

**Somatic-Based Therapy: Supporting Women Survivors of Intimate Partner Violence in the  
Criminal Prosecution Process**

by

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### **Abstract**

This capstone project demonstrates the effectiveness of somatic-based therapy in supporting women survivors of intimate partner violence (IPV) who are navigating the criminal prosecution process. IPV is a prevalent global issue, particularly in Canada. Women are at a higher risk of facing IPV than men due to the presence of unique cultural, economic, social, and psychological factors. Additional systemic barriers are prevalent for women IPV survivors during the process of criminal prosecution of IPV. The challenging experiences during the legal process are heightened for women from diverse ethnic and sexual backgrounds. Survivors' risk of retraumatization during the legal process is increased due to a lack of a holistic trauma-informed understanding of IPV within the justice system. Somatic-based therapy can be effective in supporting survivors during the legal process because it provides empowerment, practical tools to reduce retraumatization, and long-term trauma healing.

*Keywords:* intimate partner violence, women survivors, criminal prosecution process, trauma, somatic-based therapy

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### **Dedication**

I dedicate this work to my mother whose unwavering courage and strength inspire me to be the woman I am today. I am forever grateful for your boundless love and gentle guidance throughout my life.

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## **Chapter One: Introduction**

This first chapter introduces the topic through a brief discussion of the current research. It outlines the purpose and contributions of the project as well the theoretical frameworks underlying the research study. The research questions propelling this project will be articulated and key terms will be defined. Finally, this chapter discusses my social location and relationship with this project.

### **Overview of the Topic**

Intimate partner violence (IPV) is a significant concern globally and especially in Canada, with women being disproportionately affected by it. Data from the World Health Organization (WHO, 2024) indicates that 30% of women worldwide have suffered from intimate partner violence. In Canada, this is even higher, with 44% of women report abuse in their intimate relationships over their lifetime (Women and Gender Equality Canada [WAGE Canada], 2025). Police-reported data reveals that 78% of survivors in IPV cases were women. Women are also more likely to face life-threatening forms of IPV than men. In Canada, intimate partners were responsible for 66% of gender-related homicides involving women (WAGE Canada, 2025). Evidence from these statistics suggests that IPV has a gender-specific aspect. While I acknowledge that IPV also affects male-identifying, non-binary, and gender-diverse individuals, this research focuses on cisgender and transgender women.

IPV can have far-reaching impacts on women's lives, especially those from marginalized communities. Women from diverse cultural and sexual backgrounds also experience an increased risk, yet their cases are underreported due to stigma, immigration concerns, lack of culturally competent services, and economic barriers (Espinoza et al., 2022; Hulley et al., 2023; Okeke-Ihejirika et al., 2020; Webermann et al., 2023). Indigenous women, in particular, face a higher

risk of violence due to systemic racism, colonization, and intergenerational trauma (Heidinger, 2021; WAGE Canada, 2025). Moreover, IPV can result in mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Cirici Amell et al., 2023; FitzPatrick et al., 2022; Fogarty et al., 2023). The persistent nature of IPV chips away at women's self-esteem, agency and autonomy (Couture-Carron et al., 2022; Güler et al., 2023). Additionally, IPV not only creates economic challenges for survivors but also impacts the healthcare, social, and legal systems (Duvvury et al., 2013; Tolman, 2011). Given the pervasive and serious nature of IPV, it is essential for mental health professionals to be well-informed about the challenges that women face in relation to this issue, allowing them to better support their clients who are survivors of IPV.

When survivors seek justice and safety from the legal system, they can encounter additional challenges that can exacerbate the trauma they endured during the abusive relationship. Marginalized women face even greater challenges within the system due to cultural biases and gaps in the system (Kaye & Glecia, 2025; Merken et al., 2023; Miles-Johnson & Ball, 2022). Moreover, the legal process is fundamentally adversarial and revolves around traumatic incidents, causing survivors to revisit their past trauma through cross-examinations, testimonies, and court sessions, which can be triggering and distressing (Epstein & Goodman, 2019; Maier, 2024; Saxton et al., 2021). A general lack of a trauma-informed approach within the justice system leads to limited opportunity for survivors to engage safely with the legal process. This often leads to retraumatization of survivors (Cirici Amell et al., 2023; King & Meernik, 2019). Although the criminal prosecution process aims to deliver justice, it inadvertently creates unsafe experiences for women and discourages them from pursuing justice. Therefore, from a

therapeutic standpoint, an integrated approach that supports women in overcoming systemic challenges and healing from previous trauma is essential.

Somatic-based therapy may serve as a potential bridge that allows counsellors to provide support to IPV survivors and make their experience within the legal system less stressful and more manageable. This approach views trauma as being stored in the body which leads to a disconnect of the body and the mind and the dysregulation of the nervous system (Dann, 2024; Fisher, 2019; Levine, 2008; Ogden & Minton, 2000; Porges, 2011; van der Kolk, 2015). Symptoms such as hypervigilance, heightened emotional reactivity, and dissociation are somatic manifestations of chronic dysregulation of the nervous system. The experiences within the prosecution process serve as reminders of abuse and can activate unresolved trauma stuck in the body (Fisher, 2019; Levine, 2008; Ogden & Minton, 2000; Porges, 2011; van der Kolk, 2015). Traditional top-down therapies that focus on cognitive processing often fall short because traumatic memories are fragmented and not always verbally accessible (Fisher, 2019; Levine et al., 2018; Ogden & Minton, 2000; van der Kolk, 2015). Meanwhile, somatic approaches utilize a bottom-up method to trauma therapy that aims to engage the nervous system by attuning to bodily sensations and movements to access and integrate emotions and thoughts (Dann, 2024; Fisher, 2019; Kuhfuß et al., 2021; Levine et al., 2018; Ogden & Minton, 2000; Porges, 2011).

My understanding of the somatic approach for this research project is informed by the works of the following founders of somatic-based therapies. First, Peter Levine, founder of somatic experiencing therapy, emphasizes integrating the fragmented self and releasing of stored trauma as key aspects to healing from trauma (Levine et al., 2018). This therapy has made significant contributions to trauma treatment (Kuhfuß et al., 2021). The second modality is sensorimotor psychotherapy, which aims to integrate physical sensations with emotional and

cognitive processing to restore connection between the body and the mind, and was developed by Pat Ogden (Ogden & Minton, 2000). Overall, I believe that the somatic approach may not only support survivors with long-term healing but also build their capacity to manage legal stress while giving them a sense of safety and agency.

Overall, this capstone project aims to understand how somatic-based therapy can support healing and empowerment of women survivors of IPV. To develop this understanding, research explores the experiences and challenges of women survivors of IPV. It illuminates gaps in the legal system that can be encountered by women survivors. Overall, this study aims to understand how a somatic-based approach can help women survivors cope with the challenges faced within the legal system.

### **Purpose Statement**

This capstone project has three primary goals. First, I examine the impacts of IPV among women and explore the experiences of women survivors as they navigate the criminal prosecution process. Second, I lay the groundwork to understand and illustrate the role of somatic-based therapy in supporting women IPV survivors through the legal process. Finally, I pull together this information into a resource that informs therapists about the experiences of IPV survivors within the legal system and how a somatic-based approach can assist these clients. The intended audience for this study is therapists. Overall, the research question that propels this study is three-fold.

1. What are the experiences and challenges faced by women who have experienced IPV?
2. What barriers do women IPV survivors face when participating in the criminal prosecution process?

3. How can somatic-based therapy support women IPV survivors who are going through the criminal prosecution process?

### **Theoretical Framework**

Feminist theory and polyvagal theory are the two theoretical frameworks that have most influenced my approach to this research topic. I briefly discuss these two theories below.

Feminist theory challenges power imbalances created by patriarchal structures and proposes social justice and equity (Prochaska & Norcross, 2018). This framework supports this research paper's discussion on the gendered nature of IPV and the deeply entrenched systemic barriers women face in the legal system. This will also aid in conceptualizing the dynamics of power and control in violence against women and in exploring the biases women survivors experience within the justice system.

Polyvagal theory believes that the vagus nerve, which is part of the parasympathetic nervous system, plays a central role in the regulation of the nervous system (Porges, 2011). In the presence of a secure environment, the ventral branch of the vagus nerve regulates the nervous system through social engagement. This branch is often suppressed in individuals struggling with unresolved trauma. During a threat, the freeze response of the nervous system is influenced by the dorsal branch of the vagus nerve. In contrast, the sympathetic nervous system facilitates the defensive responses of fight or flight, which temporarily deactivates the calming effects of the vagus nerve (Porges, 2011). This framework will aid in understanding how a somatic-based approach to working with the nervous system helps in healing trauma and restoring balance and emotional regulation.

**Contribution to the Field**

Through this research, I aim to illuminate the scope of IPV, identify gaps in the legal system, and highlight the challenges faced by survivors when seeking justice for the abuse they have endured. Gaps in the criminal prosecution process can prevent survivors from accessing justice safely. My intention is to build potential support for IPV survivors who are navigating the legal system as a step towards providing socially equitable access to justice. Although systemic reforms remain essential, I have undertaken this project to highlight practical ways of building survivors' agency and safety. I plan to achieve this by demonstrating the effectiveness of a somatic-based approach in empowering women who have survived IPV, enabling them to more effectively overcome the challenges of the legal process. My hope is that therapists can integrate the knowledge gained from this research to support their clients in gaining empowerment and healing after enduring IPV and the legal system.

**Reflectivity and Positionality Statement**

I appreciate that addressing my social location is important for maintaining transparency and acknowledging how it may influence my approach to the research topic. I am an able-bodied cisgender woman who is a first-generation immigrant from India. I have certain privileges in terms of my socioeconomic status, higher education, and strong familial support network. My interest in this topic is influenced by my personal experience with IPV as a survivor who has navigated the criminal prosecution system in Canada. Additionally, similar experiences of other women in my life have inspired me to embark on this journey. While my experience propels my passion to research this topic, it also creates a personal bias in how I view IPV and the legal process. I am mindful of these biases when interpreting the research results. Since my personal experience has revealed that reforms in legal structures are complex and slow-paced, my

positioning is motivated by what I can influence directly at the grassroots level as a therapist. Therefore, my orientation leans towards a body-based bottom-up approach to help survivors build resilience and agency, even within flawed systems.

### **Definition of Terms**

#### ***Agency***

For the purposes of this capstone project, agency refers to the survivors' capability and power to make life choices and influence their thoughts, emotions, and actions (Bateman, 2022).

#### ***Autonomy***

In this study, autonomy refers to the survivors' freedom to independently control their life choices and directions without any external pressures (American Psychological Association, 2018).

#### ***Intimate Partner***

In the context of IPV among women, an intimate partner is a person with whom the woman has or had a close relationship that may have aspects of emotional, romantic, and/or sexual connection. This may include current or previous partners, spouses, dating partners, or cohabitating partners (Royal Canadian Mounted Police [RCMP], 2025).

#### ***Legal System***

For the scope of this capstone project, I define the legal system as the provincial or state prosecution process that criminalizes IPV and includes entities such as law enforcement personnel, lawyers, and court systems. This term is used interchangeably in this capstone paper with the following terms: 'criminal prosecution process', 'justice system', and 'legal process'

#### ***Post-Traumatic Stress Disorder (PTSD)***

A psychiatric disorder that is a result of experiencing or witnessing actual or threatened death, serious injury, or sexual violence. It is characterized by recurrent intrusive memories, dissociation, flashbacks, negative changes in mood or cognition, and heightened distress or arousal lasting for more than a month (American Psychiatric Association, 2022).

### ***Retraumatization***

This occurs when an individual is exposed to situations, events, or interactions that trigger unpleasant memories, physiological responses, or emotions related to their past trauma. This experience causes emotional and psychological reactions similar to the original traumatic experience (Gordon et al., 2025).

### ***Survivor***

For this capstone paper, I define a survivor as an individual who has experienced IPV in their lifetime. To honour these individuals' strengths, I refer to them as survivors. However, the term 'victim' is prevalent in the legal system; therefore, it is used interchangeably with the term 'survivor' to refer to some research in the legal context.

### ***Trauma-Informed Approach***

This approach recognizes the impacts of trauma on people and ensures that policy and practice align with this knowledge to deliver a safe, supportive, and collaborative service that strives to prevent re-triggering of people's past trauma (Substance Abuse and Mental Health Services Administration, 2024).

### **Outline of the Capstone Project Chapters**

Chapter one of this capstone project has presented the overview of the research topic, highlighted the purpose of this study, and explained the contributions of the research. Chapter two presents a thematic review of the literature. It discusses the impacts of IPV on women,

explores the challenges faced by women IPV survivors who are navigating the legal system, and discusses how a somatic -based approach can help survivors heal from trauma of IPV. Lastly, Chapter three discusses the practical implications of the research and how a somatic-based approach can help empower women IPV survivors with tools to safely navigate the challenges within the legal system.

## **Chapter Two: Literature Review**

Intimate partner violence (IPV) is a pervasive global issue that affects women disproportionately compared to men. Moreover, women IPV survivors can face limitations and challenges when navigating the legal system. Therefore, this chapter explores the impacts of IPV and the prosecution process on women and the role of somatic-based therapy for trauma healing. Essentially, the literature review aims to examine how somatic-based therapy can help to support women survivors who are navigating the IPV prosecution process.

### **Intimate Partner Violence**

Review of multiple studies on IPV among women reveals the complexities of IPV and its effects on women from all walks of life. This section explores key themes including the legal and social understanding of IPV, its prevalence, associated risk factors, and its impacts on women survivors.

### ***Legal Versus Social Understanding of IPV***

IPV involves harmful behaviours committed by a current or former intimate partner. It can result in physical, emotional, financial, sexual, and/or psychological harm (United Nations [UN], n.d.). Several terms are used to describe this phenomenon, including domestic violence and domestic abuse. Two broad systems are primarily involved in conceptualizing and addressing the issues of IPV: the legal system and the social system.

From a legal perspective, IPV is considered a criminal offence in Canada (Criminal Code Help, n.d.). Legally, it is defined as a behaviour of an intimate partner that involves physical or sexual assault, or threats of such assaults (Public Prosecution Service of Canada, 2022). These behaviours can occur within current or former intimate relationships where there is or was a physical, emotional and/or sexual connection, including both opposite-gender and same-sex

relationships (RCMP, 2025). Within the Canadian Criminal Justice System (CCJS), IPV is addressed through various sections of the Criminal Code, such as assault, sexual assault, homicide, kidnapping, forcible confinement, and trafficking in persons (Criminal Code Help, n.d.). While the legal system outlines separate criminal code categories for prosecuting IPV, it only recognizes the visible, tangible, or measurable harm and often fails to adequately recognize the deeper emotional and psychological dimensions of IPV.

Socially, IPV is conceptualized as a harmful pattern of behaviour that seeks to exert control and power over the victim (Gottman, 1999, as cited in Beel, 2023) and violates trust and personal boundaries (Beel, 2023). In addition to physical and sexual abuse, United Nations (n.d.) also acknowledges emotional, psychological, emotional, financial and verbal abuse as forms of IPV. It also includes threatening, terrorizing, manipulating, neglecting, shaming or degrading behaviours as acts of IPV. However, despite this broad social understanding of IPV, the legal system continues to rely on a narrower framework.

Essentially, even though the CCJS recognizes IPV as a criminal offence, its legal framework fails to address less visible forms of abuse such as emotional and psychological harm. According to Beall & Radunovich (2015), these forms of abuse diminish a victim's self-esteem and self-worth which increases their vulnerability to remain in the abusive relationship. The justice system's narrow perspective on IPV overlooks the extensive and permeating effects of IPV on victims and their families. To address this gap, a more comprehensive and socially informed system of resources is needed.

### ***Forms and Patterns of IPV***

IPV manifests in many forms; however, this literature review focuses on exploring physical, sexual, psychological and economic violence. Physical violence is the most obvious

form of IPV. It is an act of physical force to hurt the partner's body. This can include hitting, pushing, biting, dragging, slapping, stabbing, choking or threatening with a weapon (Ali et al., 2016). These actions can lead to serious injuries including fractures, eye injuries, traumatic brain injury and even death (Adhikari et al., 2024; Ali et al., 2016; Cohen et al., 2019; Hunnicutt et al., 2019; Karakurt et al., 2021; Khurana et al., 2022). Sexual violence can include unwanted touching, trying to have intercourse while the other person is asleep, rape, or unwanted physical aggression or humiliation during sex (Ali et al., 2016). These sexually violent acts often involve psychological control tactics such as blackmail and threats to exert power and coercion (Tarzia & Hegarty, 2023). Psychological violence uses control tactics that damage a person's emotional well-being. Examples include threats, humiliation, neglect or indifference, and limiting access to social networks (Abusbaitan et al., 2025). Lastly, economic or financial abuse may be less visible but is just as harmful. In this form, a partner restricts access to money, controls financial resources or steals from the survivor (Kaittila et al., 2024).

