

Director's Message



Welcome to this inaugural edition of our quarterly newsletter. We hope you will look forward to receiving these informative products that showcase the work from our amazing and expanding team of scholars.

We began at a kitchen table, as so many feminist enterprises do. I was in Ireland assisting Safe Ireland in the development and testing of a biodynamic therapy intervention to promote recovery for survivors of Domestic Violence. After lunch, the 12 participants and I sat around the table chatting and laughing. The topic turned to my "other research" back in the states. I explained that I wanted to understand help seeking, and why most survivors are unable to ask for help. The air turned heavy, the room got really quiet and the mood was somber. Time stood still. One woman turned away from the group, and whispered "I still lock my bedroom door at night, and it's been over 15 years."

Tears in our eyes, we began to explore...



Culture and Trauma Recovery

Most scholars in the field of trauma and trauma recovery know that shame is central to understanding the suffering from trauma, and that shame inhibits survivors' struggles to ask for help. Shame is an emotional response to the internal perception that one has betrayed their own standards for themselves...that one is not who one should be. We also know that shame is a core emotion in complexes of other emotions, like depression, regret, immobilization, guilt, frustration and hopelessness. In that sense, we could say that shame is universal.

However, from a cultural perspective, the experience of shame means that the person has violated the expectations they hold for themselves. In a large part, these expectations come from our culture, and *that* is culturally specific. These expectations we have for ourselves are the *source* of shame, and so they will vary across cultures.

Consider a woman who wants to be strong. What constitutes strength for Arab women is not the same as for Icelandic women, or Greek women. Therefore, interventions to help women recover from shame rests on cultural understanding.



Stories of Survivors' Recovery

"Reach out for help....you can learn a lot from other people, and maybe realize your experiences were not 'just a bad night,' but rather something that needs more attention...."

I think if I would have had more information about symptoms and what they meant, I would have been like 'wow, this is valid, and there are people out there who are going to listen to me'. That would have been great.

Also, I would like to tell people in a similar situation to what I was in that no one's assault or adverse sexual experience is cut and dry. If I would have known that, I may have had an easier time reporting personally. Know that things are going to go wrong, and sometimes they need to go wrong before they can go right. That's life, that's okay. It's gonna be tough. The narratives are never clean."

Our Journey

This year marks our 5th anniversary as a formalized entity with a 501c3 status. We have learned so much about what it means to collaborate, learn from each other, and work together!

In the early days, we were just trying to figure out how to share a common purpose and communicate our cultural and disciplinary perspectives in a respectful way to promote understanding and cooperation.

Another challenge was translation. One of my favorite moments was when teams of scholars from five countries tried to identify whether some of the feeling cards we used in the CENI were common experiences, and if so, what was the best way to translate them. It was chaotic, exciting, a bit scary, and very productive. In future issues, we will describe some of the procedures we developed to guide our work together.

Accomplishments and Congratulations

Dr. Laura Sinko has taken a position as Assistant Professor of Nursing and Public Health at Temple University.

Hulda Bryngeirsdottir and Karen Thorvaldsdottir received 2 years funding from University of Akureyri. Karen also completed her Fulbright research in Michigan.

Dr. Maddalena Rodelli received a travel grant from the Italian Psychology Association (AIP).

Dr. Minna Sorsa received funding from the Finnish Nursing Education Foundation and Competitive State Research Financing of the Expert Responsibility area of Tampere University Hospital.

Member Spotlight: Limor Goldner, University of Haifa



I am a 50 year old single mother to an amazing 12-year-old girl. I am a senior lecturer at the Graduate School of Creative Arts Therapies in the Faculty of Welfare and Health Sciences at the University of Haifa. My general area of research is the interface between art therapy (mainly art-based assessments) and the abuse of children and women. I consider my mission to combine my goals as a former art therapist, social activist, and my academic curiosity concerning the recovery and healing processes of children and women at risk. I have found myself increasingly engaged in giving verbal and nonverbal voice to the muted and silenced voices of children and women who have experienced sexual abuse and gender-based violence (GBV).

