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Commentary on Wilson, Woods, Emerson, and Donenberg: The Necessity for Practitioner Vigilance in Assessing the Full-Context of an Individual's Life Experiences

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Marginalized girls and women face multiple challenges to their physical and emotional well-being. By highlighting aspects of Wilson, Woods, Emerson, and Donenberg's findings, I emphasize the pivotal nature of practitioner vigilance in exploring the full-context of women's life experiences. I do so through the voices of the women I serve. The women's stories illustrate the concept of stress proliferation, suggest that well-meaning intervention strategies may actually put some women in greater danger, remind us that violence is but one aspect of the women's dynamic lives, and indicate that adolescent brain development may shape some young women's perceived relationship options. In summary, I emphasize that violence eradication must be undertaken from a broad perspective, one which recognizes the gendered nature of violence against women and its often implicit cultural support.

Keywords: domestic violence, intervention, marginalized girls and women, women who have used force

The findings detailed in Wilson, Woods, Emerson, and Donenberg's (2012) *Patterns of Violence Exposure and Sexual Risk in Low-Income, Urban African American Girls* have multiple important practice implications for those who serve marginalized girls and women. I designed and managed the Vista Program at Jersey Battered Women's Service in Morris County, NJ, as well as founded and currently coordinate the RENEW Program at Catholic Social Services of Washtenaw County in Ann Arbor, MI. Both programs address the complex needs of women who have used force in their intimate relationships. My expertise includes serving women of diverse socioeconomic and cultural backgrounds who identify sexual assault and domestic violence survivorship histories (Larance, 2006; Larance, 2007; Larance, Hoffman, & Shivas, 2009; Larance & Dasgupta, in press; Larance & Porter, 2004). In this commentary I highlight connections between Wilson et al.'s research findings and practical implications.

The researchers' finding that "cumulative exposure to a greater diversity of violent events predicted sexual risk" supports the notion of "'stress proliferation' whereby exposure to trauma in one form increases risk for later experiences of stress and trauma" (Wilson, Woods, Emerson, & Donenberg, 2012, p. 202) in various other forms. Consider, for example, the abbreviated case study of a former program participant whom I will refer to as Annie.

> Annie grew up in a middle-income neighborhood. Annie's father physically abused her mother. As a little girl Annie witnessed the abuse and, as an adolescent, was sexually abused by her father. Annie disclosed the abuse to her mother. Annie's parents then divorced. Annie and her mother moved into low-income housing. As a teenager, Annie began "sex-ting" her boyfriend, among other things, and she was expelled from school. At age 19, Annie was repeatedly abused by her partner, a young man from her neighborhood. Annie fought back against the abuser, was arrested, and was charged with domestic violence.

Annie's story reflects Wilson et al.'s (2012) findings as well as the concept of "stress proliferation." It reinforces the necessity for practitioner vigilance in assessing the full context (Bronfenbrenner, 1977; Dasgupta, 2002; Larance, 2006; Larance, Hoffman, & Shivas, 2009)

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of an individual's life experiences. Informed by this contextual perspective, practitioners are then better able to tailor intervention to the individual's needs in a manner that enables efficacy and sustainability. I encourage practitioners, as well as policymakers, to view Wilson et al.'s findings as evidence that concurrent multilayered systems advocacy is essential for effective intervention. For example, because Annie is court ordered to intervention services, educating her referring agent about the impact violence exposure can have on marginalized women's perception of viable life choices is as necessary as facilitating this individual process for Annie.

Thirty-five percent of the young women in Wilson et al.'s (2012) survey noted that their neighborhood was "like a war zone." In fact, neighborhood violence was an important predictor of sexual risk among the girls in the research sample. Intake assessments and group conversations among Vista and RENEW participants suggest that Wilson et al.'s sexual risk finding is merely one aspect of a complex public health concern. At intake, women often report high blood pressure and stress-induced asthma. Typically these women also lack access to health care. This anecdotal evidence, combined with Wilson et al.'s empirical findings, suggests that intervention as well as policy be tailored to the intersecting realities of the women's lives. The pervasive nature of neighborhood violence noted in this study, and often discussed among women I serve, demands that intervention strategies be sensitive to their needs. For example, the use of journals, often encouraged by practitioners for self-expression and reflection, can easily be acquired by abusive partners and the contents used against the women. Also, the use of "I statements," often taught in intervention settings, are meant to encourage assertive communication but may actually put some women in greater danger. A young African American woman explained to me that,

> when I respond with language I learn in group, like the "I statements," my friends tell me I'm "actin' white" and tell me I think I'm better than everyone else now. Since beginning to use this stuff [taught in group] I've had *more* problems with friends and some family members. I feel better about myself but less safe living there.

Although school violence was not strongly related to sexual risk in Wilson et al.'s (2012) work, I often observe a complex interplay of violence in the home, the neighborhood, and the school. However, the violence in many of the women's lives seems to mimic the effects of "background noise": It is expected and ever present and often not their primary concern. In the midst of coping with the violence, many women are navigating blended families, trying to get to work on time (if they are fortunate enough to be employed), planning meals on a tight budget, worrying about gas money, scraping funds together for the next birthday party, negotiating caregiving for older family members, and, in the words of one woman, "getting on with it."

Wilson et al.'s (2012) assertion that a stronger link between adolescent violence exposure and sexual risk, found in their work, may reflect particular vulnerabilities of adolescent development. Their discussion includes physiological vulnerabilities as well as those of relationship formation. The combination of violence exposure during adolescent brain development and romantic relationship formation is evident during RENEW group discussions. One young woman, who I will refer to as Barbara, met her partner, Will, when she was 13. Because Barbara's mother was a heroin addict, Barbara moved in with Will's family sporadically throughout her adolescence. Eight years after meeting, the couple has four children. Barbara does not work outside the home, quit high school, and depends on Will for food, money, and access to social networks. Will physically and sexually abuses Barbara. Barbara states that she cannot leave Will because, "we grew up together. He is my everything." Barbara explores her options in terms of her commitment to Will. Adolescent vulnerability has greatly influenced Barbara's perception of life alternatives. In her case, a group discussion about what "love" means can be the beginning of awareness raising and lead to a productive discussion about the difference between "love" and "attraction."

It is important to note that the young women who responded to Wilson et al.'s (2012) research survey were identified through their contact with mental health clinics. Of course it is important that these young women receive assistance with symptoms associated with their violence exposure; however, their mental health services contact should be only one aspect of an

overall intervention approach. Too often there is a singular focus on individual pathology or what may be considered by mental health professionals as "dysfunctional" coping skills. Instead, it is critical that practitioners maintain a macrofocus on the social and historical underpinnings of violence in their culture and the cultures of those they serve. A broad perspective of the gendered nature of violence against women, and its often implicit cultural support, is essential to its eradication.

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