Although IPV may take different forms, it is rooted in dynamics of power and control that trap victims in abusive relationships. Lenore Walker's cycle of violence theory outlines three repeating phases: tension building, acute incident, and reconciliation through apologies or affection to regain trust (Sangeetha et al., 2022). These gestures can create a false sense of hope, making it harder for survivors to leave the abusive relationship. In contrast, the Model of Systemic Relational Violence views IPV as a continuous system of domination with insidious control woven into daily interactions and extreme eruptions of violent acts strengthening this dynamic (McLeod et al., 2021). Keatley et al. (2022) similarly found that coercive control and manipulation are key tactics used to assert dominance. Across all models, the consistent thread is the abuser's attempt to limit the survivor's autonomy and agency (Protasiuk et al., 2024). These

ongoing patterns show that IPV is often not just an isolated incident but rather a persistent process of exerting control over the survivor. This may make it difficult to fully capture the extent of abuse through individual police-reported incidents which are prosecuted through the rigid scope of criminal code sections within the justice system.

### ***Disparities in IPV Prevalence Among Diverse Groups of Women***

IPV is a pervasive issue with varying prevalence across different groups of women, including Indigenous women, women of colour, immigrants, and sexual and gender minorities.

Recent national data shows alarmingly high prevalence of IPV among women in Canada. Wathen et al. (2025) found that over 40% of women in Canada experienced IPV at some point in their lives. Similarly, during a survey conducted in 2019, 44% of women and girls aged 15 and older were found to have experienced some form of IPV (WAGE Canada, 2025). Women face abuse at a higher rate than men, particularly sexual abuse. This gender disparity is also reflected in the Canadian police-reported data from 2022 which shows that 78% of total IPV victims were women. These rates are three times higher than those for men (WAGE Canada, 2025). Therefore, research reveals a gendered nature of IPV, which is further complicated by cultural and ethnic backgrounds of women.

Indigenous women can have a higher risk of experiencing IPV than non-Indigenous women. The 2018 survey shows 66% of Indigenous women experienced IPV versus 44% of non-Indigenous women (Heidinger, 2021). Similarly, Daoud et al. (2013) found Indigenous mothers had higher risk of facing IPV even after socioeconomic barriers were factored in. Additionally, Indigenous women's experience of IPV are often more severe as they usually face multiple forms of IPV, especially sexual and severe physical abuse (Brownridge et al., 2017; Tutty et al., 2020; Williams et al., 2021). Indigenous women's heightened and complex experiences of IPV

can, in part, be attributed to colonization, systemic inequality and intergenerational trauma (Daoud et al., 2013; Heidinger, 2021). Systemic factors and historical trauma increase Indigenous women's IPV vulnerability; therefore, additional research dedicated to intersectionality of Indigenous women is needed.

Among all women of colour, the prevalence of IPV varies due to underreporting. While research suggests lower IPV rates among immigrant women than Canadian-born women (Du Mont & Forte, 2012; Zhang et al., 2024), this may reflect barriers to disclosure. Studies show women of colour are less likely to report IPV to police than White women (Espinoza et al., 2022). For instance, prevalence of IPV among Latinas in United States is not high, yet they have 70.5 times greater odds of homicide by an intimate partner as compared to White and Black women, who face 27 and 32.7 times greater odds, respectively (Alvarez & Fedock, 2018). Perhaps these women continue to endure increasingly severe IPV until it becomes deadly. Cultural norms, patriarchal values, economic dependence, and immigration status can lead to underreporting among immigrant women (Hulley et al., 2023; Okeke-Ihejirika et al., 2020). Language barriers (Giesbrecht et al., 2024; Ryspay, 2023), lack of culturally sensitive supports, and low awareness (Lacey et al., 2021) further hinder help-seeking. Corroborating evidence shows that reporting of IPV in immigrant women becomes higher with an increase in their length of stay as they become more financially independent and aware of their rights (Zhang et al., 2024). Overall, due to inconsistent reporting, the full extent of IPV among women of colour remains unclear, as cultural norms, immigration policies, and language barriers hinder disclosure and access to support.

Sexually and gender diverse women also experience disproportionately high rates of IPV compared to heterosexual women. Research shows elevated IPV rates among lesbian, bisexual,

and questioning women veterans (Webermann et al., 2023), with older lesbian and bisexual women in Canada similarly reporting higher prevalence of IPV (Gutman et al., 2024). Rates are especially high among sexually diverse women who are attracted to multiple genders and who are from diverse ethnic backgrounds (Porsch et al., 2023). Among the general population of sexually diverse women, psychological violence is the most common form experienced by them, followed by physical and sexual violence (Sutter et al., 2019). However, transgender individuals face higher rates of physical and sexual IPV compared to cisgender population (Peitzmeier et al., 2020). Similarly, transgender college students report higher rates of IPV than cisgender students (Griner et al., 2020; Huff et al., 2024), though specific research on transgender women is lacking. Research reveals that transgender men may face more IPV than transgender women (King et al., 2021), possibly due to risk factors linked to being assigned female at birth (Huff et al., 2024). Overall, review of research shows a need for more inclusive and targeted studies to better understand the unique IPV experiences of sexually and gender diverse women.

As evident, women have higher rates of IPV, but some communities experience it more often than others. These results highlight the need for a deeper look at the factors that can increase the risk of violence for women.

### ***Risk Factors for Women***

Research indicates that women's increased vulnerability to IPV arises from social, economic and psychological factors, all of which interact to perpetuate the violence.

The stigma attached to IPV often deters women from disclosing their experiences or seeking help; therefore, leading to ongoing abuse. Feelings of shame and guilt related to disclosing abuse and identifying as a victim of violence are key barriers that cause women to stay in abusive relationships (Badenes-Sastre et al., 2024; Güler et al., 2023). In many cultural

contexts, the sanctity of marriage and the privacy of family matters are highly valued, making violence a concealed issue and discouraging victims from speaking out (Bent-Goodley, 2007; Nnyombi et al., 2022). As a result, silence can become a prison for women experiencing IPV. The stigma and shame surrounding IPV are further compounded when sociocultural norms expect women to adhere to traditional gender roles, uphold family honor, and maintain family structure to ensure the well-being of their children, making it difficult to leave an abusive relationship (Güler et al., 2023). Consequently, it is unsurprising that in cultures with such strong patriarchal beliefs, there is a heightened risk of women being victims of homicide due to IPV (Brown et al., 2023).

Economic dependence is another significant factor contributing to women's vulnerability. Low income and limited education are recognized risk factors (Zhao et al., 2022), which often lead women to be financially reliant on their abusive partners, making it economically difficult to leave the relationship. On the other hand, women's economic empowerment has been found to reduce the risk of IPV (Eggers del Campo & Steinert, 2022). Increased access to financial resources can foster a sense of self-sufficiency, making it easier for women to leave abusive situations. However, research also shows that risk of IPV can heighten when women's financial independence increases as it can cause some partners to show more controlling and dominating behaviours (Eggers del Campo & Steinert, 2022). Further research is needed to better understand the complex dynamics of economic factors and IPV risks.

Mental health issues can also heighten women's risk for IPV. A study involving US female veterans revealed that women with PTSD and depression were at a higher risk of IPV (Iverson et al., 2022). Similarly, negative affect, adverse childhood experiences and abuse are significant risk factors for IPV in adulthood (Brunton & Dryer, 2024; Heidinger, 2021; Ruiz-

Fuentes & Molina Coloma, 2024; Santambrogio et al., 2019; Tian et al., 2024). Traumatic childhood experiences can lead to complex mental health challenges, such as low self-esteem and emotional dysregulation, which can create a tendency to self-blame and impair women's ability to leave abusive relationships (Ruiz-Fuentes & Molina Coloma, 2024).

These intersecting risk factors highlight how women can be more susceptible to experiencing and enduring IPV. Therefore, integrated supports that holistically address the social, economic and psychological aspects of IPV are essential.

### ***Impacts of IPV on Women's Lives***

IPV can have serious effects on a women's mental, physical, and neurological health, often resulting in enduring impacts on the mind and body.

Research indicates that women who have experienced IPV are more likely to develop symptoms related to PTSD, depression and anxiety (Cirici Amell et al., 2023; FitzPatrick et al., 2022; Fogarty et al., 2023; Sabri, 2021). Additionally, IPV in women can lead to emotional dysregulation, resulting in challenges with impulse control and emotional reactivity (Simpson et al., 2025). However, there is a gap in understanding the relationship between self-esteem and various forms of IPV. According to Güler et al. (2023), IPV generally has a detrimental impact on self-esteem. However, Schnittker (2022) argued that sexual violence is particularly associated with low self-esteem and increased self-criticism more so than other forms of IPV. FitzPatrick et al. (2022) found a strong association between physical and psychological abuse and the development of self-esteem issues related to body image in women. Regardless, low self-esteem in IPV survivors can give rise to mental health issues such as depression and substance misuse (Güler et al., 2023). Further studies are required to deepen the understanding of IPV's impacts women's self-esteem. Due to complex mental health issues arising from IPV, women are also at

a higher risk of suicidal ideation and self-injury (Machorrinho et al., 2023). Along with these emotional and mental struggles, IPV also leaves lasting effects on the body.

While it is undeniable that physical and sexual violence can cause immediate bodily injuries, the chronic health effects of IPV are equally significant. Beyond physical injuries like fractures (Khurana et al., 2022), physical violence can cause severe damage to vital organs such as the brain. Research indicates a strong link between IPV and traumatic brain injury (Adhikari et al., 2024; Hunnicutt et al., 2019; Karakurt et al., 2021). Traumatic brain injury results in structural alterations and reduced neural connections in the brain (Karakurt et al., 2021), which can lead to cognitive decline, particularly affecting executive brain functions and memory in IPV survivors (Raskin et al., 2024). Brain injury associated with non-fatal strangulation leaves the most serious effects on survivors (Raskin et al., 2024). Moreover, chronic stress from persistent IPV can impact physiological and biological mechanisms, leading to an increase in inflammation, changes in gene expression and brain structure, and an imbalance in hormonal and neurotransmitter levels (Carannante et al., 2025). These changes lead to chronic health conditions such as cardiovascular disease, pain, irritable and inflammatory bowel disorders, obesity, diabetes, autoimmune disorders, and cancer (Carannante et al., 2025). In addition to physical injuries, IPV also impacts the nervous system, which can lead to more challenges for survivors.

The chronic stress and traumatic experiences associated with IPV can lead to pervasive effects on the nervous system. Research shows that neurobiological impacts from IPV are closely linked to mental and physical impacts that survivors face (Goldberg et al., 2023). For instance, the researchers explain that IPV women survivors show an alteration in their cortisol levels, which can either lead to hypervigilance with high cortisol levels or reduced attention to threat in

low cortisol levels. These disruptions in the hormone and neurotransmitter levels result in dysregulation of the nervous system which manifests as trauma symptoms in IPV survivors (Carannante et al., 2025). Several studies have identified a strong correlation between IPV exposure and PTSD (Carannante et al., 2025; Cirici Amell et al., 2023; Sabri, 2021), which can manifest as flashbacks, intrusive thoughts, heightened anxiety, sleep disturbances, and nightmares (Carannante et al., 2025). Furthermore, Machorrinho et al. (2023) found that IPV survivors are more likely to experience embodiment issues, including *dissociation*, a defensive response that involves a disconnection from bodily sensations and a reduced sense of body ownership. They argue that these somatic disruptions may also be linked to a higher risk of suicidal ideation in IPV survivors. Given that survivors are more susceptible to developing mental health issues, and to prevent further worsening of trauma symptoms, it is essential to provide them with prompt support during future crises (Cannon et al., 2024), such as those arising from legal situations.

Together, these emotional, physical and neurological impacts show how deeply IPV affects survivors, calling for support that treats both the body and the mind.

### ***Summary***

Women, especially from marginalized communities, face higher rates of IPV due to complex and intersecting risk factors. Regardless of the form of IPV, it leaves deep impacts on women due to its persistent nature, characterized with an undercurrent of power and control in the relationship. However, the legal system tends to view IPV as isolated criminal events and often fails to recognize the ongoing complexities of underlying emotional and psychological harm.

### **Navigating the Legal System as an IPV Survivor**

A review of the literature on the experiences of women IPV survivors within the legal system reveals that the system often restricts their agency and neglects their needs, thereby contributing to further trauma. This section presents key themes, including the prosecution process in IPV cases, the absence of survivors' voices, barriers to survivors' access to justice, and secondary victimization during legal proceedings.

#### ***Criminalization and Prosecution Process in IPV Cases***

When IPV incidents are reported in Canada, the legal response primarily involves two key entities: the police and the *Crown counsel*. The latter are lawyers representing the provincial prosecution service. Police are responsible for the initial investigation and determining whether there are reasonable grounds to believe that a criminal offence has occurred (Department of Justice Canada, 2013b). This investigative process is conducted independent of the Crown counsel (BC Prosecution Service, 2019).

However, survivors frequently report gaps in the police's handling of IPV cases. Many survivors encounter negative experiences due to the police's lack of understanding of IPV dynamics and inadequate and discriminatory responses (Belisle et al., 2024). IPV survivors from marginalized groups, including Indigenous, racialized, 2SLGBTQ+ individuals, immigrants, and those with mental health challenges, are at a higher risk of experiencing challenges when dealing with police (Belisle et al., 2024; Department of Justice Canada, 2020). These findings highlight the need for further research to improve IPV-specific training in police services.

Crown counsel act independently and hold the authority to approve, modify, or withdraw charges (BC Prosecution Service, 2025; BC Public Service, 2025; Department of Justice Canada, 2013b). In BC, the police present evidence to Crown counsel, who approve charges based on the

likelihood of conviction and whether the prosecution aligns with the public interest (BC Prosecution Service, 2025). A key policy guiding prosecution is the “pro-charge” approach, which was implemented in the 1980s to treat spousal abuse as a criminal matter rather than a private one (Department of Justice Canada, 2013a). While this approach was intended to ensure consistency and shift responsibility off of the survivors, critiques have emerged regarding its effectiveness. Ryan et al. (2022) pointed to gaps between policy and practice such as inadequate training and the risk of re-victimization. Poon et al. (2014) noted the unintended harms of this policy, such as criminalizing women who acted in self-defence. These critiques suggest that the policy’s rigid offender-victim framework oversimplifies IPV and increases trauma.

Pro-charge policies can also limit survivor autonomy and agency within the process, particularly when a partner’s incarceration leads to a hardship for the survivor. For instance, many IPV survivors rely economically on their partners (BC Prosecution Service, 2025), and the sudden loss of income can severely affect their economic stability. One survivor reported experiencing increased stress with mortgage payments after her husband was in custody because she was financially dependent on him (When Love Hurts Support Group, personal communication, 2021). Essentially, once survivors report to the police, they can lose control over how perpetrators are prosecuted, regardless of their wishes or circumstances.

Conversely, even when charges are initially approved, Crown counsel can terminate the prosecution process at any point (BC Prosecution Service, 2019), a single-sided decision-making power that often leaves survivors feeling powerless and abandoned by the system. Stanton (2025) reports a 9% decline in charge approvals for IPV cases over six years, with nearly half of the approved cases terminated before the trial. Such reversals can be profoundly disempowering and silencing. A survivor states, “The officer said he believed me. The detective said the file was

strong. But Crown said no. They didn't even meet me. They just read the report and decided it wasn't worth it." (Battered Women's Support Services, 2025, para. 3). This gap between survivors' expectations and prosecution decisions can create a sense of betrayal and emotional exhaustion among survivors. Although Crown counsel are mandated to consider witness safety and the unique dynamics of the relationship between the offender and victim (Ministry of Attorney General, 2024), a review of the literature shows that reporting can impose substantial emotional and psychological strain on the survivor in an already adversarial criminal justice system. Ultimately, survivors can be left feeling retraumatized by a system originally created to protect them.

