

EXAMINING THE IMPLICATIONS OF GENDER-BASED VIOLENCE AND  
IDENTIFYING CRITICAL JUNCTURES FOR INTERVENTION FROM AN ECOLOGICAL  
SYSTEMS APPROACH

By

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## ABSTRACT

### EXAMINING THE IMPLICATIONS OF GENDER-BASED VIOLENCE AND IDENTIFYING CRITICAL JUNCTURES FOR INTERVENTION FROM AN ECOLOGICAL SYSTEMS APPROACH

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Gender-based violence is a public health crisis with over 30% of women experiencing violence during their lifetime (Black et al., 2011). The impacts of gender-based violence are costly for the survivors who experience it, the communities that they live and work in, the organizations that provide supportive services, and the institutions who respond (Corrigan, Wolfe, Mysiw, Jackson, & Bogner, 2001). This dissertation examines gender-based violence at the individual level and community levels, as well as institutional response. The findings suggest that at multiple levels there are critical junctures where even a small intervention can have a large impact. Thus, a systems approach to addressing gender-based violence is needed to improv

This dissertation is dedicated to all graduate students who lost their lives, in part, as a  
consequence of pursuing a PhD.  
You deserved the opportunity to write your own dissertation.  
May you always be remembered in mine.

## ACKNOWLEDGEMENTS

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Finally, and most personally, I want to thank all of the survivors that have trusted me with their truth. Your voices and your experiences have carried me here. You are all living proof that the things you, and myself as a fellow survivor, carry are not just heavy – they make us strong. Our collective strength is insurmountable. And no one, and I mean no one can ever take that from us. May I continue to do your voices justice, particularly when the idea of justice feels so elusive.

## PREFACE

The three main chapters of this dissertation have been published in peer-reviewed journals with co-authors. Due to copyrights, these chapters could not be reprinted here. Thus, these chapters are briefly summarized in the main body of this document, followed by a link to the online article. The citations for these chapters are below.

Chapter 1: Brown, J., Clark, D., & Pooley, A. (2019). Exploring the use of neurofeedback therapy in mitigating symptoms of traumatic brain injury in survivors of intimate partner violence. *Journal of Aggression, Maltreatment, and Trauma* (1-20).

Chapter 2: Clark, D., Wood, L., & Sullivan, C. (2018). Examining the needs and experiences of domestic violence survivors in transitional housing. *Journal of Family Violence* 34(4), 275-286.

Chapter 3: Clark, D., Bauchspies, W., & Nawyn, S. (2019). Feminist transformative leadership from inside the university. *Psychology of Women and Equalities*.



## TABLE OF CONTENTS

LIST OF FIGURES .....	x
INTRODUCTION .....	1
CHAPTER 1: EXPLORING THE USE OF NEUROFEEDBACK THERAPY IN MITIGATING SYMPTOMS OF TRAUMATIC BRAIN INJURY IN SURVIVORS OF INTIMATE PARTNER VIOLENCE .....	5
CHAPTER 2: EXAMINING THE NEEDS AND EXPERIENCES OF DOMESTIC VIOLENCE SURVIVORS IN TRANSITIONAL HOUSING .....	6
CHAPTER 3: FEMINIST TRANSFORMATIVE LEADERSHIP FROM INSIDE THE UNIVERSITY.....	7
CONCLUSION.....	8
REFERENCES .....	10

