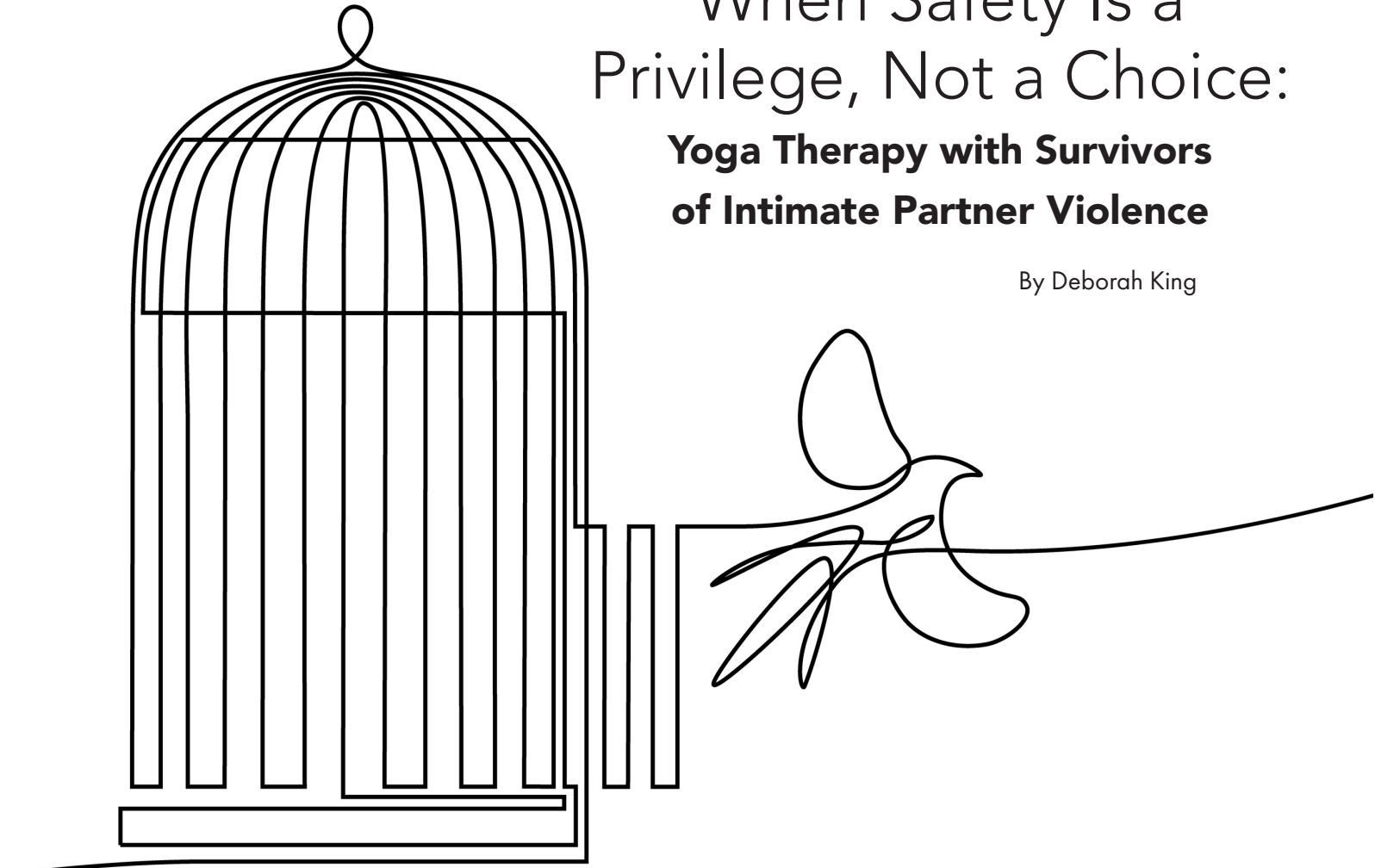


When Safety Is a Privilege, Not a Choice: Yoga Therapy with Survivors of Intimate Partner Violence

By Deborah King



Why do we question victims of intimate partner violence? . . .

Society continues to blame the victim in a way we would never dream of doing for other violent crimes. My personal opinion is that society is afraid to admit that intimate partner violence can happen to any of us. Instead, we try to find ways to placate ourselves. We find false causes to explain violence so we can put our heads in the sand and say “I would never be in that situation.”

—Rachna Khare, executive director of Daya Houston

The U.S. National Domestic Violence Hotline defines domestic violence (also referred to as intimate partner violence [IPV], dating abuse, or relationship abuse) as a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

I left my own abusive marriage in 2015. I was lucky. I had a family with enough financial and emotional privilege to support me so that I could leave. Nevertheless, it took me years, and leaving was not the end.