### ***Silencing Survivors in the Prosecution Process***

Within the Canadian Criminal Justice System (CCJS), IPV survivors have fewer rights than perpetrators (House of Commons, 2022a). In the prosecution process, victims serve as witnesses rather than active participants. This reflects that the system considers IPV as a crime against the state rather than the individual. Moreover, the term "witness" can be misleading as it suggests a neutral bystander and a level of detachment, when in reality, survivors are the ones who are directly harmed. Therefore, survivors of IPV who are involved in the legal process do not have active roles. In contrast, countries such as Germany allow IPV victims to become third parties in prosecution cases and access legal representation. These rights are not granted to IPV survivors in Canada. Consequently, Canadian survivors cannot participate in plea bargain discussions and often face barriers, such as a lack of access to court-appointed interpreters, which are available to perpetrators. For parole board hearings, they are also limited to a role of an observer, which does not allow them to fully express their safety concerns (House of Commons, 2022a). The lack of an active role and access to legal representation can silence

survivors and limit their choices in the legal system (Anderson, 2015). Despite these issues, research on this topic is notably limited. Further studies are needed to understand how these legal exclusions impact survivors' sense of justice and safety and the implications of positioning them as third parties. The prosecution process for IPV grants a minimal role to the survivor which sidelines them and ignores their needs.

The legal system's mandate of criminalization does not always align with the expectations and needs of women who are seeking help and reporting violence. The CCJS typically views violence through the punitive lens of the Criminal Code, whereas many women define justice in more rehabilitative and restorative terms (Criminal Code Help, n.d.; Decker et al., 2022). They value accountability, safety, validation, and acknowledgment of harm, rather than punishment (Decker et al., 2022; Ehret, 2022). The stress on criminalization overlooks IPV survivors' needs (Couture-Carron et al., 2022). For instance, as previously discussed, the Crown counsel may go ahead with charges even when a survivor's wishes against it. This approach can create challenges for immigrant women, whose cultural values and legal needs may not match prosecution goals (Couture-Carron et al., 2022). In search of safety and support, survivors may feel pressured to follow system expectations such as prosecution, even when these conflict with their needs (Iwasaki et al., 2023; Saxton et al., 2021). Thus, when legal authorities assume control over decision-making, survivors may experience a loss of autonomy, reminding them of the abuse experienced in their relationships (Couture-Carron et al., 2022). The system's rigid and generalized approach can silence, disempower and further traumatize vulnerable survivors.

Skepticism of IPV survivors' stories is another major barrier encountered by women, making them feel unheard in the legal system. Women often report feeling not believed by law enforcement and legal personnel, which then diminishes their voice and discounts their lived

experiences, leading to further psychological harm (Clarke, 2014; Epstein & Goodman, 2019; Kaye & Glecia, 2025; Reeves et al., 2021). This skepticism can allow perpetrators to exploit the judicial system to maintain control over survivors (House of Commons, 2022b; Reeves et al., 2025). Marginalized survivors, such as Indigenous, coloured, and sexually diverse women, are especially likely to face disbelief from officials due to cultural barriers in the justice system, which further reduces their sense of trust (Kaye & Glecia, 2025; Merken et al., 2023; Miles-Johnson & Ball, 2022). Allwood et al. (2023) suggest that truly listening to women's voices requires the legal system to be open, attentive, and responsive rather than simply procedural. Survivors report that being believed by the authorities is important for them to feel safe and supported during the legal process (Clarke, 2014). Therefore, a legal process that may silence and discredit IPV survivors can become a source of harm and impact their sense of well-being. Further studies are necessary within the legal system to develop and implement novel ways of ensuring that women are heard and empowered during the IPV prosecution process.

### ***Intersecting Barriers to Accessing Supports for IPV***

Cultural backgrounds, geography, and systemic inequalities create layered and intersecting barriers for women IPV survivors in accessing legal and social support services.

Culturally and ethnically diverse women face distinct barriers in seeking IPV support within legal and social service systems. Culture, language, socioeconomic status, and immigration laws influence the experiences of culturally and ethnically diverse women who are navigating the support systems (Slakoff et al., 2024). Among these women of colour, immigrant women often face unique and amplified barriers that further hinder their access to and participation in available support services (Giesbrecht et al., 2024). Newcomers may face isolation, limited knowledge of services, language challenges, and economic and immigration-

related dependence on their partners. In addition, a lack of cultural competency among legal personnel undermines the system's ability to adequately support IPV survivors from diverse backgrounds (Slakoff et al., 2024). Understanding the unique challenges faced by diverse women is important to create safe and effective reforms within the justice system (Kulkarni, 2019; Stanton, 2025). In summary, addressing the systemic gaps faced by women of colour can help deliver inclusive legal services which are culturally sensitive and accessible to women from all backgrounds.

Women IPV survivors living in geographically isolated and rural areas can experience additional barriers when accessing services and seeking justice. In close-knit small communities, they can experience stigma when engaging in legal processes, particularly when a conflict of interest exists between the victim and service providers (Nonomura & Baker, 2021; Wuerch et al., 2019; Zorn et al., 2017). Moreover, the lack of privacy when accessing local services increases the risk of further conflict and violence within an abusive relationship (Nonomura & Baker, 2021; Zorn et al., 2017). Additionally, some rural women face poverty and economic dependence on abusive partners, which can make them reluctant to report violence (Faller et al., 2021; Zorn et al., 2017). Geographical isolation creates transportation and communication challenges in accessing support services (Nonomura & Baker, 2021; Wuerch et al., 2019; Zorn et al., 2017). Moreover, rural communities often have limited resources and trained professionals, making it challenging to effectively address IPV and provide support services to community members (Faller et al., 2021; Letourneau et al., 2023; Stanton, 2025; Wuerch et al., 2019; Zorn et al., 2017). Overall, these intersecting barriers reduce women's access to necessary support and engagement with the justice system in rural areas.

Rural women in Canada can also face cultural and structural barriers within the legal system that hinder their participation in the prosecution process. Notably, Indigenous women in rural regions of Northern Canada face even more pronounced socioeconomic and racial disparities due to the deep-rooted effects of colonialism and intergenerational trauma (Nonomura & Baker, 2021; Wuerch et al., 2019). Consequently, rural Indigenous women face higher IPV-related adversity than their urban counterparts. These additional challenges for rural Indigenous women are present in a justice system that often fails to protect Indigenous women (Heidinger, 2021; Wuerch et al., 2019). Moreover, victim service providers note that the courts in the Northern communities often hold perpetrators less accountable than those in urban centres, reflecting rural cultural norms where abuse is normalized and women face pressure to conform to traditional roles (Wuerch et al., 2019; Zorn et al., 2017). In addition to the lack of accountability, rural women's increased financial dependence on their partners is another reason for survivors' lack of involvement in the IPV prosecution process (Faller et al., 2021). Finally, small court spaces in rural communities often lack privacy and survivors might encounter perpetrators or face public disclosure (Stanton, 2025; Wuerch et al., 2019). These challenges may also result in women's apprehension to engage in prosecution. In essence, cultural and systemic obstacles can marginalize rural women survivors and limit their access to safety and justice.

Overall, women often face complex barriers when accessing legal support, which can make the process feel overwhelming and discouraging.

### ***Secondary Victimization in the Legal Process***

Secondary victimization exacerbates the existing trauma experienced by IPV survivors (Gutowski & Goodman, 2020; Maier, 2024). This occurs when survivors' experiences and stories are doubted, dismissed, blamed, or excluded from the legal process. The abusive

dynamics of IPV increase survivors' vulnerability, which renders the attitudes and responses of legal and service professionals critical in shaping their experiences (Laxminarayan, 2013). When women feel betrayed by the legal system, it increases their psychological distress and feelings of disempowerment (Epstein & Goodman, 2019; Laing, 2017). Survivors seek support, safety, validation, and a chance to be heard through the justice process (Ehret, 2022; Iwasaki et al., 2023; Laing, 2017), but research shows that these expectations are often unfulfilled (Gutowski & Goodman, 2020; Saxton et al., 2021). Survivors frequently encounter negative interactions within the legal system due to service providers' lack of awareness of the traumatic impacts of IPV (Epstein & Goodman, 2019; Saxton et al., 2021; Syahbur et al., 2024). These harms are particularly severe for survivors of sexual violence and racially and sexually diverse women, who frequently face bias, minimization, or disbelief from legal professionals (Clarke, 2014; Laxminarayan, 2013; Maier, 2024; Merken et al., 2023; Syahbur et al., 2024). These dismissive experiences can worsen women's trauma and lead to a cycle of victimization (Carroll, 2023; Pemberton & Mulder, 2025). Essentially, due to biased attitudes prevalent within the legal system, women can be at a risk of experiencing further trauma when they engage with the adversarial prosecution process for IPV.

The adversarial nature of the courtroom requires survivors to face their perpetrators, answer hostile questions, and recount traumatic memories, which can intensify their psychological harm (Epstein & Goodman, 2019; Maier, 2024; Saxton et al., 2021). Survivors of IPV often struggle with existing mental health challenges, which may worsen due to the stress of navigating the legal system and repeatedly recounting traumatic events (Cirici Amell et al., 2023; King & Meernik, 2019). For instance, testifying in court can be especially retraumatizing, with prolonged waiting periods before the trial contributing to ongoing anxiety and emotional distress

(King & Meernik, 2019). Cross-examination strategies are often aimed at discrediting survivors and can increase feelings of shame and reinforce psychological trauma (Clarke, 2014; Epstein & Goodman, 2019). Therefore, this process creates fear and anxiety for many survivors (Clarke, 2014; Department of Justice Canada, 2006). A safe and supportive environment is essential for trauma survivors during disclosure of their experiences (Wyles et al., 2023). Researchers highlight that in the absence of such environment, the legal process itself can may risk further psychological harm to survivors. Therefore, further research is needed to understand how to make legal system practices more trauma-informed and prevent the alienation and retraumatization of survivors.

Inconsistent communication from legal personnel can create isolation and distrust among IPV survivors during prosecution. A survey conducted by Department of Justice Canada (2006), showed that nearly half of survivors reported receiving delayed, insufficient or unclear information. Many survivors also reported that they were not informed of important updates, such as bail conditions or parole decisions. Survivors experienced overwhelm and confusion due to these inadequate communication patterns (Department of Justice Canada, 2006). However, current research from the Canadian government examining levels of survivor satisfaction with communication from the justice system is lacking. In addition to government statistics, scholarly studies show that the extent of clear communication and positive interactions received by survivors often depends on the diligence and caring attitude of individual service providers rather than on standardized procedures (Carroll, 2023; Saxton et al., 2021). Similarly, Stanton (2025) found considerable variation in Crown counsel's patterns of contacting survivors and explaining legal decisions to them. Inconsistent communication during a stressful process creates feelings of uncertainty, anxiety, and disempowerment for survivors (Saxton et al., 2021), echoing the

unpredictability and loss of control prevalent in IPV dynamics. These communication gaps not only erode trust in the legal system but can also contribute to survivors' sense of unsafety (Stanton, 2025; Wieberneit et al., 2024). To deliver a legal response that is sensitive to the trauma of IPV survivors, transparent and consistent communication is required (Wieberneit et al., 2024). Insufficient communication with IPV survivors regarding the legal process can cause additional psychological stress. Therefore, further research is necessary to understand and develop effective communication practices between the justice system and victims.

### ***Summary***

Overall, the literature shows that the legal system often overlooks the needs of women survivors of IPV and adds to the traumatic patterns they experience in abusive relationships. Multiple barriers are prevalent in the prosecution process for survivors, especially for those from marginalized and rural communities. Women who access the legal system to seek safety and justice often feel unheard and disempowered. These findings highlight the importance for counsellors to provide trauma-informed support to women IPV survivors as they navigate the barriers entrenched within the legal system.

### **Somatic-Based Therapy for Trauma Healing**

Somatic-based therapy focuses on releasing stored trauma from the body through regulation of the nervous system, which allows for the integration of the body and the mind. A review of the literature reveals that trauma has a significant impact on the nervous system, which affects how a person responds to stress in their environment, thus making somatic-based therapy particularly useful. This section explores key themes, including the conceptualization and healing of trauma through a somatic-based lens and the effectiveness and limitations of somatic-based therapy.

### ***Somatic-Based Lens for Trauma***

Trauma is an overwhelming experience in which a person's ability to respond and access safety is hindered (Levine, 2008; van der Kolk, 2015). It is stored within the body's nervous system, leaving a mark on the body and mind (Fisher, 2019; Levine, 2008; Ogden & Minton, 2000; van der Kolk, 2015). Due to unprocessed trauma, the person remains stuck in the survival mode and continues to experience overwhelming somatic and emotional manifestations of trauma (Gladstone, 2024; Kuhfuß et al., 2021; Ogden & Minton, 2000). It mostly manifests as visceral sensations, muscle patterns, and reactive emotional states (Gladstone, 2024; Levine et al., 2018; Ogden & Minton, 2000). Persistent entrapment in the survival mode dysregulates the nervous system, which can negatively affect emotional regulation and cognitive capacity (Kearney & Lanius, 2022). Consequently, engaging the body and nervous system in the healing process is crucial for recovery. This approach, known as the bottom-up method, seeks to reconnect the physical, emotional, and cognitive aspects of the body (Kuhfuß et al., 2021; Ogden & Minton, 2000).

**Nervous System Activation.** During a threatening or dangerous situation, the body initiates protective physiological responses, namely fight, flight, or freeze that are controlled by the *autonomic nervous system* (ANS), which controls the involuntary processes of bodily organs and includes the sympathetic and parasympathetic branches (Gladstone, 2024; Fisher, 2019; Ogden & Minton, 2000; Levine et al., 2018; Payne et al., 2015; Porges, 2011; Sollmann, 2023). According to these researchers, the fight or flight reaction, also called hyperarousal, is activated by the sympathetic nervous system. In contrast, the freeze response, or hypoarousal, is activated through the parasympathetic nervous system. Porges' (2011) polyvagal theory specifies that the freeze response is facilitated by the dorsal branch of the vagus nerve, an important nerve in the

parasympathetic branch of the nervous system. When the body detects a threat as too large and inescapable, it resorts to freezing as a last defense mechanism (Levine, 2008; van der Kolk, 2015). Freezing is a protective response because it is accompanied by numbness that protects against intense physical and emotional pain (Levine, 2008). These defensive arousal reactions are complex biological processes that involve the subcortical areas of the brain and generate interactions between the nervous, motor and sensory systems, emotions, and memory (Fisher, 2019; Kearney & Lanius, 2022; Ogden & Minton, 2000; Payne et al., 2015; Sollmann, 2023). Overall, activation of the nervous system, regardless of the type of arousal, creates a charge of energy that the body has the innate ability to release, allowing the system to return to a calm state (Dann, 2024; Grabbe & Miller-Karas, 2018; Levine, 2008; Sollmann, 2023). However, when the body is unable to do so, it leads to chronic dysregulation of the nervous system which leads to trauma symptoms.

**Chronic Dysregulation and Neuroception.** When an individual does not have a chance to safely release the arousal energy produced during a threat, it remains trapped within the body (Payne et al., 2015; Sollmann, 2023). In other words, the individual remains in a state of arousal, either fight or flight (hypervigilance and heightened emotional reactivity) or freeze (numbness, dissociation, and low energy); although, some may fluctuate between the two arousal states (Dann, 2024; Fisher, 2019; Grabbe & Miller-Karas, 2018; Kuhfuß et al., 2021; Ogden & Minton, 2000; Payne et al., 2015; Porges, 2011; Sollmann, 2023). Moreover, it is particularly traumatizing when individuals cannot escape the threat and enter the freeze state (Payne et al., 2015; van der Kolk, 2015), which is a situation often experienced by intimate partner violence victims. Overall, the nervous system remains chronically dysregulated, leading to trauma symptoms.

Continuous activation of the arousal system distorts *neuroception*, which is the brain's subconscious ability to scan the environment for threats and safety (Levine et al., 2018; Porges, 2011). Trauma affects an individual's ability to recognize cues of safety and connection, which renders individuals overly sensitive to external stimuli that are often perceived as threats (Fisher, 2019; Levine et al., 2018; Ogden & Minton, 2000; Porges, 2011). This increased sensitivity can activate the person's defensive responses leading to increased emotional reactivity or withdrawal which can further aggravate the ongoing imbalance in the nervous system (Fisher, 2019; Kearney & Lanius, 2022; Levine et al., 2018; Porges, 2011). Sollmann (2023) refers to this viscous cycle consisting of dysregulation, triggers, and heightened arousal as the trauma cycle. When survivors are trapped in this trauma cycle, they can experience persistent trauma symptoms such as changes in emotional sensitivity, mood changes, dissociation and physical issues including chronic pain, sleep disturbances, and night terrors (Fisher, 2019; Grabbe & Miller-Karas, 2018; Kuhfuß et al., 2021). In essence, people struggling with traumatic stress remain in a state of constant dysregulation and are unable to feel safe or connected to their environment (Fisher, 2019; Gladstone, 2024; Grabbe & Miller-Karas, 2018; Kearney & Lanius, 2022; Sollmann, 2023).

