Although the extent to which people engage in advocacy and social justice work varies widely, each action taken individually and together can contribute to promoting stronger and more unified voices of women across the life span. Such efforts include but are not limited to: (a) educating the public on how violence affects girls and women (e.g., prevalence of various forms of violence, long-term effects of sexual abuse on girls, social media and its influence on gender-based violence); (b) working with local legislators to address systemic barriers that perpetuate a cycle of violence against women; (c) coordinating sexual assault prevention programs that encourage men to take a more active role in ending violence; and (d) creating a safe platform through which survivors can share their stories to connect with one another.

Several resources are provided at the end of this chapter to assist counselors in developing a specific plan of action to advocate for this population, including Polaris Project for survivors of human trafficking and National Network to End Domestic Violence (NNEDV), an organization that, among its various projects to empower survivors of DV, alerts advocates on relevant legislative actions. Additionally, we provided statements from a few survivors of violence to emphasize the importance of giving undivided attention to each woman’s voice in her struggle and healing, which is the foundation to any clinical, social justice, and advocacy work.

REFLECTION AND DISCUSSION QUESTIONS

1. What assumptions do you have about survivors of violence? How might these assumptions nurture or hinder your work with this population?

2. Safety, empowerment, and advocacy were discussed as essential components of the clinical foundation that are helpful in working with this population. What are some ways that you would implement these concepts into your work with this population?

3. Processing traumatic incidents can be overwhelming for both the client and the counselor. Discuss your ideas for helping clients to effectively process their intense emotions and thoughts associated with trauma.

4. Working with this population can affect a counselor on multiple levels. Discuss in a small group what self-care strategies will help you manage the impact of this work.
HELPFUL RESOURCES

Books


Professional Websites and Organizations

- Amnesty International USA | Protect Human Rights (www.amnestyusa.org)
- Futures Without Violence (www.futureswithoutviolence.org)
- GEMS (Girl Educational & Mentoring Services; www.gems-girls.org)
- National Network to End Domestic Violence (NNEDV; www.nnedv.org)
- Polaris Project (www.polarisproject.org)
- V-Day: A Global Movement to End Violence against Women and Girls (www.vday.org)

ENDNOTES

1. Line drawing of a red-figure *chous*. Metropolitan Museum of Art, 37.11.19; c. 450 BCE.

2. Domestic Abuse Intervention Project 202, East Superior Street Duluth, MN 55802, 218-722-2781 (www.theduluthmodel.org)
REFERENCES


Coy, M., Scott, E., Tweedale, R., & Perks, K. (2015). “It’s like going through the abuse again”: Domestic violence and women and children’s (un)safety in private law contact


©Springer Publishing Company


©Springer Publishing Company