When people find out about my history, they are often surprised; I am told I don't look or present as a “victim.”* I am often praised for being “strong enough to leave.” But there is no one presentation of a survivor of IPV; we are just human beings, and we could be anyone. I was more privileged, not stronger or more evolved than other survivors who do not have that choice. My choice was due to my privileges, not to my strength. Surviving, inside or outside of abuse, whether we leave or we stay, is itself an act of strength. Inside the survivor community we affirm each other with “thank you for

surviving,” regardless of where we are in our navigation. Abuse can happen to anyone, regardless of gender, race, education, socioeconomic class or caste, sexual orientation, or disability status. Although there is also the reality that people with marginalized identities live at substantially increased risk. Not only do marginalizations increase vulnerability, they also substantially increase the barriers to safety, the possibility of leaving, and access to resources post-separation.

This understanding is crucial to approaching yoga therapy for survivors from the basis of wholeness. Clients who are free are not more whole than those still inside an abusive relationship. We need to understand how to honor and work with their nervous systems in these varying circumstances.

Survivors Are in Your Sessions and Groups

IPV is an alarmingly prevalent phenomenon (although the numbers are underreported): 1 in 3 women and 1 in 4 men report relational abuse of some kind. The rates for coercive control are more disproportionate in terms of gender in that 48% of women reported experiencing this (<https://thehotline.org/stakeholders/domesticviolencestatistics>). IPV is the leading cause of death for pregnant women worldwide.¹ LGBTQ women are substantially more likely to experience relational abuse: lesbian women at a rate of 44% and bisexual women at a rate of 61%, compared to 35% of heterosexual women. Bisexual men similarly have increased statistics: 37% compared to heterosexual men at 29% and gay men at 26% (www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf). In a study on college students, transgender people had the highest rates of experiencing IPV of any of the groups surveyed.²

People of the global majority have substantially increased risk. A 2015 study entitled “Intimate Partner Violence and its Health Impact on Ethnic Minority Women” found this was especially the case for Indigenous women (52%) and Black women (46.2%). For people with disabilities, the National Coalition Against Domestic Violence stated in its March 13, 2018, blog that an astounding 70% reported some form of abuse.

These are just a few of the intersectional factors surrounding both abuse and access to resources and support during and post-escape. To be very clear: It is not the identity of a person that creates these risk factors, but the greater systems at play that create the marginalizations.

Replacing Judgment with Accurate Understanding

One theory that has shaped the lens through which we view survivors is Lenore Walker’s “Battered Woman Syndrome.” Its basis is Martin Seligman’s theory of learned helplessness coupled with “Stockholm syndrome,” a proposed condition in which people sometimes develop a bond with their abusers. As neuroscience has been able to describe the freeze, appease, dissociate, and collapse responses as survival responses, we have begun to understand these not as states of inadequacy, but states that call up the deepest reserves of our nervous systems in interpersonal violence. These are not choices or learned behavior—they are resources in extreme threat.

This understanding dismantles the misperception that a survivor is in a place of choice when staying in or leaving a violent relationship. We cannot ignore the interplay of systemic hierarchies and personal trauma when examining IPV. When we do so, we inherently repeat power dynamics in our relationships with clients that require their acquiescence rather than their autonomy.

Reframing the Picture

The year I left my marriage, I discovered Stephen Porges’s polyvagal theory, which changed my relationship to my survival and gave me a way to connect my experiences and responses. My body’s deep wisdom enabled me to survive the abuse I have endured, from child sexual abuse to IPV in various forms throughout my life. My wholeness was not something I was now returning to; it was always mine. This new approach gave me access to depths of practice even amid active trauma.

I had been trained in my many years of practicing and teaching yoga to “cultivate the opposite.” I have found since that we cannot effectively explore new possibilities until we honor the present moment’s circumstances and the nervous system responses getting us through them. I had been trained to “go against,” but learning to go toward led to my own ability to navigate leaving and continuing to heal in the aftermath.

Polyvagal theory acknowledges three main components in our instinctive survival defenses: regulation and social connection (ventral vagus nerve), activation of the sympathetic nervous system (connected to fight-or-flight response), and immobilization (the freeze/collapse response) via the dorsal vagus nerve.³ The affirmation of dorsal vagal responses as part of our survival gives those experiencing abuse a context outside of the social shame of “weakness” or “Why didn’t she leave?” or “Why didn’t they fight back?”

The misunderstanding of our dorsal vagal responses as weakness interweaves with the view that all a survivor needs to do is make an empowered choice to leave. Regardless of being physically inside or outside an abusive relationship, survivors are in an active state of survival in relation to a power differential.