**Trauma and Memory.** Feelings of intense emotional overwhelm during traumatic events can impair the consolidation of memory. Generally, arousal of the nervous system is helpful in storing memory; however, when there is significant and inescapable overwhelm, the brain is unable to effectively consolidate memory (Levine et al., 2018; van der Kolk, 2015). Activation of defensive reactions suppresses the hippocampus, which is essential for forming new memories (Fisher, 2019; Ogden & Minton, 2000). This explains why survivors of abuse often have impaired memory recall due to trauma; however, they are frequently discredited and assumed to

be lying (Epstein & Goodman, 2019; Kaye & Glecia, 2025; Merken et al., 2023). Although disruption in memory consolidation during a traumatic event makes it difficult for the person to recall the details verbally, the trauma memory is stored in the body implicitly (Levine et al., 2018).

Traumatic memories are often stored as implicit memories, which can be essentially described as body memories (Forde & Duvvury, 2021; Kuhfuß et al., 2021; Levine et al., 2018; Malmo & Laidlaw, 2010). Implicit memory differs from explicit memory as it is stored outside a person's conscious awareness and comes up without intentional recall (Levine et al., 2018; Malmo & Laidlaw, 2010). These memories are often fragmented and disconnected rather than narrative (Fisher, 2019; Forde & Duvvury, 2021; Levine et al., 2018; van der Kolk, 2015). In other words, they are stored in the body as nonverbal, sensory, somatic, and emotional experiences. Because traumatic memories are mostly body based, a bottom-up approach allows direct work with these implicit memories without the need for conscious recollection of details that clients may not be able to access (Fisher, 2019; Levine et al., 2018).

Levine et al. (2018) explain that there are two types of memories related to traumatic experiences. Type I memories are usually related to a single traumatic incident and can be recalled verbally with vivid imagery and details. Meanwhile, type II memories are associated with persistent inescapable traumatic experiences, such as IPV, or life-threatening events, either real or perceived. These memories often cannot be accessed through verbal recall and rather appear in a fragmented manner as uncomfortable sensory experiences (Levine et al., 2018; van der Kolk, 2015). Thus, a somatic-based approach to trauma allows access to type II memories, often stored deep within the nervous system and not accessible to conscious recall. Overall, the effect of trauma on memory storage supports the concept that trauma is stored in the body.

### *Somatic-Based Approach to Healing Trauma*

**Enhanced Bodily Awareness.** Somatic-based therapy can help clients integrate their disconnected and fragmented selves by building awareness of internal sensations, which is a key step in trauma healing. Attuning to the inner felt sense fosters healing through the integration of cognitive, emotional, and physical experiences (Fisher, 2019; Forde & Duvvury, 2021; Ogden & Minton, 2000; Straussner et al., 2024). To enhance clients' self-awareness, they are encouraged to become mindful of their thoughts, feelings and body sensations (Fisher, 2019; Levine et al., 2018; Ogden & Minton, 2000). Through mindfulness, clients learn to recognize and differentiate between bodily sensations and associated emotions. This separation allows for the processing of traumatic experiences without clients feeling overwhelmed by strong emotions (Fisher, 2019; Ogden & Minton, 2000). Furthermore, building a connection with the body by recognizing deep internal feelings (interoception) and physical movement and position (proprioception) allows for engagement with the nervous system's energy trapped due to trauma (Fisher, 2019; Grabbe & Miller-Karas, 2018; Levine et al., 2018; Payne et al., 2015). Therefore, emphasizing physical sensations and movements in therapy can promote a type of healing that may not be possible by focusing solely on cognitive or emotional aspects (Fisher, 2019; Kuhfuß et al., 2021; Ogden & Minton, 2000; Straussner et al., 2024). However, maintaining a gentle approach that creates a sense of safety for the client is essential to facilitate the regulation of the nervous system (Dann, 2024; Forde & Duvvury, 2021; Kuhfuß et al., 2021; Payne et al., 2015).

**A Gentle Approach to Regulate the Nervous System.** Somatic-based therapy emphasize a client-centered or rather a nervous system-centered approach that creates a gentle and safe pace when working with intense, trauma-related memories (Forde & Duvvury, 2021; Kuhfuß et al., 2021; Levine et al., 2018; Ogden & Minton, 2000; Payne et al., 2015; Sollmann,

2023). Because revisiting traumatic memories can be overwhelming and sometimes even retraumatizing, somatic-based therapy access these memories indirectly by tapping into the body's nervous system rather than solely focusing on recollecting details about the trauma (Fisher, 2019; Forde & Duvvury, 2021; Levine et al., 2018). When traumatic events are brought forward into the therapeutic space, it is ensured that only enough traumatic material is accessed without pushing the client to either extreme of arousal (Dann, 2024; Grabbe & Miller-Karas, 2018; Payne et al., 2015). Researchers refer to this process as titration. This process ensures that clients stay within their window of tolerance, also known as the optimal arousal zone (Dann, 2024; Fisher, 2019; Ogden & Minton, 2000). This zone is considered the ideal level of arousal, where information can still be processed effectively without overwhelming the system, which fosters healing. To facilitate titration, the therapist maintains attunement to the client's bodily reactions throughout the session to recognize when they start to shift out of this optimal zone (Dann, 2024; Fisher, 2019; Ogden & Minton, 2000). At this point, the client is asked to pendulate or shift their focus away from the traumatic memory and instead track the current physical sensations until the client returns to a settled state (Fisher, 2019; Forde & Duvvury, 2021; Ogden & Minton, 2000; Payne et al., 2015; Grabbe & Miller-Karas, 2018; Straussner et al., 2024).

Through titration, pendulation, and tracking techniques, the client's window of tolerance gradually widens, allowing deeper trauma work and healing (Fisher, 2019; Grabbe & Miller-Karas, 2018; Ogden & Minton, 2000; Straussner et al., 2024). Moreover, clients learn to recognize when they are moving out of their window of tolerance and intentionally self-regulate through grounding techniques, such as breathwork, imagery, or meaning-making (Dann, 2024; Fisher, 2019; Grabbe & Miller-Karas, 2018; Kuhfuß et al., 2021; Levine et al., 2018; Ogden &

Minton, 2000). Utilizing one's body as a safe resource can allow survivors to reclaim psychological and emotional safety. Essentially, the gradual bottom-up approach of somatic-based therapy ultimately helps utilize one's body to access a safe embodied self and release trauma to restore balance within the nervous system.

**Release and Restoration.** Somatic-based therapy helps heal stored trauma in the body through the release of bound survival energy, which in turn restores balance to the nervous system. As the client's ability to track and attune to bodily sensations increases, they can access the trapped energy related to trauma (Dann, 2024; Forde & Duvvury, 2021; Grabbe & Miller-Karas, 2018; Levine et al., 2018). This energy often manifests as physical reactions, such as tightness, heaviness, shaking, or trembling. As the client stays with these sensations and goes through them, it allows them to complete the active defense responses and move away from the states of helplessness and immobility. This process enables the processing and release of bound energy, ultimately helping to regulate the nervous system (Dann, 2024; Fisher, 2019; Forde & Duvvury, 2021; Grabbe & Miller-Karas, 2018; Levine et al., 2018). Therefore, somatic-based therapy can help release incomplete biological defense responses from an abusive experience and in turn restore the client's sense of empowerment.

**Co-regulation.** In addition to the above-mentioned mechanisms and techniques of somatic-based therapy, co-regulation is an important principle that is woven through the overall process of healing in a bottom-up approach (Kearney & Lanius, 2022; McBride, 2021; Porges, 2011). Researchers note that humans require regulation from other well-regulated nervous systems around them. They recognize these systems by detecting safety cues through neuroception. However, as discussed above, Porges (2011) notes that neuroception is disrupted in traumatized individuals, making it harder for them to perceive safety cues in their

environment. Therefore, the therapist's calm and grounded presence is even more important in fostering a sense of safety within a traumatized client (Harwood et al., 2025; McBride, 2021; Porges, 2011). In other words, the therapist's regulated nervous system provides an anchoring point for the client's system to recognize safety and enter the ventral vagal state, which allows them to socially connect and experience safety (Kuhfuß et al., 2021; Ogden & Minton, 2000; Porges, 2011). When ventral vagal branch is activated, it is within this window that healing of trauma occurs through the processing and integration of somatic symptoms, emotions and cognition. Therefore, the therapist's regulated nervous system is an important ingredient in the somatic therapy process to help clients move towards safety and healing (Kuhfuß et al., 2021; Ogden & Minton, 2000; Porges, 2011).

### ***Effectiveness and Limitations of Somatic-Based Therapy***

Because a detailed examination of all somatic-based therapies is beyond the scope of this review, it only focuses on somatic experiencing (SE) and sensorimotor psychotherapy (SP). Research shows that SE and SP are effective therapeutic modalities for the treatment of PTSD, depression, anxiety and other chronic comorbidities. SE has also been effectively used for trauma treatment in varied settings. However, there are limitations to the existing evidence as well as to the inherent nature of somatic-based therapy.

**PTSD, Depression and Anxiety.** A scoping review of 16 studies from various countries revealed the effectiveness of SE in reducing PTSD, anxiety, and depression symptoms (Kuhfuß et al., 2021). Although this is the only scholarly review of SE effectiveness, it has its limitations. Most studies had small sample sizes that lacked control groups and diversity, which limited the conclusions. In addition, studies conducted in crisis areas used adapted self-developed questionnaires rather than standard PTSD questionnaires. Therefore, this review provides

preliminary evidence that SE reduces PTSD, anxiety, and depression symptoms, which are often seen as aftereffects of an abusive experience (Kuhfuß et al., 2021).

Brom et al. (2017) conducted a randomized controlled trial (RCT) with 63 participants, which revealed that 44% of patients had a PTSD diagnosis reversal after receiving SE, and the results were maintained during the follow-up period. Overall, the participants showed a significant reduction in PTSD and depression symptoms. This study was conducted in Israel during political unrest, with ongoing collective trauma, suggesting that SE can be effective even in the presence of continuous external stressors. However, this study had a relatively small sample size and took place in a community clinic setting, therefore limiting the control of variables compared to a university-based setting.

**Versatility in Diverse Population Groups and Settings.** SE is also effective in different population groups and settings. Silva's (2014) case-control study of 10 women IPV survivors found that SE, with and without touch, was effective in increasing psychological well-being. Moreover, patients with chronic low back pain and PTSD also noted a reduction in trauma symptoms and fear of movement in a RCT of 90 participants (Andersen et al., 2017). Similarly, another RCT showed an improvement in traumatic, depressive and anxious symptoms, hopefulness, and body image issues in 21 breast cancer survivors who participated in a web-based SE group therapy (Vagnini et al., 2023). Research with gender-diverse adults also revealed the positive effects of SE group therapy in enhancing the psychological well-being of clients struggling with barriers such as discrimination and gender dysphoria (Briggs et al., 2018). Overall, the evidence shows that SE can be effectively adapted to diverse delivery methods and groups.

Innovative models adapted from somatic-based therapy have also been successfully implemented in reducing trauma symptoms. The Trauma and the Body Group draws on the principles of sensorimotor psychotherapy to enhance bodily awareness and emotional regulation (Classen et al., 2021). The Trauma and Resiliency Model was developed to support natural disaster crises (Grabbe & Miller-Karas, 2018). It draws inspiration from the fundamental principles of the somatic and sensory aspects of trauma while integrating somatic, sensory, and emotional experiences (Grabbe & Miller-Karas, 2018). These models have proven effective for trauma treatment; however, further studies with larger samples are needed.

**Limitations.** This review reveals that current research on somatic-based therapies is limited. There is a lack of research on sensorimotor psychotherapy. Limited available studies on somatic experiencing serve as preliminary evidence of mixed quality (Kuhfuß et al., 2021). Research in this field, especially with a focus on IPV survivors, is scarce. Therefore, further research is needed to better understand how to support female survivors, especially those navigating the stressful experience of the criminal prosecution process.

Somatic-based therapy has inherent limitations. Kuhfuß et al. (2021) and Gladstone (2024) emphasize that because this type of therapy attempts to delve into the most vulnerable and traumatized parts of the person, a good fit between the client and practitioner is necessary for the work to be conducted in a safe and gentle manner. This therapy is organic in nature than manualized treatment protocols and require the practitioner to develop strong skills to attune to subtleties in the client's presentation, in addition to a strong conceptualization of the trauma. (Gladstone, 2024; Kuhfuß et al., 2021). Moreover, therapists' biases may affect accurate reading of clients' somatic experiences and lead to misinterpretations (Gladstone, 2024). Cultural differences may also prevent clients from perceiving their therapists as safe because of the

chronic activation caused by systemic oppression and discrimination (Gladstone, 2024). Cultural values may shape clients' views of trauma and somatic-based therapy; therefore, this approach may not be suitable for those who do not believe that trauma is held in the body (Kuhfuß et al., 2021). Lastly, somatic-based therapy may be challenging and overwhelming at first for those experiencing severe dissociation, in which case it is essential to build clients' grounding skills with breathwork, imagery and meaning-making to titrate into somatic work (Dann, 2024).

In essence, preliminary evidence shows that somatic therapy is effective in treating trauma-related symptoms across various populations and settings. However, most studies are small-scale and methodologically limited. These approaches work best when the therapist is well trained and the clients feel safe and ready. Overall, further research on the benefits and limitations of this approach is required.

### ***Summary***

Overall, the literature review reveals that somatic-based therapy is a promising approach to help people recover from trauma by accessing the body's stored trauma responses. The body-centered approach helps to release trauma and restore balance to the system. Research supports their effectiveness for trauma healing but further evidence is limited especially with diverse populations. Safe, skilled, and culturally sensitive practice is essential for this therapy to work effectively and support long-term healing.

### **Chapter Summary**

This chapter has presented a literature review on the following three key themes: intimate partner violence among women, legal barriers for women IPV survivors, and somatic-based therapy for trauma healing. It has examined the prevalence rates, risk factors and impacts of IPV among women survivors. Although IPV affects women from all walks of life, the risk and effects

of IPV heighten for ethnically and sexually diverse women, especially those who live in rural areas, have limited education and/or a lower socioeconomic status. The review has revealed how women can face a loss of agency and autonomy and can experience retraumatization while navigating the IPV prosecution process as a survivor. Through an examination of the literature, the framework of somatic-based therapy was presented along with its effectiveness and limitations for healing trauma. The framework introduced the therapeutic concepts of chronic dysregulation of the nervous system, fragmentation of trauma memory, neuroception, release of trauma for healing, and co-regulation. The next chapter will discuss how somatic-based therapy can be helpful in supporting women survivors who are navigating the IPV prosecution process, as well as, provide some recommendations and highlight limitations of the capstone project.

### **Chapter Three: Discussion, Recommendations, Limitations**

#### **Discussion**

The literature review revealed that intimate partner violence (IPV) is highly prevalent and is gendered in nature (WAGE Canada, 2025; Wathen et al., 2025). Women from all walks of life are disproportionately affected by IPV compared to men, however women with diverse cultural and sexual backgrounds face greater challenges in seeking help. Indigenous women have alarmingly high rates of IPV compared to their non-indigenous counterparts (Daoud et al., 2013; Heidinger, 2021). Colonization, intergenerational trauma, and systemic racism have been found to make them highly vulnerable to IPV. Similarly, sexually and gender diverse women are at a higher risk of facing abuse (Griner et al., 2020; Gutman et al., 2024; Huff et al., 2024; Peitzmeier et al., 2020; Porsch et al., 2023; Webermann et al., 2023). Evidence reveals that women of colour, especially immigrant women, often hesitate to report IPV due to cultural stigma, language barriers, immigration concerns, and a lack of awareness about available support services (Du Mont & Forte, 2012; Espinoza et al., 2022; Zhang et al., 2024). Therefore, they are at a higher risk of being trapped in abusive relationships. Generally risk factors such as stigma, economic dependence, and existing mental health struggles and a history of childhood trauma, also make it harder for women to leave abusive relationships (Badenes-Sastre et al., 2024; Brunton & Dryer, 2024; Güler et al., 2023; Heidinger, 2021; Ruiz-Fuentes & Molina Coloma, 2024; Santambrogio et al., 2019; Tian et al., 2024; Zhao et al., 2022). This increases their vulnerability to ongoing abuse and its severe consequences. Research highlights the need to integrate culturally sensitive resources that address the unique vulnerabilities faced by women from diverse backgrounds to provide socially equitable support for IPV.

