



Survival, Not Disorder: Applying The Power Threat Meaning Framework To Women's Survival Of Men's Domestic Abuse

DATE: 27th April 2026

TIME: 1pm – 3pm

SPEAKERS:

- Mary Boyle
- Jan Bostock
- Karen Connell
- Natalie Collins
- Lucy Johnstone

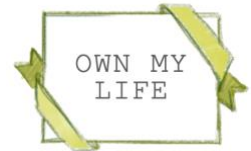
QUESTIONS NOT ANSWERED DURING THE SESSION:

1. This is spot on, and also very true for young people who have experienced abuse in childhood - we see them in A&E and their coping responses can easily be misinterpreted as mental health or personality issues. I'm interested to know if there is research linking this work in DA to other types of abuse women and girls suffer?

***Lucy:** There is nothing specific about DA in terms of its devastating impact, the way it is medicalised in MH services and more widely, and so on. In the PTMF book we discuss what we called 'the Everything's problem.' This is the fact that research shows that, broadly speaking, in terms of 'mental health problems,' everything causes everything; everyone has experienced everything; and everyone suffers from everything. In other words, just about everyone in services (and to a lesser extent, in society as a whole) is struggling with the same complex mixture of difficulties, and drawing on a range of survival strategies to do so. We can, as described in the workshop, identify some broad patterns of distress - but these inevitably overlap with many other forms of distress.*

***Jan:** Our colleague, Gilli Watson has worked extensively with women who have been abused and I attach a presentation of her work. There are significant crossovers with the domestic abuse pattern. The PTMF is useful to apply to different individuals, groups and communities of interest. [THIS](#) Guided Discussion is a helpful starting point.*

***Mary:** I don't know of research which specifically uses the PTMF in this way but there is a section on childhood adversity in Chapter 4 of the PTMF Main Document (from page 92 [HERE](#)) which might be relevant. There is also consistent evidence showing links between abuse in childhood and adulthood – the*



continuum of abuse and violence, which highlights how important it is to foreground gendered power relations and not to de-gender domestic abuse.

Women who have been sexually abused in childhood are more likely to be abused by their male partners, and women with psychiatric diagnosis – a common outcome of childhood sexual abuse – are also more likely to be abused.

One of the papers cited in the resources section of the DA pattern – by Webb et al – has some references on this. Men may target women who are thought to be ‘vulnerable’ and having a diagnosis can decrease a woman’s credibility if she reports domestic abuse. Women who have been abused in childhood might also fear – and be threatened with – rejection and abandonment if they don’t ‘submit’ to their male partner, repeating childhood threats, and find it more difficult to leave the relationship. They might also have past experience of not being believed if they report abuse.

2. Can I participate in Own My Life training as an MSc forensic psychology student?

Yes you can! Alongside this, it may be useful to know that Own My Life are developing a research pathway to allow MA and PhD students to conduct research in partnership.

3. I’m not sure who my question is for but i think maybe in a more simply form this should be taught in schools i think from year 10 onwards? how we can teach that is something i think can be figured out?

The Jigsaw resource pack [HERE](#) that was mentioned in the session gives a good example of how to use the framework with young people. Also, Own My Life are in the process of piloting a Girls’ Course, which will include a video and activities for using the framework with girls and young women. The DAY Programme (developed by Natalie Collins) includes literacy about the PTMF in the practitioner training. You can find out more about that [HERE](#).

4. I wondered whether any of the panel have experiences or thoughts around when people feel hopeless about their access to power resources - or rather our current societies ability to respond and tackle these issues to change this?

Lucy: *I think we have to be realistic with people. We don't want to give the unhelpfully individualistic message that if only they can access better resources, life will be fine. Many of the factors holding us back will be beyond our control, and it is not uncommon for people to feel, initially, even more hopeless once the full extent of how they have been treated becomes apparent to them. But at the same time, a new narrative can be a powerful source of energy and hope. This is a quote from a PTMF peer group facilitator:*



'The power discussions are some of the most heartbreaking but also exciting to facilitate. Heartbreaking because it can be really hard for people to suddenly experience the realities of how power is negatively operating in their lives. It genuinely is like watching the sunrise over the hills, as they connect the concept to their own lives. In each group there has been at least one person who experiences a fullness of anger over the following week as they come to terms with 'seeing' the oppression in their lives, presently and/or across time.... However, it is also exciting in that people start to shift the responsibility from themselves and their bodies, back to the situations they faced and if [this includes] harm from people, to those that have acted towards them. You see some people literally sit up straighter.' Hannah Komatsu, peer facilitator in New Zealand.