Appeasement as Strategy

A recent article by Porges and colleagues addresses the necessity of understanding the appeasement response and dismantling Stockholm syndrome. They clarify that appeasement is an active survival state in which a survivor calls on social connection responses to regulate both themselves and their perpetrator, which substantially increases the rate of survival.

The authors suggest the term “appeasement” to describe the adaptation of the nervous system in the face of unequal power “to regulate and calm the captor, thus minimizing potential injury and abuse.”⁴ One major reason survivors stay or go back may be because they are regulating their abusive partner. This could also explain why the risk of escalation, including homicide, increases after escape.

In an abusive relationship, direct and confrontational responses can reduce the possibility of survival. Social engagement coregulates the perpetrator

to calm their nervous system. Similarly, “the withdrawal of this social engagement can dysregulate the system. This may necessitate a continued need for social engagement in order for the survivor to stay safe.”⁴

Appeasement is part of our instinctive survival. The terms we use reflexively and the lenses through which we view clients must account for the power imbalances on which coercive patterns of abuse are based. In this way we can honor the internal experience of the survivor. When we dictate a client’s experience rather than understanding and honoring it, we may perpetuate the essence of interpersonal trauma.

Safety—Reality or Myth? And for Whom?

Privilege, in the form of access to resources and having a nonmarginalized identity, is one huge factor in having the possibility of escape. Practical resources are needed, not just in the process of leaving, but in the aftermath. Survivors may need to navigate the legal system, obstacles to employment and housing, work disruption due to stalking, as well as challenges to child custody and childcare access. Pregnancy substantially increases the risk of IPV and the risk of being killed by an intimate partner. Child safety is a big concern: Many survivors stay to protect their children from unsupervised contact with a violent co-parent. Those with disabilities may not have access to alternate care, and immigrant survivors may be threatened with deportation. Emergency housing and access to funding are severely limited. As Nicole Grey, lead advocate at The Dove Project, points out, the housing crisis affects the most vulnerable, including those attempting to flee intimate violence. Waiting lists for housing number well into the thousands in any major city.

In a 2020 course on “Contemporary Somatic Psychology” for the organization Embodied Philosophy, Christopher Walling, PsyD, MBA, C-IAYT, stated,

[T]he goal . . . is not to create folks who walk out into the world feeling safe in an unsafe world. . . . [S]ometimes traumatic responses by their nature are what they are because they’re inherently adaptive. The shutdown response is an adaptive response.

Safety is relative to both circumstance and privilege, and if we present it as a requirement we risk alienating those who cannot access it. Grey describes that although safety is the ideal, it isn’t always accessible:

We often talk about it in terms of “safer,” rather than “safe,” planning. Spiraling closer to safety is the ultimate ideal and right of every human being. But that’s not always possible. Even after you leave, there are a variety of reasons it still may be not be possible to be fully safe. (personal communication, Sept. 24, 2023)

In her book *The Politics of Surviving: How Women Navigate Domestic Violence and Its Aftermath*, Paige Sweet describes how an agenda-led focus on “healing” can negatively impact survivors by requiring them to meet certain standards. Approaching therapeutic work with an agenda does not leave room for the complexities of clients’ myriad survival responses, the ways marginalization limits access, and the realities of human relationships. But as yoga teaches

us, wholeness is innate regardless of our circumstances. Feeling this becomes possible for clients when we enter a space of co-creation.

Acknowledging the trauma held in their bodies in relationship with innate wholeness demands that we address practice within life. I seek to discover and co-create the somatic anchors that can keep clients connected to themselves in crisis so they can relearn how to be open to possibility; I also connect them with resources for housing, advocacy, medical care, therapy, and support groups. I know that increasing connection increases the likelihood of both getting out and surviving; I also know that to disrupt their autonomy is to repeat the wounds of intimate violence.

Creating Space for Autonomy

Post-Separation Abuse

When a survivor leaves, they stop regulating their abuser with appeasement. As Grey clarifies, “Most of the time, it gets worse before it gets better” (personal communication, Sept. 24, 2023).

Post-separation abuse is pervasive. Women are 70 times more likely to be murdered in the 2 years after leaving their abuser. The 2 years after leaving are also dangerous times in terms of mortality: This is when 70% of homicides related to IPV occur—and it might not be the survivor but someone dear to them who is killed. The third leading cause of homelessness for families is domestic violence. Also, 21% to 60% of survivors will have lost their jobs because of issues stemming from abuse, often rendering them destitute if they leave (www.csruniversal.org/domestic-violence-statistics-the-horrific-reality/). Appeasing an abusive partner by maintaining the relationship sometimes is as practical as escaping.

To create a healing space for survivors, we must meet them in this reality: “I acknowledge the impact of this world on your autonomy. You are whole, and you can trust yourself. However you survived, thank you for surviving.”