The literature review explored IPV in the context of women, especially those involved in the criminal prosecution process. Specifically, it presented an understanding of the experiences of women who have faced IPV. Furthermore, it explored the barriers faced by women IPV survivors as they navigate the criminal prosecution process. Finally, it presented the framework of somatic-based therapy for the treatment of trauma. Overall, this research aimed to understand how women IPV survivors navigating the criminal prosecution process can benefit from somatic-based therapy.

### ***Gaps in the Criminal Prosecution Process***

Research showed that women facing IPV can experience serious and lasting traumatic impacts that can affect them psychologically, physiologically and physically. Regardless of its form, violence in an intimate relationship has dynamics of power, dominance, and control (Keatley et al., 2022; McLeod et al., 2021). Experiencing abuse from an intimate partner, one of the closest relationships a woman can have, shatters the sense of safety and may lead to complex trauma. Moreover, abuse in a relationship is often persistent and cyclical in nature, eroding the survivor's self-worth, self-esteem, agency, and autonomy, which creates feelings of entrapment (Beall & Radunovich, 2015; Güler et al., 2023; Protasiuk et al., 2024; Sangeetha et al., 2022). When an individual is unable to escape an overwhelming threat and safely process the experience, it often leads to trauma (Payne et al., 2015; van der Kolk, 2015). Corroborating evidence reveals that IPV increases the chances of women developing depression, anxiety, and PTSD (Cirici Amell et al., 2023; FitzPatrick et al., 2022; Fogarty et al., 2023; Sabri, 2021). Moreover, women who have experienced chronic IPV have increased inflammation and cortisol levels, which are markers of physiological stress (Goldberg et al., 2023). Similarly, the somatic-based approach to trauma explains that unresolved trauma may manifest as chronic physical

ailments (Andersen et al., 2017; Kuhfuß et al., 2021; Levine, 2008). Nevertheless, despite evidence underscoring the serious impacts of IPV, there remain gaps in the legal system's understanding of IPV which often overlooks these deeper traumatic impacts of abusive incidents.

From a legal perspective, there is an absence of a holistic and trauma-informed understanding of IPV in the justice system. The legal criminal code usually recognizes physical and sexual forms of violence but often fails to consider other types of abuse including psychological, manipulation, coercive control, and verbal abuse (Criminal Code Help, n.d.). This gap does not allow the legal system to fully conceptualize the nuances and complexities inherent in abusive relationships. Therefore, the criminal prosecution process is limited in acknowledging the profound and far-reaching impacts of IPV on survivors' lives, which extend well beyond what a criminal code can capture. A comprehensive and socially informed view of IPV within the justice system can be helpful to address this gap. Moreover, there is a lack of trauma-informed understanding and approach among law enforcement and legal professionals (Epstein & Goodman, 2019; Saxton et al., 2021; Syahbur et al., 2024). Overall, the criminal prosecution process, due to its narrow perspective and lack of a trauma-informed approach, inadvertently creates barriers for women, giving rise to additional harmful experiences.

Due to prevalent legal challenges faced by women survivors, they are at a risk of facing psychological and emotional stress (Clarke, 2014; Cirici Amell et al., 2023; Epstein & Goodman, 2019; King & Meernik, 2019). Therapeutic support can help them cope with this stress of navigating the criminal process. Additionally, given the significant psychological, physiological, and physical impacts of trauma from IPV, utilizing a bottom-up somatic-based approach to assist women IPV survivors involved in the criminal prosecution system can also be beneficial.

### ***Lack of Survivor Agency and Autonomy***

When survivors navigate the criminal justice system, they often experience a sense of loss of agency and autonomy, mirroring the dynamics of abusive relationships (Clarke, 2014; Epstein & Goodman, 2019; Kaye & Glecia, 2025; Protasiuk et al., 2024; Reeves et al., 2021). When IPV is reported to the authorities, the decision to lay charges and prosecute rests solely with the provincial prosecution lawyers, the Crown counsel (BC Prosecution Service, 2025; BC Public Service, 2025; Department of Justice Canada, 2013b). Survivors are given the role of a witness in legal proceedings rather than an active party who could avail the right to legal representation, which leads to them having fewer rights than the perpetrators (House of Commons, 2022a). Consequently, the prosecution process leaves survivors feeling powerless (Anderson, 2015; Battered Women's Support Services, 2025; Couture-Carron et al., 2022). Moreover, research indicates that survivors often express dissatisfaction due to the lack of communication they receive regarding information and updates on the process from the Crown counsel, leaving them feeling confused, helpless, uncertain, and anxious (Department of Justice Canada, 2006; Saxton et al., 2021; Stanton, 2025). To create a safer prosecution experience for survivors, clear and trauma-sensitive communication and interaction are essential throughout the legal process (Wieberneit et al., 2024). Women's experiences of being sidelined within the criminal prosecution process closely mimic the controlling and silencing dynamics of IPV.

It is unfortunate that many women's voices are silenced as their stories are treated with skepticism by law enforcement and legal professionals (Clarke, 2014; Epstein & Goodman, 2019; Kaye & Glecia, 2025; Reeves et al., 2021). These skeptical views frequently arise from a lack of understanding that trauma impairs memory consolidation and results in fragmented memories (Epstein & Goodman, 2019; Levine et al., 2018; van der Kolk, 2015). When the legal system sidelines and silences survivors, it replicates the dominant patterns they endured in

abusive relationships. In essence, the prosecution process can be a triggering experience for women and exacerbate their trauma symptoms.

Marginalized women face even more complex challenges in seeking legal support. Women of colour and those living in rural areas face increased racial and socioeconomic challenges when seeking support for IPV (Giesbrecht et al., 2024; Nonomura & Baker, 2021; Slakoff et al., 2024; Wuerch et al., 2019). Immigrant women face barriers such as language difficulties, dependence on their spouses for immigration and economic stability, and limited knowledge of the legal system when trying to access legal services (Giesbrecht et al., 2024). Additionally, for rural women, privacy concerns, limited services, geographical and transportation challenges, and authorities' lenient attitudes towards IPV interfere with their ability to safely access support and justice (Letourneau et al., 2023; Nonomura & Baker, 2021; Wuerch et al., 2019; Zorn et al., 2017). In summary, the lack of a trauma-informed approach and the systemic challenges faced by women in the legal system call for tailored strategies that address these specific barriers.

### ***Retraumatization During the Prosecution Process***

A lack of trauma-informed procedures in the courtroom lead to the retraumatization of survivors (Gutowski & Goodman, 2020; Maier, 2024). The adversarial nature of the criminal justice system requires survivors to testify, recount traumatic experiences, undergo cross-examination, and face their perpetrators (Epstein & Goodman, 2019; Maier, 2024; Saxton et al., 2021). Survivors report frequent negative experiences, especially with the defense counsel, during courtroom procedures (Clarke, 2014; Epstein & Goodman, 2019). Overall, these experiences can be extremely overwhelming and stressful (Clarke, 2014; Cirici Amell et al., 2023; Epstein & Goodman, 2019; King & Meernik, 2019; Maier, 2024; Saxton et al., 2021).

Since past trauma related to IPV is stored in the body, going through courtroom experiences can be triggering and threatening, leading to arousal of the nervous system and retraumatization (Clarke, 2014; Cirici Amell et al., 2023; Epstein & Goodman, 2019; Fisher, 2019; King & Meernik, 2019; Levine, 2008; Maier, 2024; Ogden & Minton, 2000; Payne et al., 2015; Saxton et al., 2021; van der Kolk, 2015). This experience can result in increased heart rate and breathing, difficulty in breathing, trembling, and numbness, which may result in anxiety, panic, or dissociation. There is, however, some lack of understanding among legal professionals about how exposure to triggers during the prosecution process can lead to retraumatization of survivors. As a result, survivors may feel unsupported and pressured to continue with the procedures despite overwhelming experiences. This creates an unsafe environment during the prosecution process and may worsen survivors' existing trauma from IPV. Hence, using trauma therapy that works with the body to enhance the client's ability to self-regulate can be helpful in providing them with a sense of safety, control, and empowerment during legal proceedings.

Overall, the review of literature points to a need for drastic legal reforms that are not only trauma-informed but also consider the layered vulnerabilities of IPV survivors, rather than a one-size-fits-all approach. When survivors attempt to seek safety and justice within the legal system, they encounter several barriers in addition to the challenges and traumatic experiences they endured during the abusive relationship. Moreover, the barriers faced by survivors are not just procedural; they also interact with their traumatic stress and vulnerability. A systemic consideration of cultural, psychological, structural, and legal aspects of survivors' experiences can contribute to a much safer and supportive prosecution process. In essence, evidence suggests a need for further research to develop a conceptual framework in which prosecution processes,

social support, therapeutic practices, and survivor needs are considered interdependently rather than in silos.

### ***Bridging the Gaps to Reclaim Survivor Agency and Autonomy***

Somatic-based therapy empowers women survivors by fostering agency and autonomy through a gentle, nervous system-centered approach to healing (Dann, 2024; Forde & Duvvury, 2021; Kuhfuß et al., 2021; Payne et al., 2015). Therefore, somatic-based therapy could serve as a potential bridge to support survivors as they navigate the legal process. Because the nature of the legal process is beyond survivors' control, adopting a gentle and client-centered pace that acknowledges the needs of their nervous system can help re-establish their sense of independence and security (Harwood et al., 2025). Somatic-based therapy engages the body to help process trauma and restore balance within the system, thereby helping survivors' build their self-regulation capabilities (Fisher, 2019; Payne et al., 2015; Ogden & Minton, 2000). Through this approach, clients can learn to cope with stressful experiences during legal proceedings while healing from their past trauma. Therefore, utilizing a somatic-based approach in therapeutic work with IPV survivors could be beneficial for therapists to help reduce clients' retraumatization during the criminal prosecution process. Nevertheless, I believe it is crucial for therapists to possess a fundamental understanding of the prosecution process and challenges within it when working with women survivors of violence. This knowledge may help survivors feel validated and acknowledged regarding their challenging experiences. Therefore, to support therapists' work with IPV survivors, I have developed a practical tool that offers information to enhance their knowledge in this area.

## **Recommendations**

Upon reviewing the literature, I have created presentation slides aimed at counsellors supporting women IPV survivors who are navigating the legal prosecution process. This resource is intended to serve as an initial step in enhancing awareness in this field. It provides overall information about the barriers in the legal process, experiences of women IPV survivors during this process, interaction of the legal process with survivors' trauma, and a general overview of somatic-based therapy. This resource is intended to provide an overarching information about the process and what the research says about the experiences of survivors. Therapists are advised to conduct additional research when supporting IPV survivors and to learn directly from clients about their specific challenges. Below, I provide information to support the presentation slides, which can be found in the appendix of this capstone paper.

The presentation begins by briefly outlining the issue of IPV, the criminal prosecution process in IPV cases and the barriers faced by survivors of IPV. Women are at a higher risk to experience IPV compared to men. Particularly women of colour, women with low income and/or education, rural women, and sexually and gender diverse women experience higher risk factors for IPV (Daoud et al., 2013; Griner et al., 2020; Heidinger, 2021; Huff et al., 2024; Peitzmeier et al., 2020; Porsch et al., 2023; WAGE Canada, 2025; Wathen et al., 2025). Two main legal entities are involved in the process: law enforcement officers and Crown counsel. The Crown counsel have the authority to decide whether to proceed with charges (Department of Justice Canada, 2013b). While I acknowledge that the prosecution process is designed to ensure justice and protect both survivors and society at large, it is important for therapists to understand that once a survivor reports to the authorities, the legal process often becomes a one-sided process with limited voice for the survivors. In the prosecution process, IPV survivors have fewer rights

than perpetrators because they are assigned the role of a witness rather than being an active third party to the legal proceedings (House of Commons, 2022a). Because survivors experience a lack of choices during the prosecution process, which mimics the IPV experience (Anderson, 2015; Couture-Carron et al., 2022), therapists should be mindful of fostering client agency and autonomy during the therapeutic process. Additionally, IPV survivors face numerous complex barriers to accessing support, which are intensified by their cultural and sexual identities, rural locations, and low income and education levels (Giesbrecht et al., 2024; Huff et al., 2024; Letourneau et al., 2023; Porsch et al., 2023; Slakoff et al., 2024; Wuerch et al., 2019; Zhao et al., 2022). Therefore, therapists must strive to understand how their clients' intersectionality interacts with the obstacles present in the legal system.

The presentation focuses further on survivors' experiences within the prosecution process and its interaction with their trauma. Research has shown that participating in the prosecution process can be overwhelming, intimidating, silencing, and disempowering for survivors which can lead to their secondary victimization and in turn worsen their trauma symptoms (Anderson, 2015; Battered Women's Support Services, 2025; Clarke, 2014; Couture-Carron et al., 2022; Epstein & Goodman, 2019; Gutowski & Goodman, 2020; Kaye & Glecia, 2025; Laxminarayan, 2013; Maier, 2024; Reeves et al., 2021). Survivors, particularly marginalized women, can face skepticism and bias when sharing their experiences within the legal system (Epstein & Goodman, 2019; Kaye & Glecia, 2025; Merken et al., 2023). Wyles et al. (2023) emphasize that survivors need a supportive environment when recounting their traumatic experiences. For this reason, this capstone paper and the practical resource aim to continue deepening therapists' understanding of trauma, especially its impact on memory. Since trauma can impact memory consolidation (Levine et al., 2018; van der Kolk, 2015), therapists are recommended to offer

psychoeducation to clients emphasizing the type I and II trauma memories, as discussed in chapter two, and the fragmentation of traumatic memories. This may help normalize and validate clients' experiences as some of them may find it challenging to recall details related to traumatic incident during the prosecution process. Overall, it is suggested that any organization working with trauma survivors incorporate training programs for staff to increase their knowledge of trauma.

With this in mind, this next section focuses on trauma and its impact. Research shows that trauma is stored in the body and disrupts nervous system regulation (Fisher, 2019; Levine, 2008; Ogden & Minton, 2000; van der Kolk, 2015). This effect on the nervous system leads to the development of trauma symptoms in IPV survivors (Carannante et al., 2025). In other words, survivors remain in an extended state of survival mode which disrupts their neuroception, the ability to distinguish between danger and safety cues in the environment, a condition often seen in PTSD (Levine et al., 2018; Porges, 2011). Similarly, evidence highlights a strong link between IPV exposure and PTSD, depression, and anxiety (Carannante et al., 2025; Cirici Amell et al., 2023; Sabri, 2021). This suggests that IPV survivors may become hypersensitive to external stimuli that serve as triggers and activate defensive arousal reactions within their system. Therefore, it is easy to understand the immense challenges survivors may face in remaining calm and grounded throughout a legal process that entirely revolves around traumatic events.

The adversarial nature of the prosecution process can retraumatize IPV survivors (Clarke, 2014; Cirici Amell et al., 2023; Epstein & Goodman, 2019; King & Meernik, 2019; Maier, 2024; Saxton et al., 2021). For instance, they are expected to undergo cross-examination by the defense lawyers, provide testimony, keep up with court proceedings leading up to the trial, and accept subpoenas for trial from the same police officer who responded to the initial report of violence.

These factors serve as constant reminders of the abuse survivors endure during the relationship. Therefore, given that trauma is stored as implicit memories through visceral and somatic reactions (Gladstone, 2024; Levine et al., 2018; Ogden & Minton, 2000), it is essential for therapists to keep in mind that the prosecution process will bring out traumatic stress for survivors who are already impacted by prior abuse. This can manifest as heightened emotional reactivity, anxiety, panic, or dissociation (Dann, 2024; Forde & Duvvury, 2021; Grabbe & Miller-Karas, 2018; Levine et al., 2018). Without emotional and therapeutic support, persistent triggers during the legal process can exacerbate trauma symptoms and deteriorate survivors' mental and physical well-being. Therapists are encouraged to support clients by providing education about the impact of triggers during the legal process and the resulting somatic and neurological manifestations of trauma. Moreover, to manage the ongoing stress of the prosecution process, somatic-based therapy can be supportive for clients in learning how to cope with triggers and achieve emotional stability.