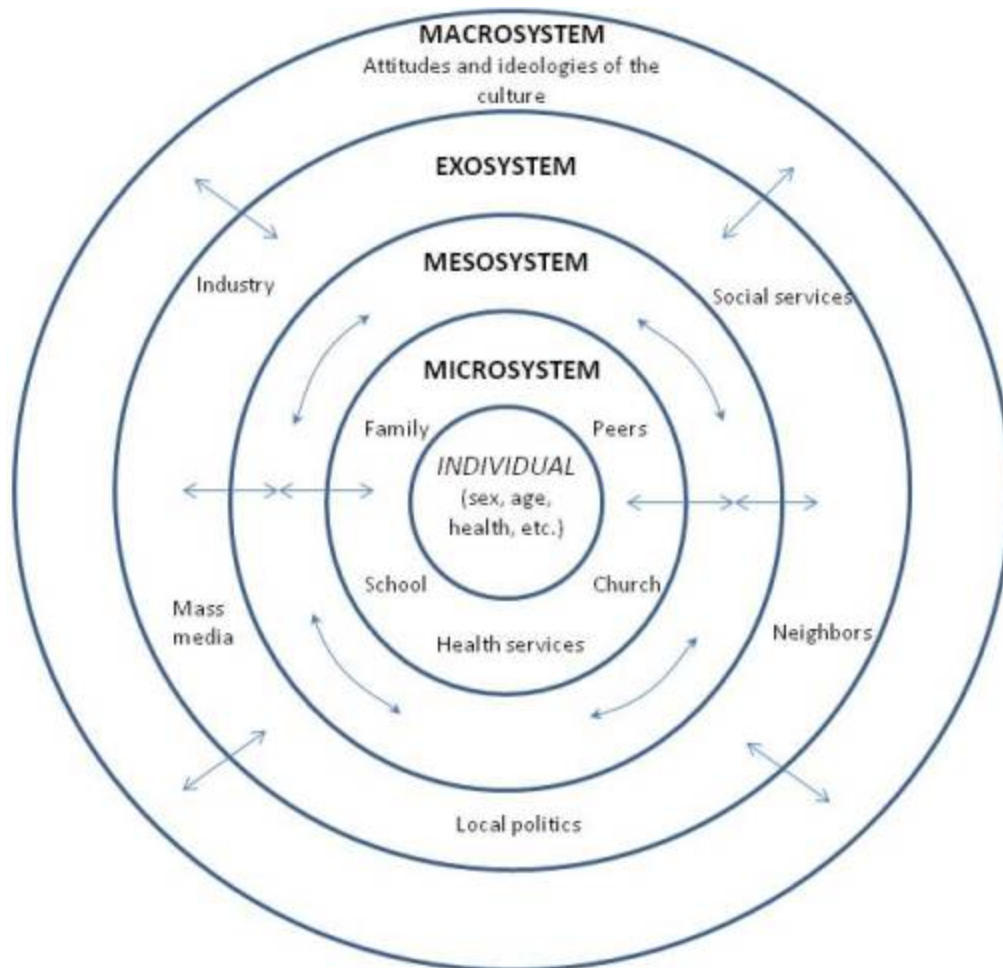
## LIST OF FIGURES

Figure 1: Model: Bronfenbrenner's (1979) Ecological Theory of Development.....	1
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## INTRODUCTION

The study of gender-based violence has historically and necessarily focused on the individual outcomes of experiencing violence. In recent years however, more work has examined how external systems impact survivors' experiences of violence, reporting violence, and healing from violence. Bronfenbrenner's (1979) ecological systems theory provides a framework for examining the ways in which individuals interact with five systems – the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Fig. 1). This dissertation is a sampling of my broader work, which seeks to find critical points in these systems where intervention can help improve outcomes for survivors.

Figure 1: Model: Bronfenbrenner's (1979) Ecological Theory of Development



The first chapter examines a neurofeedback intervention, within the microsystem, for survivors that have experienced traumatic brain injury (Brown, Clark, & Pooley, 2019). Despite the high rates of survivors who are often struck in the head, neck, and face, there has been minimal work to examine traumatic brain injury in survivors (Muelleman, Lenaghan, & Pakieser, 1998). This is exacerbated by the fact that mild and moderate traumatic brain injury is often undiagnosed, particularly in survivors of intimate partner violence (Monahan & O’Leary, 1999). The symptoms of traumatic brain injury often include issues with emotional regulation, cognitive impairment, attention, and memory (Banks, 2007; Brewer, Metzger, & Therrien, 2002; Jackson, Phillip, Nuttall, & Diller, 2004). Without screening for traumatic brain injury these symptoms in survivors are often attributed to mental health issues such as depression and post-traumatic stress disorder. Thus, issues related to physical injury to the brain may be treated in another way that does not specifically target the brain injury such as such as counseling or medication. Neurofeedback suggests a promising method for helping to rehabilitate the brain by normalizing frequencies impacted by traumatic brain injury. In doing so, symptoms such as depression, anxiety, and PTSD improve (Clark, Brown, & Pooley, 2019). This has potential to have both short and long term impacts as these symptoms can prevent survivors from achieving stability for themselves and their families.