Regardless of where a survivor is on their journey, the reclaiming of the nervous system can be powerfully accessed through yoga.

Shutdown Responses and Stillness

Practices involving stillness can be among the most triggering practices for survivors because stillness may be associated with the experience of the freeze/collapse response or with occasions when the relaxation of hypervigilance had terrible repercussions. Changing the relationship to stillness can lead us to deep resources, but this is accessible only when clients can feel into their options and their choice to move.

What do autonomy and choice mean in relationship to ongoing threat? When we cannot choose or control our circumstances, the choices we can make become even more powerful. Yoga therapy can be a space where meaningful choice is possible. Asana can give a somatic opening to new experience, and subtle practices can help us to harness the direction of our energy. Even if the choices to leave or access safety are not available, we can still choose: Do I want to move one hand or both? Do I want to stand or sit? Do I want my eyes open or closed? Every time we make a choice within practice, we reinforce our sense

of autonomy. Making a choice within the therapeutic relationship, with as much body awareness as is tolerable, may help survivors discover other possibilities without negating the ones needed or shaming them for the ones most chosen.

When clients make their own choices in our presence, they differentiate themselves from us on an experiential level while remaining within the experience of connection. The more we can let go of outcome, the less clients will feel the need to appease us.

Although states of deep or extended relaxation may not be accessible or appropriate while a person is in a state of active survival, we can still cultivate self-trust.

Self-Trust Rather than Safety

Focusing on autonomy and self-trust allows the client access to their own perspective. This can shift the constant flow of energy from the outward focus on reading the abuser to creating more flow toward the self, including creating the space to hear and respond to their own needs and instincts. This first involves honoring the defense responses rather than trying to overcome them by force.

When we have been controlled by another person, understanding that we will be supported in making the choices that serve us without needing to coregulate the other is transformational. I have also found that creating a space where autonomy is supported makes it more possible for clients to stay with the session, even if they feel vulnerable or emotional. It creates the possibility to let go of appeasement in spaces where there will be no retribution.

An example: One morning a client came in to the studio in distress. She paced as she told me about the interaction she had just had with her partner. I encouraged her to move—to use her large muscles for a bit, to mark her space with her arms—and then she started to slow down. Just as she began to settle, she startled. “I need to leave. Is that okay?” When she came back the next week, she said the experience of leaving with no repercussions brought a sense of peace and strength that helped anchor her through her week. Visualizing Durga protecting her space had been an ongoing practice. She shared that now she could also sense the Durga shakti inside herself.

One of my favorite recurring observations is the consistent shift in the therapeutic relationship when a client stops asking my permission. This moment is such a beautiful reclamation of autonomy. “This body is mine” is an affirmation of innate resilience in the frame of integration. “It’s okay to leave” is a sharing of power.

In honoring what is present, we create a container to hold the whole person. This practice allows us to release any agenda we may bring so that we can help clients feel their own needs and intentions. This way, even in the face of danger, we affirm clients as whole.

“I can trust myself. . . . And the light is me.”

I repeatedly witness clients spontaneously bringing their hands into

mudras. This is one of many opportunities for yoga therapists to reflect back clients’ own innate wisdom.

One client sat after a practice to ground herself and brought her hands to *vajrapradama mudra* (the seal of unshakable trust). I said to her, “You have just intuitively brought your hands into this powerful gesture. The story your hands are telling you is one of self-trust.” She then told me the words that came to her as she sat, before I said anything, were, “I can trust myself.”

Then she described: “I feel the ground supporting me. And I see light. And the light is me.”

Healing is not a static point of perfection, but rather a constantly unfolding process. Understanding our nervous systems as a reflection of the energies that make up the universe, through the *gunas* (qualities), feeling the interrelationship of all layers of our beings through the *koshas* (sheaths of being and experience), and utilizing all eight limbs of yoga to find the connections between the depths of ourselves and the world can be profound anchors even in the midst of abuse.

We cannot pretend that practice, no matter how devoted, will erase the reality of suffering. Yoga therapy offers space to hold this paradox of being: the perception of duality and the understanding of oneness simultaneously, regardless of our circumstances. This is our shared liberation. ●



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*A note on language: I use *victim*, *survivor*, and *person who has experienced intimate partner violence*, all of which have their purposes. We are victims when we are abused, and although this word has been used to shame, sometimes it is the only accurate descriptor. Survivor is an active state and applies both inside and outside of relationships. It implies a state of effort within the ongoing effects of complex relational trauma. Both words express a person in relationship to their trauma, and there are contexts in which this is crucial. And also, these are experiences we have; they do not define us. “I am a person who has experienced intimate violence” names my experiences as one part of my life, not my identity. I use *survivor* with the understanding that even when relationships are left behind, the abuse may not be.