Somatic-based therapy provides practical and gentle interventions to support clients in regaining a sense of balance in their body and mind. In this approach, therapists can guide clients to enhance their self-awareness by mindfully paying attention to and tracking their inner experiences (Fisher, 2019; Levine et al., 2018; Ogden & Minton, 2000). Enhanced self-awareness allows them to acknowledge uncomfortable sensations, which indicate that they are moving into an arousal state. At this point, therapists can introduce and facilitate the practice of grounding techniques such as breathwork, imagery or engaging the five senses to become aware of surroundings and bring the attention back to the present moment (Dann, 2024; Fisher, 2019; Grabbe & Miller-Karas, 2018; Kuhfuß et al., 2021; Levine et al., 2018; Ogden & Minton, 2000). Helping clients develop the ability to use their bodies as a safe resource for self-regulation and

soothing can provide them with a sense of control over the mind and body, which is often lost when they experience abuse (Fisher, 2019; Grabbe & Miller-Karas, 2018; Kuhfuß et al., 2021; Ogden & Minton, 2000). Additionally, by utilizing a somatic-based approach, therapists help build clients' ability to use grounding tools effectively before, during and after a court session. This can help dampen the impact of potentially triggering moments and prevent retraumatization, particularly during the prosecution process. In a therapeutic setting, somatic-based work also helps to release and process unresolved trauma (Dann, 2024; Fisher, 2019; Forde & Duvvury, 2021; Grabbe & Miller-Karas, 2018; Levine et al., 2018). This method aims to unify the fragmented aspects of the mind and body into a whole, embodied self (Fisher, 2019; Forde & Duvvury, 2021; Ogden & Minton, 2000; Straussner et al., 2024). In essence, somatic-based therapy gives survivors tools to remain grounded, manage distress, and reclaim agency during the challenging legal process, along with long-term healing from trauma.

It is recommended that therapists strive to encourage clients' self-agency in choosing coping strategies and setting the pace of the therapeutic process. A gentle and gradual approach that is centered on the needs of the nervous system is at the heart of somatic-based therapy (Forde & Duvvury, 2021; Kuhfuß et al., 2021; Levine et al., 2018; Ogden & Minton, 2000; Payne et al., 2015; Sollmann, 2023). Clients describe somatic-based therapy's gradual process as if the therapist is walking alongside them, which gives them a sense of security and agency often lost amid traumatic events (Harwood et al., 2025). Therefore, embracing a compassionate and client-centered approach is inherently healing because it is the opposite of what clients experience during the legal processes. Moreover, somatic-based therapy has been shown to be effective in improving PTSD, depression, and anxiety symptoms, even when combined with other types of therapeutic modalities such as talk therapy and art therapy (Hetherington &

Gentile, 2022; Kuhfuß et al., 2021). It can also be applied and adapted to fit diverse cultural and situational contexts (Classen et al., 2021; Grabbe & Miller-Karas, 2018; Kuhfuß et al., 2021).

Therefore, therapists are encouraged to tailor their therapeutic approaches and tools to align with the unique values, intersectionality, and needs of their clients.

### **Limitations of the Capstone Project**

Somatic-based therapy for trauma is a relatively new approach within the field of psychotherapy, which is mostly dominated by talk therapy. Therefore, most of the research on somatic-based therapy is still emerging and limited, constraining this capstone research. Somatic experiencing is supported by evidence-based studies but there is a lack of research on sensorimotor psychotherapy. Most of the research on somatic experiencing, however, is preliminary and further research is needed to fully comprehend its effectiveness and limitations. Moreover, this capstone project is limited as there is a lack of research studying the connection between somatic-based therapy and IPV. Further research can enhance understanding of how somatic-based therapy can support IPV survivors through their unique challenges.

The literature review has demonstrated the need for additional research in the context of IPV survivors' experiences. As research and statistics on the experiences of ethnically diverse women survivors are limited due to the underreporting of IPV among women of colour, the full extent of IPV among diverse cultural communities would be better understood with additional studies. Similarly, studies on the experiences of sexual minority women facing IPV are limited. In essence, existing research on diverse women is generally on a small scale and does not adequately capture cultural and contextual differences. Additionally, the limited academic research on the experiences of IPV survivors' specifically within the Canadian Criminal Justice system offers only a narrow perspective on this subject. Lastly, there is a possibility of bias in the

existing literature, as it is mostly Western-centric and may not fully capture diverse perspectives and experiences.

### **Closing**

This capstone paper has explored how somatic-based therapy can be utilized to support women IPV survivors who are navigating the criminal prosecution process. This research is incredibly valuable because it can potentially enhance counsellors' understanding of the experiences of women who are survivors of intimate partner violence and who may be navigating the criminal prosecution process. It revealed that navigating the criminal prosecution process may be a double-edged sword for many survivors, as it aims to deliver justice but also poses various challenges with the potential to compound their existing trauma. Therefore, this research paper has emphasized the need for counsellors to ensure that they have an understanding and empathy for the complexities of survivors' experiences and the traumatic impacts. Supporting client agency and autonomy in therapy work with survivors is key to preventing retraumatization through the legal process as it highlights the value of the intricate and complex connection between the body, mind, and environment in therapy. By tapping into the body's wisdom, clients and counsellors can honour what the body has to teach and find ways to reduce suffering and foster healing.

### References

- Abusbaitan, H. A., Eyadat, A. M., Holt, J. M., Telfah, R. K., Zahra, T. F. A., Zahra, T. F. A., Mobarki, A. A., Mkandawire-Valhmu, L., Kako, P. M., Gondwe, K. W., & Lopez, A. A. (2025). Emotional abuse against women in the context of intimate relationships: A concept analysis. *Nursing Forum*, *2025*(1). <https://doi.org/10.1155/nuf/6301140>
- Adhikari, S. P., Maldonado-Rodriguez, N., Smiley, S. C., Lewis, C. D., Horst, M. D., Jeffrey Lai, C. W., Matthews, N. L., Mason, K., Varto, H., & van Donkelaar, P. (2024). Characterizing possible acute brain injury in women experiencing intimate partner violence: A retrospective chart review. *Violence Against Women*, *30*(10), 2511-2530. <https://doi.org/10.1177/10778012231159417>
- Ailwood, S., Loney-Howes, R., Seuffert, N., & Sharp, C. (2022). Beyond women's voices: Towards a victim-survivor-centred theory of listening in law reform on violence against women. *Feminist Legal Studies*, *31*(2), 217-241. <https://doi.org/10.1007/s10691-022-09499-1>
- Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*, 16-25. <https://doi.org/10.1016/j.avb.2016.06.008>
- Alvarez, C., & Fedock, G. (2018). Addressing intimate partner violence with Latina women: A call for research. *Trauma, Violence & Abuse*, *19*(4), 488-493. <https://doi.org/10.1177/1524838016669508>
- American Psychiatric Association. (2022). Trauma-and-stressor-related disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).

- [https://doi.org/10.1176/appi.books.9780890425787.x07\\_Trauma\\_and\\_Stressor\\_Related\\_Disorders](https://doi.org/10.1176/appi.books.9780890425787.x07_Trauma_and_Stressor_Related_Disorders)
- American Psychological Association. (2018, April 19). Autonomy. In *APA dictionary of psychology*. Retrieved August 23, 2025, from <https://dictionary.apa.org/autonomy>
- Andersen, T. E., Lahav, Y., Ellegaard, H., & Manniche, C. (2017). A randomized controlled trial of brief somatic experiencing for chronic low back pain and comorbid post-traumatic stress disorder symptoms. *European Journal of Psychotraumatology*, 8(1), 1-9. <https://doi.org/10.1080/20008198.2017.1331108>
- Anderson, K. L. (2015). Victims' voices and victims' choices in three IPV courts. *Violence Against Women*, 21(1), 105-124. <https://doi.org/10.1177/1077801214564166>
- Badenes-Sastre, M., Lorente, M., Beltrán-Morillas, A. M., & Expósito, F. (2024). Transformative effect of intimate partner violence against women based on sociocultural factors trapping women in a violent relationship. *Current Psychology*. 43(12), 10786-10800. <https://doi.org/10.1007/s12144-023-05101-2>
- Bateman, T. S. (2022, March 27). *Agency is the highest level of personal competence*. Psychology Today. <https://www.psychologytoday.com/ca/blog/getting-proactive/202203/agency-is-the-highest-level-personal-competence>
- Battered Women's Support Services. (2025, June 26). *She reported. Crown said no. Why prosecutorial gatekeeping is putting survivors at greater risk than ever*. <https://www.bwss.org/she-reported-crown-said-no/>
- BC Prosecution Service. (2019, March). *Information sheet, intimate partner violence prosecutions*. Government of BC. <https://www2.gov.bc.ca/assets/gov/law-crime-and->

justice/criminal-justice/prosecution-service/information-  
sheets/infosheet\_intimate\_partner\_violence\_prosecutions.pdf

BC Prosecution Service. (2025, April 8). *Crown counsel policy manual, intimate partner violence, IPV 1*. BC Public Service. Government of BC.

<https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/prosecution-service/crown-counsel-policy-manual/ipv-1.pdf>

BC Public Service. (2025, July 29). *BC Prosecution Service*. Government of BC.

<https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bc-prosecution-service>

Beall, K., & Radunovich, H. (2015). What is domestic violence? FCS3323/FY1453, 12/2014. *EDIS*, 2015(1), 1-3. <https://doi.org/10.32473/edis-fy1453-2014>

Beel, N. (2023). Domestic Violence. In N. Beel, C. Chinchin, T. Machin & C. du Plessis (Eds.), *Common client issues in counselling: An Australian perspective*. University of Southern Queensland. <https://usq.pressbooks.pub/counselling/chapter/domestic-violence/>

Belisle, L. A., Reed, S., Clark, E. R., & Pinchevsky, G. M. (2024). Diverse intimate partner violence survivors' experiences seeking help from the police: A qualitative research synthesis. *Trauma, Violence & Abuse*, 25(5), 4045-4061.

<https://doi.org/10.1177/15248380241270083>

Bent-Goodley, T. B. (2007). Health Disparities and violence against women: Why and how cultural and societal influences matter. *Trauma, Violence & Abuse*, 8(2), 90-104.

<https://doi.org/10.1177/1524838007301160>

Briggs, P. C., Hayes, S., & Changaris, M. (2018). Somatic experiencing® informed therapeutic group for the care and treatment of biopsychosocial effects upon a gender diverse identity. *Frontiers in Psychiatry*, 9, Article 53. <https://doi.org/10.3389/fpsy.2018.00053>

- Brom, D., Stokar, Y., Lawi, C., Nuriel-Porat, V., Ziv, Y., Lerner, K., & Ross, G. (2017). Somatic experiencing for posttraumatic stress disorder: A randomized controlled outcome study. *Journal of Traumatic Stress, 30*(3), 304-312. <https://doi.org/10.1002/jts.22189>
- Brown, L. J., Lowe, H., Gibbs, A., Smith, C., & Mannell, J. (2023). High-risk contexts for violence against women: Using latent class analysis to understand structural and contextual drivers of intimate partner violence at the national level. *Journal of Interpersonal Violence, 38*(1-2), 1007-1039. <https://doi.org/10.1177/08862605221086642>
- Brownridge, D. A., Taillieu, T., Afifi, T., Chan, K. L., Emery, C., Lavoie, J., & Elgar, F. (2017). Child maltreatment and intimate partner violence among Indigenous and non-Indigenous Canadians. *Journal of Family Violence, 32*(6), 607-619. <https://doi.org/10.1007/s10896-016-9880-5>
- Brunton, R. J., & Dryer, R. (2024). Intimate partner violence risk factors: A vulnerability-adaptation stress model approach. *Journal of Interpersonal Violence, 39*(15-16), 3738-3763. <https://doi.org/10.1177/08862605241234352>
- Cannon, C. E. B., Ferreira, R., Buttell, F., & O'Connor, A. (2024). Intimate partner violence survivorship, posttraumatic stress disorder and disaster: Implications for future disasters. *Violence Against Women, 30*(12-13), 3251-3271. <https://doi.org/10.1177/10778012231176205>
- Carannante, A., Giustini, M., Rota, F., Bailo, P., Piccinini, A., Izzo, G., Bollati, V., & Gaudi, S. (2025). Intimate partner violence and stress-related disorders: From epigenomics to resilience. *Frontiers in Global Women's Health, 6*, Article 1536169. <https://doi.org/10.3389/fgwh.2025.1536169>

- Carroll, C. P. (2023). Reinvestigating the sexual violence “justice gap” in the Swedish criminal justice system: Victim-centered alternatives to the criminal trial. *Feminist Criminology, 18*(1), 45-64. <https://doi.org/10.1177/15570851221077673>
- Cirici Amell, R., Soler, A. R., Cobo, J., & Soldevilla Alberti, J. M. (2023). Psychological consequences and daily life adjustment for victims of intimate partner violence. *International Journal of Psychiatry in Medicine, 58*(1), 6-19. <https://doi.org/10.1177/00912174211050504>
- Clarke, A. (2014). In the eyes of the law: Survivor experiences and image construction within sexual assault cases (Publication No. 3686088) [Doctoral dissertation, University of Toronto]. ProQuest Dissertations & Theses Global. <https://utoronto.scholaris.ca/server/api/core/bitstreams/30b56a96-5e84-4e84-91d9-443e7d03087a/content>
- Classen, C. C., Hughes, L., Clark, C., Hill Mohammed, B., Woods, P., & Beckett, B. (2021). A pilot RCT of a body-oriented group therapy for complex trauma survivors: An adaptation of sensorimotor psychotherapy. *Journal of Trauma & Dissociation, 22*(1), 52-68. <https://doi.org/10.1080/15299732.2020.1760173>
- Cohen, A. R., Clark, T. J., Renner, L. M., Carter, P. C., & Shriver, E. M. (2019). Intimate partner violence as a mechanism of traumatic ocular injury in women. *Canadian Journal of Ophthalmology, 54*(3), 355-358. <https://doi.org/10.1016/j.jcjo.2018.05.017>
- Couture-Carron, A., Zaidi, A. U., & Ammar, N. H. (2022). Battered immigrant women and the police: A Canadian perspective. *International Journal of Offender Therapy and Comparative Criminology, 66*(1), 50-69. <https://doi.org/10.1177/0306624X20986534>

- Criminal Code Help. (n.d.). *Domestic violence laws in Canada. Part VIII of the Criminal Code / Against the Person and Reputation*. <https://www.criminalcodehelp.ca/offences/violent-offences/domestic-violence/>
- Dann, J. (2024). Somatic experiencing for the treatment of trauma. In E. Senreich, S. L. A. Straussner, & J. Dann (Eds.), *Experiential therapies for treating trauma*. Taylor Francis Group.
- Daoud, N., O'Campo, P., Urquia, M. L., & Heaman, M. (2012). Neighbourhood context and abuse among immigrant and non-immigrant women in Canada: Findings from the maternity experiences survey. *International Journal of Public Health, 57*(4), 679-689. <https://doi.org/10.1007/s00038-012-0367-8>
- Daoud, N., Smylie, J., Urquia, M., Allan, B., & O'Campo, P. (2013). The contribution of socio-economic position to the excesses of violence and intimate partner violence among Aboriginal versus non-Aboriginal women in Canada. *Canadian Journal of Public Health, 104*(4), e278-e283. <https://doi.org/10.17269/cjph.104.3724>
- Decker, M. R., Holliday, C. N., Hameeduddin, Z., Shah, R., Miller, J., Dantzler, J., & Goodmark, L. (2022). Defining justice: Restorative and retributive justice goals among intimate partner violence survivors. *Journal of Interpersonal Violence, 37*(5-6), Article NP2844-NP2867. <https://doi.org/10.1177/0886260520943728>
- Department of Justice Canada. (2006). *Multi-site survey of victims of crime and criminal justice professionals across Canada*. Government of Canada. [https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr05\\_vic1/p1.html](https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr05_vic1/p1.html)