Bronfenbrenner’s (1979) systems theory situates the mesosystem as those nearest to the individual. This system consists of group, communities, and institutions that directly impact the individual’s experiences. Community-based programs often provide important resources for survivors such as shelter, mental and physical health care, and advocacy. These community-based services are critical for ensuring both short-term and long-term outcomes for survivors. The second chapter examines the needs of survivors of domestic violence in a transitional

housing program (Clark, Wood, & Sullivan, 2018). Transitional housing provides those who are facing homelessness with affordable housing and supportive services, such as counseling and case management for a fixed period of time (U.S. Department of Justice Office on Violence Against Women, 2015). While some evidence suggest transitional housing helps lead to long-term stability, limited research has explored if transitional housing is helpful for survivors of domestic violence (Mekolichick, Davis, & Choulvard, 2008; Wendt & Baker, 2013). These findings suggest that for survivors facing elevated threats to their safety, greater psychosocial needs, and survivors dealing with immigration related issues, transitional housing is a critical resource (Clark, Wood, & Sullivan, 2018). In this work, survivors were also asked about another housing intervention, rapid re-housing. While transitional housing and rapid re-housing both provide affordable housing and supportive services, rapid re-housing allows survivors to stay in their apartment after assistance ends – a key criticism of transitional housing (U.S. Interagency Council on Homelessness, 2015). Given their experiences in transitional housing, survivors were if they would have preferred a rapid re-housing approach. Survivors who preferred rapid re-housing were often stably employed, with lower psychosocial needs, and did not have barriers to securing an apartment on their own, such as an eviction history or immigration concerns (Clark, Wood, & Sullivan, 2018).

For survivors of gender-based violence, there is the potential for many points of contact with institutions such as rape crisis centers, police departments, medical offices, and places where the survivor is employed or attending school. As the microsystem is the most closely nested system to the individual, the ways in which these institutions interact with survivors of gender-based violence is critical. The third chapter examines the Center for Gender in a Global Context, a center housed within Michigan State University (Clark, Bauchspies, & Nawyn, *forthcoming*).

This center is feminist in nature and committed to mitigating issues around gender, justice, and equity. In this case study, we examine how a center housed in an institution can flourish to uphold these principles, even when they may not be shared by the larger institution. This work identified the ways in which the organization model, a commitment to feminist bureaucracy and feminist standpoint, combined with pluralism, diversity, and reflexivity create a framework for transformative feminist leadership (Clark, Bauchspies, & Nawyn, *forthcoming*). It is argued that this framework allowed the Center for Gender in a Global Context to be a successful and important leader when addressing the sexual assault crisis on Michigan State University. This chapter provides suggestions for how institutions can better support feminist values, such as supporting survivors of gender-based violence, and improve the first line of contact, the mesosystem, for the individual. I conclude this dissertation bringing together the importance of both chapters and considerations for future work.

## CHAPTER 1: EXPLORING THE USE OF NEUROFEEDBACK THERAPY IN MITIGATING SYMPTOMS OF TRAUMATIC BRAIN INJURY IN SURVIVORS OF INTIMATE PARTNER VIOLENCE

Traumatic Brain Injury (TBI) is an injury to the brain caused by an injury to the head, neck, or face, such as blunt force trauma or shaking. Survivors of Intimate Partner Violence (IPV) are at high risk for TBI, given how frequently they are repeatedly struck in the head, neck, and face. Research suggests that “mild” TBI can have lifelong impacts, such as personality and behavioral changes. TBI often goes undiagnosed. This is particularly true for survivors as most do not seek medical treatment following IPV. Given the lack of diagnoses, these symptoms may often not be addressed or misattributed to mental health concerns. Neurofeedback (NF) is an intervention that may help may treat the symptoms of TBI. NF uses operant conditioning to regulate electrical activity in various regions of the brain. NF can lead to improved cognitive performance and emotional regulation. Given the potentially high rate of TBI in IPV, this study explored if NF can reduce the symptoms that negatively impact survivors. In particular, this study explored the use of NF to treat IPV survivors who experienced injuries to the head, neck, or face, and, as such, probable TBI (N = 32). Survivors participated in a quantitative EEG (qEEG) areas of the brain that may be impacted by TBI and completed written assessments, before and after treatment, to assess constructs such as depression and Post-Traumatic Stress Disorder (PTSD). Results showed significant differences in both the qEEG data and assessments following the completion of NF. These results suggest NF could mitigate symptoms commonly associated with TBI in IPV survivors.