My first years focused on the core ingredients of youth mentoring relationships for children living in a zone of ongoing and chronic conflict and trauma, such as the Gaza Strip. Now, building on the assumption that art products can serve as a powerful adjunct to traditional data collection approaches, I want to capture and conceptualize the elusiveness of emotional abuse using both conservative complex statistical methods and art-based assessments as an innovative approach in art therapy research. Currently, I am studying the use of art to circumvent self-censorship, dissociation and identify in muted abuse. My research team of PhD students are studying the recovery process of women who have experienced GBV in traditional societies (i.e., Arabs and ultra-orthodox Jewish women). I have also begun to revisit the concept of PTG and its unique characteristics for GBV survivors.

Student-Member Spotlights: Karen Thorvaldsdottir



I am interested in the sociocultural influences on help-seeking after GBV, especially gender (in)equality. I strive to explore help-seeking through a holistic lens to find ways to break down barriers and help survivors find their pathways to trauma recovery and thriving. During my Fulbright research at the University of Michigan, I was able to immerse myself in a new culture, allowing me to learn from scholars with diverse backgrounds, and to see my own culture more clearly. In my ongoing scholarship journey, I seek to cross-culturally compare what effects help-seeking for GBV survivors in different countries worldwide to better understand the true power of telling one's story to promote trauma recovery.



Student-Member Spotlights: Hulda Bryngeirsdottir

My passion in recovery work is in doing research on post-traumatic growth (PTG). I believe PTG helps people find their hope, despite their experience of trauma. My early work was with people who had suffered psychological trauma and had lost their capacity to work. My current work applies those findings to women who have suffered intimate partner violence (IPV). I hope that my research on PTG gives hope to people who have suffered trauma, pointing out the possibility of rich and happy lives. Our work in MiStory allows us to discuss new ideas and methods, and has broadened my view on the PTG and the broader research in trauma recovery.

What Does that Mean?



Normalization of Gender Based Violence

The normalization of gender-based violence (NGBV) is a psychosocial process by which cultural beliefs and values sustain, justify, or minimize GBV. Foucault defined normalization as the process through which ideas and behaviors that fall outside of ideal social norms come to be regarded as *normal, natural, insignificant or expected*. Lundgren applied the term to heterosexual IPV, exploring how it naturalizes and maintains superordinate and subordinate gender roles.

Most research on the normalization process examines the role of NGBV in increasing and sustaining the incidence of violence. Our research is examining the role of NGBV in the trauma survivors' recovery journey. NGBV is central in that journey because recovery begins when the survivors becomes aware that there is a problem. When NGBV is active in the recovery process, the abuse itself, the resulting shame, and all of the suffering after, are deemed a normal part of the gendered experience and dramatically hinder efforts to recover. In our next edition, we will examine the potential of de-normalization as an intervention to promote trauma recovery.

Publications

Rodelli, M., Koutra, K., Thorvaldsdottir, K.B., Bilgin, H., Ratsika, N., Testoni, I., & Saint Arnault, D. M. (2021). [Conceptual Development and Content Validation of a Multicultural Instrument to Assess the Normalization of Gender-Based Violence against Women](#). *Sexuality & Culture*, 1-22.

Sinko, L., Özaslan, Z.Z., Schaitkin, C., & Saint Arnault D. M. (2021). [Psychometric Evaluation of the Healing After Gender-Based Violence Scale: An Instrument for Cross-Sectional and Longitudinal Assessment of Recovery Progress for Women-Identifying Survivors](#). *Journal of Family Violence*.

Sinko, L., Schaitkin, C., & Saint Arnault, D. M. (2021). [The Healing after Gender-Based Violence Scale \(GBV-Heal\): An Instrument to Measure Recovery Progress in Women Identifying Survivors](#). *Global Qualitative Nursing Research*, 8, 1-13.

Thorvaldsdottir, K.B., Halldorsdottir, S., Johnson, R. M., Sigurdardottir, S., & Saint Arnault, D.M. (2021). [Adaptation of the barriers to help-seeking for trauma \(BHS-TR\) scale: a cross-cultural cognitive interview study with female intimate partner violence survivors in Iceland](#). *Journal of Patient- Reported Outcomes*, 5(22), 1-13.

Our Mission and Vision

MiStory is an acronym for the Multicultural Study of Trauma Recovery. We are an international interdisciplinary research and training collaborative.

Vision: a world where Gender-Based Violence is not tolerated and survivors of trauma are empowered and supported.

Mission: to expose, challenge and eliminate the ways that culture that allows abuse and inhibits healing and thriving.

Values: connection, respect, humility, diversity, creativity, compassion and social change

Contact us for consultation, training, or collaboration

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