- Department of Justice Canada. (2013a). *Making the links in family violence cases: Collaboration among the family, child protection and criminal justice systems, Volume I*. Government of Canada. <https://justice.canada.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/mlfvc-elcvf.pdf>
- Department of Justice Canada. (2013b). *Making the links in family violence cases: Collaboration among the family, child protection and criminal justice systems, Volume II*. Government of Canada. <https://justice.canada.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/vol2/mlfvc2-elcvf2.pdf#page=1.00&gsr=0>
- Department of Justice Canada. (2020). *State of the criminal justice system: Focus on women*. Government of Canada. [https://www.justice.gc.ca/eng/cj-jp/state-etat/2021rpt-rap2021/pdf/SOCJS\\_2020\\_en.pdf](https://www.justice.gc.ca/eng/cj-jp/state-etat/2021rpt-rap2021/pdf/SOCJS_2020_en.pdf)
- Du Mont, J., & Forte, T. (2012). An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women. *BMJ Open*, 2(6), e001728. <https://doi.org/10.1136/bmjopen-2012-001728>
- Duvvury, N., Callan, A., Carney, P., & Raghavendra, S. (2013). *Intimate partner violence: Economic costs and implications for growth and development* (Report no. 82532). The World Bank. <https://srhr.dspace-express.com/server/api/core/bitstreams/ebb64e18-6d74-4c48-9a60-88bf656b78c9/content#page=22.48>
- Eggers del Campo, I., & Steinert, J. I. (2022). The effect of female economic empowerment interventions on the risk of intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence & Abuse*, 23(3), 810-826. <https://doi.org/10.1177/1524838020976088>

- Ehret, S. (2022). 'You can't look the other way': Justice as 'recognition' for intimate partner violence. *Canadian Journal of Women and the Law*, 34(1), 146-173.  
<https://doi.org/10.3138/CJWL.34.1.05>
- Epstein, D., & Goodman, L. A. (2019). Discounting women: Doubting domestic violence survivors' credibility and dismissing their experiences. *University of Pennsylvania Law Review*, 167(2), 399-461. <https://scholarship.law.georgetown.edu/facpub/2037/>
- Faller, Y. N., Wuerch, M. A., Hampton, M. R., Barton, S., Fraehlich, C., Juschka, D., Milford, K., Moffitt, P., Ursel, J., & Zederayko, A. (2021). A web of disheartenment with hope on the horizon: Intimate partner violence in rural and northern communities. *Journal of Interpersonal Violence*, 36(9-10), 4058-4083. <https://doi.org/10.1177/0886260518789141>
- Fisher, J. (2019). Sensorimotor psychotherapy in the treatment of trauma. *Practice Innovations*, 4(3), 156-165. <https://doi.org/10.1037/pri0000096>
- FitzPatrick, K. M., Brown, S., Hegarty, K., Mensah, F., & Gartland, D. (2022). Physical and emotional intimate partner violence and women's health in the first year after childbirth: An Australian pregnancy cohort study. *Journal of Interpersonal Violence*, 37(3-4), NP2147-NP2176. <https://doi.org/10.1177/0886260520934426>
- Fogarty, A., Brown, S. J., Gartland, D., Mensah, F., FitzPatrick, K. M., & Giallo, R. (2023). Mental health trajectories of women experiencing differing patterns of intimate partner violence across the first 10 years of motherhood. *Psychiatry Research*, 325, Article 115261. <https://doi.org/10.1016/j.psychres.2023.115261>
- Forde, C., & Duvvury, N. (2021). Survivor-led relational psychotherapy and embodied trauma: A qualitative inquiry. *Counselling and Psychotherapy Research*, 21(3), 633-643.  
<https://doi.org/10.1002/capr.12355>

- Giesbrecht, C. J., Kikulwe, D., Sato, C. L., Este, D. C., Watkinson, A. M., & Falihi, A. (2024). “I felt like I was a puppet—he's the master, and he's playing with my life”: Newcomer women's experiences of intimate partner violence. *Violence Against Women, 30*(5), 1226-1254. <https://doi.org/10.1177/10778012231158108>
- Gladstone, A. (2024). Sensorimotor psychotherapy: A body centered approach for the treatment of trauma. In E. Senreich, S. L. A. Straussner, & J. Dann (Eds.), *Experiential therapies for treating trauma*. Taylor Francis Group.
- Goldberg, X., Espelt, C., Nadal, R., Alon, Y., Palao, D., Bar-Haim, Y., & Armario, A. (2023). Blunted neurobiological reactivity and attentional bias to threat underlie stress-related disorders in women survivors of intimate partner violence. *Psychological Medicine, 53*(15), 7329-7340. <https://doi.org/10.1017/S0033291723000910>
- Gordon, J., Hunter, A., Callanan, F., Kiely, C., & Grealish, A. (2025). An integrative review exploring women’s experiences of retraumatization within perinatal services. *Journal of Midwifery & Women’s Health, 70*(1), 32-49. <https://doi.org/10.1111/jmwh.13662>
- Grabbe, L., & Miller-Karas, E. (2018). The trauma resiliency model: A “bottom-up” intervention for trauma psychotherapy. *Journal of the American Psychiatric Nurses Association, 24*(1), 76-84. <https://doi.org/10.1177/1078390317745133>
- Güler, A., Lee, R. C., Rojas-Guyler, L., Lambert, J., & Smith, C. R. (2023). The influences of sociocultural norms on women's decision to disclose intimate partner violence: Integrative review. *Nursing Inquiry, 30*(4), Article e12589. <https://doi.org/10.1111/nin.12589>

- Gutman, G., Karbakhsh, M., & Stewart, H. (2024). Heterosexual and sexually diverse older adults' lifetime experience of IPV: Findings from the CLSA. *Innovation in Aging*, 8(Suppl. 1), 906. <https://doi.org/10.1093/geroni/igae098.2926>
- Gutowksi, E., & Goodman, L. A. (2020). "Like I'm invisible": IPV survivor-mothers' perceptions of seeking child custody through the family court system. *Journal of Family Violence*, 35(5), 441-457. <https://doi.org/10.1007/s10896-019-00063-1>
- Harwood-Gross, A., Elias, S., Lerner, K., Nacasch, N., Lawi, C., Brom, D., & Barak, A. (2025). Veterans' experiences of somatic experiencing and prolonged exposure therapies for post-traumatic stress disorder: A qualitative analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 98(1), 175-192. <https://doi.org/10.1111/papt.12570>
- Heidinger, L. (2021). Intimate partner violence: Experiences of First nations, Métis and Inuit women in Canada, 2018. *Juristat*, 85(2), 3-21. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00007-eng.pdf?st=GHL0xj7R>
- House of Commons. (2022a). *Improving support for victims of crime. Report of the standing committee on justice and human rights* (Report no. 7). House of Commons. <https://www.ourcommons.ca/Content/Committee/441/JUST/Reports/RP12132484/justrp07/justrp07-e.pdf>
- House of Commons. (2022b). *Towards a violence-free Canada: Addressing and eliminating intimate partner and family violence. Report of the standing committee on the status of women* (Report no. 4). House of Commons. <https://www.ourcommons.ca/Content/Committee/441/FEWO/Reports/RP11878723/feworp04/feworp04-e.pdf>

- Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2023). Intimate partner violence and barriers to help-seeking among Black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis of global research. *Trauma, Violence & Abuse, 24*(2), 1001-1015. <https://doi.org/10.1177/15248380211050590>
- Hunnicut, G., Murray, C., Lundgren, K., Crowe, A., & Olson, L. (2019). Exploring correlates of probable traumatic brain injury among intimate partner violence survivors. *Journal of Aggression, Maltreatment & Trauma, 28*(6), 677-694. <https://doi.org/10.1080/10926771.2019.1587656>
- Iverson, K. M., Rossi, F. S., Nillni, Y. I., Fox, A. B., & Galovski, T. E. (2022). PTSD and depression symptoms increase Women's risk for experiencing future intimate partner violence. *International Journal of Environmental Research and Public Health, 19*(19), Article 12217. <https://doi.org/10.3390/ijerph191912217>
- Iwasaki, M., Picchiello, M. C., Morgan, C. H., & Henninger, A. L. (2023). Voices of female sexual assault survivors: Striving for survivor-centered reporting processes in the U.S. criminal justice system. *Psychology of Women Quarterly, 47*(1), 65-79. <https://doi.org/10.1177/03616843221136869>
- Kaittila, A., Hakovirta, M., & Kainulainen, H. (2024). Types of economic abuse in postseparation lives of women experiencing IPV: A qualitative study from Finland. *Violence Against Women, 30*(2), 426-444. <https://doi.org/10.1177/10778012221127727>
- Karakurt, G., Whiting, K., Jones, S. E., Lowe, M. J., & Rao, S. M. (2021). Brain injury and mental health among the victims of intimate partner violence: A case-series exploratory study. *Frontiers in Psychology, 12*, Article 710602. <https://doi.org/10.3389/fpsyg.2021.710602>

Kaye, J., & Glecia, A. (2025). "Why do we have to be almost dead to qualify for help?":

Criminal legal and protection system responses to intimate partner violence against Indigenous women in Canada. *Canadian Review of Sociology/Revue Canadienne De Sociologie*, 62(3), 268-278. <https://doi.org/10.1111/cars.12492>

Kearney, B. E., & Lanius, R. A. (2022). The brain-body disconnect: A somatic sensory basis for trauma-related disorders. *Frontiers in Neuroscience*, 16, Article 1015749.

<https://doi.org/10.3389/fnins.2022.1015749>

Keatley, D. A., Quinn-Evans, L., Joyce, T., & Richards, L. (2022). Behavior sequence analysis of victims' accounts of intimate partner violence. *Journal of Interpersonal Violence*, 37(21-22), NP19290-NP19309. <https://doi.org/10.1177/08862605211043587>

Khurana, B., Raja, A., Dyer, G. S., Seltzer, S. E., Boland, G. W., Harris, M. B., Tornetta, P., & Loder, R. T. (2022). Upper extremity fractures due to intimate partner violence versus accidental causes. *Emergency Radiology*, 29, 89-97. <https://doi.org/10.1007/s10140-021-01972-9>

King, K., & Meernik, J. (2019). The burden of bearing witness: The impact of testifying at war crimes tribunals. *The Journal of Conflict Resolution*, 63(2), 348-372.

<https://doi.org/10.1177/0022002717736567>

Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021). Somatic experiencing - effectiveness and key factors of a body-oriented trauma therapy: A scoping literature review. *European Journal of Psychotraumatology*, 12(1), Article 1929023.

<https://doi.org/10.1080/20008198.2021.1929023>

- Kulkarni, S. (2019). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence, 34*(1), 55-64. <https://doi.org/10.1007/s10896-018-0001-5>
- Laing, L. (2017). Secondary victimization: Domestic violence survivors navigating the family law system. *Violence Against Women, 23*(11), 1314-1335. <https://doi.org/10.1177/1077801216659942>
- Laxminarayan, M. (2013). Interactional justice, coping and the legal system: Needs of vulnerable victims. *International Review of Victimology, 19*(2), 145-158. <https://doi.org/10.1177/0269758012472767>
- Letourneau, N., McBride, D. L., Barton, S. S., & Griggs, K. (2023). Service providers' perspectives: Reducing intimate partner violence in rural and northern regions of Canada. *Canadian Journal of Nursing Research, 55*(2), 165-175. <https://doi.org/10.1177/08445621221128857>
- Levine, P. (2008). *Healing trauma: A pioneering program for restoring the wisdom of your body*. Sounds True.
- Levine, P. A., Blakeslee, A., & Sylvae, J. (2018). Reintegrating fragmentation of the primitive self: Discussion of "somatic experiencing". *Psychoanalytic Dialogues, 28*(5), 620-628. <https://doi.org/10.1080/10481885.2018.1506216>
- Machorrinho, J., Veiga, G., Santos, G., & Marmeleira, J. (2023). Battered body, battered self: A cross-sectional study of the embodiment-related impairments of female victims of intimate partner violence. *Journal of Aggression, Maltreatment & Trauma, 32*(11), 1589-1603. <https://doi.org/10.1080/10926771.2023.2178989>

- Maier, S. L. (2024). Advocates' perception of the secondary victimization of rape survivors by law enforcement, the legal system, and hospital professionals. *Violence Against Women*, Article 10778012241292260. <https://doi.org/10.1177/10778012241292260>
- Malmo, C., & Laidlaw, T. S. (2010). Symptoms of trauma and traumatic memory retrieval in adult survivors of childhood sexual abuse. *Journal of Trauma & Dissociation*, 11(1), 22-43. <https://doi.org/10.1080/15299730903318467>
- McBride, H. L. (2021). *The wisdom of your body: Finding healing, wholeness, and connection through embodied living*. Brazos Press.
- McLeod, D. A., Pharris, A., Boyles, E., Winkles, R., & Stafford, W. (2021). The model of systemic relational violence: Conceptualizing IPV as a method of continual and enforced domination. *Trauma Care*, 1(2), 87-98. <https://doi.org/10.3390/traumacare1020009>
- Merken, S., Slakoff, D. C., Aujla, W., & Moton, L. (2023). Navigating biases and distrust of systems: American and Canadian intimate partner violence service providers' experiences with trans and immigrant women clients. *Victims & Offenders*, 18(1), 141-168. <https://doi.org/10.1080/15564886.2022.2136319>
- Miles-Johnson, T., & Ball, M. (2022). Police prosecutors and LGBTIQ intimate partner violence, victims, and perpetrators: An empirical study. *SN Social Sciences*, 2(6) Article 84. <https://doi.org/10.1007/s43545-022-00382-z>
- Ministry of Attorney General. (2024, January 16). *D. 23: Intimate partner violence - Crown prosecution manual*. Government of Ontario. <https://www.ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence>

- Nnyombi, A., Bukuluki, P., Besigwa, S., Ocaya-Irama, J., Namara, C., & Cislaghi, B. (2022). How social norms contribute to physical violence among ever-partnered women in Uganda: A qualitative study. *Frontiers in Sociology, 7*, Article 867024. <https://doi.org/10.3389/fsoc.2022.867024>
- Nonomura, R. & Baker, L. (2021). *Gender-based violence in rural, remote & northern communities*. Learning Network. Centre for Research & Education on Violence Against Women & Children. [https://www.gbvlearningnetwork.ca/our-work/issuebased\\_newsletters/issue-35/index.html](https://www.gbvlearningnetwork.ca/our-work/issuebased_newsletters/issue-35/index.html)
- Ogden, P., & Minton, K. (2000). Sensorimotor psychotherapy: One method for processing traumatic memory. *Traumatology, 6*(3), 149–173. <https://doi.org/10.1177/153476560000600302>
- Okeke-Ihejirika, P., Yohani, S., Muster, J., Ndem, A., Chambers, T., & Pow, V. (2020). A scoping review on intimate partner violence in Canada's immigrant communities. *Trauma, Violence & Abuse, 21*(4), 788-810. <https://doi.org/10.1177/1524838018789156>
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology, 6*, Article 93. <https://doi.org/10.3389/fpsyg.2015.00093>
- Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health, 110*(9), e1-e14. <https://doi.org/10.2105/AJPH.2020.305774>

- Pemberton, A., & Mulder, E. (2025). Bringing injustice back in: Secondary victimization as epistemic injustice. *Criminology & Criminal Justice*, 25(4), 1181-1200. <https://doi.org/10.1177/17488958231181345>
- Poon, J., Dawson, M., & Morton, M. (2014). Factors increasing the likelihood of sole and dual charging of women for intimate partner violence. *Violence Against Women*, 20(12), 1447-1472. <https://doi.org/10.1177/1077801214557954>
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W.W. Norton.
- Protasiuk, E., Chatterjee, A., & Dichter, M. E. (2024). The power of a look: Tracing webs of power in intimate partner violence through an everyday act. *Current Sociology*, 72(7), 1360-1377. <https://doi.org/10.1177/00113921231194095>
- Public Prosecution Service of Canada. (2022, March 14). *5.5 Domestic violence - Public Prosecution Service of Canada Deskbook*. Government of Canada. <https://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/fps-sfp/tpd/p5/ch05.html>
- Raskin, S. A., DeJoie, O., Edwards, C., Ouchida, C., Moran, J., White, O., Mordasiewicz, M., Anika, D., & Njoku, B. (2024). Traumatic brain injury screening and neuropsychological functioning in women who experience intimate partner violence. *Clinical Neuropsychologist*, 38(2), 354-376. <https://doi.org/10.1080/13854046.2023.2215489>
- Reeves, E., Fitz-Gibbon, K., Meyer, S., & Walklate, S. (2025). Incredible women: Legal systems abuse, coercive control, and the credibility of victim-survivors. *Violence Against Women*, 31(3-4), 767-788. <https://doi.org/10.1177/10778012231220370>
- Royal Canadian Mounted Police. (2025, March 5). *Intimate partner violence and abuse*. <https://rcmp.ca/en/relationship-violence/intimate-partner-violence-and-abuse>