For a full text of this work, go to: <https://doi.org/10.1080/10926771.2019.1603176>

## CHAPTER 2: EXAMINING THE NEEDS AND EXPERIENCES OF DOMESTIC VIOLENCE SURVIVORS IN TRANSITIONAL HOUSING

The goal of Transitional Housing (TH) programs is to provide survivors of domestic violence (DV) with the time, financial assistance, and supports needed for survivors to achieve long-term safety and housing stability. Research indicates TH may be effective for homeless families, but there is a lack of evidence related to TH with DV survivors. TH is a housing intervention that is space limited and requires survivors to relocate after the program ends. It is important to understand who is best suited for, interested in, and helped by DVTH. Thirty survivors in a DVTH program were interviewed in order to assess the benefits and drawbacks of DVTH. The interviews were semi-structured, with both quantitative and qualitative data collected. Findings suggest that survivors in with elevated safety risks related to their abusive partners and ex-partners, those with heightened psychosocial needs, and immigrant survivors identified services unique to DVTH as important to their safety and well-being. Although a small number of survivors would have preferred a less intensive and structured housing option, such as Rapid Re-housing (RR) had such an option been available. DVTH appears to be an important option for some DV survivors, but more affordable and accessible housing options are needed across communities to meet survivors' needs.

For a full text of this work, go to: <https://link.springer.com/article/10.1007/s10896-018-0010-4>



### CHAPTER 3: FEMINIST TRANSFORMATIVE LEADERSHIP FROM INSIDE THE UNIVERSITY

In academia, gender-based violence has reached epidemic levels. As universities grapple with institutional change to address these issues, feminist academic leadership is a critical site for enacting change. This work is, in part, a case study examining the Center for Gender in Global Context (GenCen) at Michigan State University. This case study highlights opportunities and limitations of feminist administrators leading campus movements that challenge sexist, racist, and heteronormative cultures at a university in crisis. The aim of this work is to contribute to the emerging literature on gendered organizations and feminist leadership and to propose a potential framework for transformative feminist leadership within the academy. The intention is to place this commentary in important and ongoing conversations about leadership and practices of an organization committed to feminist principles and social justice. This work highlights the ways in which transformative feminist leadership can help to address issues of gender-based violence in the academy.

For a full text of this work, go to: <https://shop.bps.org.uk/publications/publications-by-subject/psychology-of-women/psychology-of-women-and-equalities-review-vol-2-2-winter-2019.html>

## CONCLUSION

These three chapters work together to begin building a foundation moving from the inside of Bronfenbrenner's (1979) model outward. This, and other work, highlights that points of intervention exist at all levels. Neurofeedback provides an opportunity for tertiary protection for survivors who have experienced traumatic brain injury. Findings suggest that neurofeedback can improve long-term mental health outcomes related to anxiety, depression, and PTSD (Brown, Clark, & Pooley, 2019). Future research should address if the effects of neurofeedback last over time. Additionally, the importance of community-based services cannot be underestimated. Transitional housing provides a critical resource for survivors who are facing homelessness, particularly those who are facing increased safety concerns, greater psychosocial needs, or having immigration concerns (Clark, Wood, & Sullivan, 2018). Future research should explore the outcomes of survivors who have completed a transitional housing program to determine if this participation in the program impacts housing stability over time. Finally, transformative feminist leadership offers a framework to help better institutional response and function (Clark, Bauchspies, & Nawyn, *forthcoming*). Both of which are particularly salient for survivors of gender-based violence who have experienced trauma. Future work in gender-based violence must address the barriers, impediments, and potentials for harm at all systems levels, particularly how institutions respond to survivors. Aptly, Bronfenbrenner's (1979) model centers the individuals much in the same way that those who support and serve survivors must center their needs as well. However, to date the majority of literature around intimate partner violence has focused on the individual such as assessing prevalence rates and examining demographic factors that may impact victimization. While my work largely explores the microsystem and begins to build a foundation for examination of the mesosystem, there is still much work to be done at the

other levels of the model. In the #MeToo movement we are uniquely positioned to focus attention on the macrosystem and chronosystem. These are critical directions for future research.

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