- Ruiz-Fuentes, O. D., & Molina Coloma, V. A. (2024). Adversity in childhood as a risk and vulnerability factor for intimate partner violence. *Journal of Basic and Applied Psychology Research*, 6(11), 21–25. <https://doi.org/10.29057/jbapr.v6i11.13214>
- Ryan, C., Silvio, D., Borden, T., & Ross, N. M. (2021). A review of pro-arrest, pro-charge, and pro-prosecution policies as a response to domestic violence. *Journal of Social Work*, 22(1), 211-238. <https://doi.org/10.1177/1468017320979956>
- Ryspay, L. (2023). Domestic violence among immigrant women: Challenges, causes and ways to overcome. *Baltic Journal of Legal and Social Sciences*, (4), 56–62. <https://doi.org/10.30525/2592-8813-2023-4-8>
- Sabri, Y. (2021). Depression and post-traumatic stress disorder in females exposed to intimate partner violence. *Middle East Current Psychiatry*, 28(1), Article 85. <https://doi.org/10.1186/s43045-021-00157-x>
- Sangeetha, J., Mohan, S., Hariharasudan, A., & Nawaz, N. (2022). Strategic analysis of intimate partner violence (IPV) and cycle of violence in the autobiographical text –When I hit you. *Heliyon*, 8(6), e09734. <https://doi.org/10.1016/j.heliyon.2022.e09734>
- Santambrogio, J., Colmegna, F., Trotta, G., Cavalleri, P. R., & Clerici, M. (2019). Intimate partner violence (IPV) and associated factors: An overview of epidemiological and qualitative evidence in literature. *Rivista Di Psichiatria*, 54(3), 97-108. <https://doi.org/10.1708/3181.31598>
- Saxton, M. D., Olszowy, L., MacGregor, J. C. D., MacQuarrie, B. J., & Wathen, C. N. (2021). Experiences of intimate partner violence victims with police and the justice system in Canada. *Journal of Interpersonal Violence*, 36(3-4), NP2029-2055NP. <https://doi.org/10.1177/0886260518758330>

- Schnittker, J. (2022). What makes sexual violence different? Comparing the effects of sexual and non-sexual violence on psychological distress. *SSM - Mental Health*, 2, Article 100115. <https://doi.org/10.1016/j.ssmmh.2022.100115>
- Silva, S. M. G. (2014). Engaging touch and movement in somatic experiencing® trauma resolution approach [Doctoral dissertation, International University for Graduate Studies]. IUGS. <https://traumahealing.org/wp-content/uploads/2016/04/engaging-touch-and-movement-in-se-trama-resolution-approach-dissertation-bySoniaGomes-2014.pdf>
- Simpson, L. E., Kumar, S. A., Brockdorf, A. N., Brock, R. L., Messman, T. L., Gratz, K. L., & DiLillo, D. (2025). The cumulative impact of recurrent experiences of intimate partner violence on emotion dysregulation: A longitudinal investigation. *Journal of Interpersonal Violence*, 40(11-12), 2760-2783. <https://doi.org/10.1177/08862605241278996>
- Slakoff, D. C., Aujla, W., Moton, L. N., & Merken, S. (2024). “There are not enough lawyers, and there are not enough financial resources”: Canadian and American intimate partner violence service providers’ perspectives for better supporting immigrant women survivors. *Crime and Delinquency*, 70(13-14), 3558-3581. <https://doi.org/10.1177/00111287241248103>
- Sollmann, U. (2023). The body can heal itself in trauma: Concept and practical exercises. *Psychosomatic Medicine Research*, 5(3), Article 12. <https://doi.org/10.53388/PSMR2023012>
- Stanton, K. (2025). *The British Columbia legal system’s treatment of intimate partner violence and sexual violence* (Final report). [https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/about-bc-justice-system/justice-reform-initiatives/systemic-review/dr\\_kim\\_stantons\\_june\\_2025\\_final\\_report\\_-](https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/about-bc-justice-system/justice-reform-initiatives/systemic-review/dr_kim_stantons_june_2025_final_report_-)

[\\_independent\\_systemic\\_review\\_\\_the\\_british\\_columbia\\_legal\\_systems\\_treatment\\_of\\_intimate\\_partner\\_violence\\_and\\_sexual\\_violence.pdf](#)

Straussner, S.L.A., Senreich, E., & Dann, J. (2024). Introduction: Overview of experiential psychotherapies for the treatment of trauma. In E. Senreich, S. L. A. Straussner, & J. Dann (Eds.), *Experiential therapies for treating trauma*. Taylor Francis Group.

Substance Abuse and Mental Health Services Administration. (2024, December 3). *Trauma-informed approaches and programs*. US Department of Health and Human Services. <https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs>

Syahbur, D. F., Martha, A. E., & Rizqia, G. P. (2024). Prevention of secondary victimization for victims of sexual violence in court proceeding. *Contemporary Issues in Criminal Law*, 1(1), 19-36. <https://doi.org/10.20885/CICL.vol1.iss1.art2>

Tarzia, L., & Hegarty, K. (2023). “He’d tell me I was frigid and ugly and force me to have sex with him anyway”: Women’s experiences of co-occurring sexual violence and psychological abuse in heterosexual relationships. *Journal of Interpersonal Violence*, 38(1-2), 1299-1319. <https://doi.org/10.1177/08862605221090563>

Tian, Z., Zhang, N., Li, Y., Wu, Y., & Wang, L. (2024). Adverse childhood experiences and subsequent experiences of intimate partner violence in adulthood: A gender perspective. *Epidemiology and Psychiatric Sciences*, 33, Article e75. <https://doi.org/10.1017/S2045796024000775>

Tolman, R. M. (2011). *Impact of intimate partner violence on economic well-being* (CFS Research Brief 2011-5.1). Center for Financial Security, University of Wisconsin-

- Madison.  
<https://minds.wisconsin.edu/bitstream/handle/1793/89877/tolman2011.pdf?sequence=1>
- Tutty, L. M., Radtke, H. L., Thurston, W. E., Nixon, K. L., Ursel, E. J., Ateah, C. A., & Hampton, M. (2020). The mental health and well-being of Canadian Indigenous and non-Indigenous women abused by intimate partners. *Violence Against Women*, 26(12-13), 1574-1597. <https://doi.org/10.1177/1077801219884123>
- United Nations. (n.d.). *What is domestic abuse?* <https://www.un.org/en/coronavirus/what-is-domestic-abuse>
- Vagnini, D., Grassi, M. M., & Saita, E. (2023). Evaluating somatic experiencing® to heal cancer trauma: First evidence with breast cancer survivors. *International Journal of Environmental Research and Public Health*, 20(14), Article 6412. <https://doi.org/10.3390/ijerph20146412>
- van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Wathen, C. N., MacGregor, J. C. D., Burd, C., Naeemzadah, N., Ogunpitan, Y. A., & Canie, J. (2025). A scoping review of intimate partner violence research in Canada. *Trauma, Violence & Abuse*, 26(1), 73-85. <https://doi.org/10.1177/15248380241275979>
- Webermann, A., Dardis, C., Shipherd, J., & Iverson, K. (2023). A two-year examination of intimate partner violence and associated mental and physical health among sexual minority and heterosexual women veterans. *Journal of Aggression, Maltreatment & Trauma*, 32(7-8), 1124-1141. <https://doi.org/10.1080/10926771.2022.2053260>
- Wieberneit, M., Thal, S., Clare, J., Notebaert, L., & Tubex, H. (2024). Silenced survivors: A systematic review of the barriers to reporting, investigating, prosecuting, and sentencing

- of adult female rape and sexual assault. *Trauma, Violence & Abuse*, 25(5), 3742-3757.  
<https://doi.org/10.1177/15248380241261404>
- Williams, J. E., Gifford, W., Vanderspank-Wright, B., & Phillips, J. C. (2021). Violence and health promotion among First Nations, Métis, and Inuit women: A systematic review of qualitative research. *Trauma, Violence & Abuse*, 22(5), 996-1012.  
<https://doi.org/10.1177/1524838019875696>
- Women and Gender Equality Canada. (2025, January 9). *Intimate partner violence*. Women and Gender Equality Canada (WAGE), Government of Canada.  
<https://www.canada.ca/en/women-gender-equality/gender-based-violence/intimate-partner-violence.html>
- World Health Organization. (2024, March 25). *Violence against women prevalence*.  
<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- Wuerch, M. A., Zorn, K. G., Juschka, D., & Hampton, M. R. (2019). Responding to intimate partner violence: Challenges faced among service providers in northern communities. *Journal of Interpersonal Violence*, 34(4), 691-711.  
<https://doi.org/10.1177/0886260516645573>
- Wyles, P., O'Leary, P., & Tsantefski, M. (2023). Bearing witness as a process for responding to trauma survivors: A review. *Trauma, Violence & Abuse*, 24(5), 3078-3093. <https://doi.org/10.1177/15248380221124262>
- Zhang, L., Au, W., Ewesesan, R., Yakubovich, A. R., Brownridge, D. A., & Urquia, M. L. (2024). Intimate partner violence among international and interprovincial migrants: A population-based analysis of Canadian linked immigration and justice data. *Violence Against Women*, 30(14), 3455-3473. <https://doi.org/10.1177/10778012231178001>

Zhao, Q., Huang, Y., Sun, M., Li, Y., & Lommel, L. L. (2022). Risk factors associated with intimate partner violence against Chinese women: A systematic review. *International Journal of Environmental Research and Public Health*, *19*(23), Article 16258. <https://doi.org/10.3390/ijerph192316258>

Zorn, K. G., Wuerch, M. A., Faller, N., & Hampton, M. R. (2017). Perspectives on regional differences and intimate partner violence in Canada: A qualitative examination. *Journal of Family Violence*, *32* (6), 633-644. <https://doi.org/10.1007/s10896-017-9911-x>

**Appendix**  
**Presentation Slides**

SOMATIC-BASED THERAPY: SUPPORTING WOMEN  
SURVIVORS OF INTIMATE PARTNER VIOLENCE IN THE  
CRIMINAL PROSECUTION PROCESS

Jasmeen Randhawa  
City University of Seattle, 2025

1

Outline of the Presentation

- Overview of the topic
- Criminal prosecution process for intimate partner violence
- Barriers in accessing justice
- Trauma and memory
- Somatic-based lens for trauma
- Retraumatization in the prosecution process
- Somatic-based tools to prevent retraumatization
- Effectiveness and applications of somatic-based therapy

2

## Overview of the Topic

- Women are at a higher risk of intimate partner violence (IPV) compared to men
  - 44% of women report experiencing IPV in their lifetime and 78% of survivors in police reported IPV cases were women (Women and Gender Equality Canada [WAGE], 2025)
- Particularly women of color, women with low income and/or education, rural women, and sexually and gender diverse women experience higher risk factors for IPV
- Due to complex and intersecting barriers that women often encounter in the criminal prosecution process, they can experience an exacerbation of their trauma symptoms
- Somatic-based therapy can support and empower survivors who may be navigating the prosecution process

3

## Criminal Prosecution Process

- Two main legal entities are involved in the process: law enforcement officers and Crown counsel. The latter are lawyers representing the provincial prosecution service
- Police are responsible for investigating the initial report of IPV and presenting the evidence to the Crown counsel
- The Crown counsel holds the authority to decide whether to proceed with charges, after which the criminal prosecution process begins
- After initially approving the charges, it can also choose to drop them and terminate the prosecution process
- IPV survivors have fewer rights than perpetrators because they are assigned the role of a witness rather than being an active third party to the legal proceedings
- With the decision making power resting solely in the hands of the Crown Counsel, the legal process often becomes a one-sided process

4

## Barriers in Accessing Justice

- A one-sided legal process limits survivors' choices and voices during the criminal prosecution process, which mimics the abusive experience
- Therapists should aim to foster client agency and autonomy within the therapeutic process
- Many women, especially those who have low income and education, live in rural areas, and are culturally, sexually and gender diverse, face numerous barriers to accessing justice and support
- Through client-centered care, therapists must strive to understand how their clients' intersectionality interacts with the obstacles present in the legal system
- Participating in the prosecution process can be overwhelming, intimidating, silencing, and disempowering for survivors which can lead to their secondary victimization and in turn worsen their existing trauma
- Therapists can reduce this stress for the survivors by providing a supportive therapeutic environment where women feel in control, heard and seen

5

## Trauma and Memory

- Survivors, particularly marginalized women, can also face skepticism and bias when sharing their experiences within the legal system
- Trauma can impact memory consolidation and lead to fragmented memories of the traumatic incident
- Two types of memories are associated with traumatic incidents:
  - *Type I memories: Related to a single traumatic incident and can be recalled verbally with vivid imagery and details*
  - *Type II memories: Associated with persistent inescapable traumatic experiences, such as IPV, or life-threatening events, either real or perceived. These memories often cannot be accessed through verbal recall and rather appear in a fragmented manner as uncomfortable sensory experiences*
- Therapists are recommended to offer this psychoeducation to clients about trauma's impact on memory to validate and normalize their experience

6

## Somatic-Based Lens for Trauma

- Trauma is stored in the body and disrupts nervous system regulation which leads to the development of trauma symptoms in IPV survivors.
- Chronic dysregulation of the nervous system causes survivors to remain in an extended state of survival mode and alters their neuroception, which is the ability to distinguish between danger and safety cues in the environment.
- Neuroception is often disrupted in conditions such as PTSD, depression and anxiety, all of which have been closely linked to exposure to IPV.
- This disruption makes survivors hypersensitive to external stimuli that can serve as triggers and activate the defensive arousal reactions within their nervous system.
- It can be challenging for survivors to remain calm and grounded through the prosecution process that revolves around traumatic events related to their abusive experiences.

7

## Retraumatization in the Prosecution Process

- Survivors are expected to undergo cross-examination by the defense lawyers, provide testimony, keep up with court proceedings leading up to the trial, and accept subpoenas for trial from the same police officer who responded to the initial report of violence.
- These events serve as constant reminders of the abuse survivors endured during the relationship.
- Given that trauma is stored as implicit memories through visceral and somatic reactions, it is obvious that going through this process will bring out traumatic stress for survivors who are already impacted by trauma from abuse
- This can manifest as heightened emotional reactivity, anxiety, panic, or dissociation.
- The ongoing triggers throughout the legal process intensify trauma symptoms and undermine survivors' mental and physical well-being, ultimately leading to retraumatization.

8

## Somatic-Based Tools

- Somatic-based therapy provides practical and gentle interventions to support clients in regaining a sense of balance in their body and mind during triggering moments.
- It aids in enhancing survivors' self-awareness by encouraging them to mindfully focus on and track their inner experiences.
- Self-awareness allows them to acknowledge uncomfortable sensations, which in turn helps them recognize when they are moving into an arousal state.
- During this time they can utilize grounding techniques such as breathwork, imagery or engage the five senses to become aware of their surroundings and bring their attention back to the present moment

9

## Effectiveness of Somatic-Based Therapy

- Developing the ability to use one's body as a safe resource for self-regulation and soothing provides a sense of control over the mind and body, which is often lost when people experience abuse.
- Survivors can use these learned tools to self-regulate before, during and after a court session which can help to dampen the impact of potentially triggering moments and in turn prevent retraumatization.
- Somatic-based therapy also aids in releasing and processing unresolved trauma, facilitating the integration of fragmented aspects of the mind and body into a unified, embodied self.
- A somatic-based approach to trauma healing helps to access the type II trauma memories that are often stored deep within the nervous system and not accessible to conscious recall.

10

## Applications of Somatic Based Therapy

- A gentle and gradual approach that is centered on the needs of the nervous system is at the heart of somatic-based therapy
- Therapists must strive to foster survivors' self-agency and autonomy in choosing coping strategies and setting the pace of the therapeutic process
- Embracing a compassionate and client-centered approach is inherently healing because it is the opposite of what survivors experience during the criminal prosecution processes.
- Somatic-based therapy is effective in improving PTSD, depression, and anxiety symptoms.
- It can be combined with other types of therapeutic modalities such as talk therapy and art therapy and adapted to fit diverse cultural and situational contexts
- Therefore, therapists are encouraged to tailor their therapeutic approaches and tools to align with the unique values, intersectionality, and needs of their clients.