Jan: *Considering opportunities to access power and resources can be very dispiriting when there are no obvious assets to explore. This can apply to any of us thinking about our situations or the predicaments of other people, but especially to people who have very few resources to deploy. If the exploration is part of training in a group then we can make efforts to create a safe and validating place that can be a resource. It is also important to be imaginative about strengths and power resources that may be relevant and to think about possibilities around the person that are potentially supportive eg having a pet, contact with the GP. One to one conversations give the chance for us to notice an individual's resources and reflect with them if appropriate.*

Mary: *I don't have much to add to the other answers to this query. It is all too easy to feel hopeless about your situation, especially in current times. I'd also emphasise the importance of community connections and not devaluing strengths – the strengths of those with fewest power resources are so often underestimated and overlooked. Like Lucy, I've been struck by just how valuable it can be to gain more understanding of how power operates and might be operating in your life and how that shift in perspective can bring at least the possibility of change, in contrast to individualising narratives.*

5. Perpetrators condition the woman into thinking they have no strengths / assets and they will never be able to 'stand on their own two feet'. How do you change the narrative so the woman really starts to have belief in themselves, understand their 'power', the fact they are capable, they can re-build their life?

Own My Life has a full suite of resources for enabling women to take back ownership of their lives. We deliver online training monthly to gain full access to our resources.



6. A real struggle I am currently having is handling communications and relationships at work, which I feel are undermining / power plays. Can the framework be used to help understanding if these difficulties are as I see them or if my DA lens is creating issues where there aren't any?

The framework is a brilliant resource in making sense of what's going on for you at work (or home, or in friendships, or anywhere really!). Whilst being subjected to abuse obviously shapes the way you see the world, it is likely that this has made you an expert in understanding power and recognising when someone is misusing power. The parts of the framework about different types of power may be really useful in understanding what is going on for you, and how to respond to that.

7. Do you think that trauma-informed approaches are at risk of becoming a cover for continued medicalisation?

Yes, there is a risk with many resources (like that of being "trauma informed") that initially extend meaning making, before becoming another dead-end which can limit people. Whilst understanding the impact on the body or brain of trauma, it's important this doesn't leave people feeling they are forever limited by what has been done to them, but instead becomes an invitation to growth.

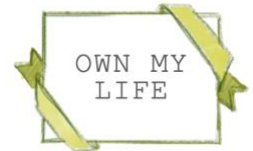
8. Is there any form of certificate for CDP after the event today?

Unfortunately not. Sorry!

9. The part from Mary Boyle about behaviours you might use in lieu of traditional forms of power was very interesting. I'm curious how survivors access meaning making opportunities if living in poverty? Eg no access to therapy. And perhaps then diagnostic labels can be outwardly vital eg benefits?

Lucy: I don't think meaning-making depends on external resources (important though those are.) It depends on having access to new forms of knowledge. The PTMF aims to offer 'free knowledge' to those who have been denied alternative ways of making sense of their distress - by abusive partners, societal messages, and/or by psychiatry. All the website resources are free, and many of the survivors who have found it useful, came across it independently and found it helped them to make sense of their distress without any professional input - which is great. As we said in the workshop, diagnoses may well be required in current systems for access to benefits etc, but even if this is the case, the PTMF shows that we do not have to believe them, or take them on as identities.

Jan: Meaning making doesn't need to involve therapy, it may be facilitated eg. through conversations with trusted friends, reading, social media as well as



insightful professionals. But this question does highlight that people living in poverty, black people and working class people are not enabled to access therapy. And the question highlights that diagnostic labels may be gateways to other services and financial security.

Mary: *Unfortunately, therapy might not always be a positive route to meaning making if it imposes individualistic perspectives. There are many other routes to meaning making and we can never underestimate the importance of supportive friends and communities. Meaning making can be especially challenging for people living in poverty because the media and politicians impose and widely publicise negative meanings which can set groups and communities against each other. We hope the PTMF resources can contribute to alternative meaning making – there is a PTMF pattern ‘Surviving poverty and low socio-economic status’ (available [HERE](#)) which might be helpful. These resources can also support people who have to use diagnoses to gain access to benefits etc, but don’t want to have them as an identity.*

QUESTIONS ANSWERED IN THE SESSION:

1. My question is for Mary. Can she give some examples of Less conventional forms of power or a definition of this?
2. Using the Framework in practice:
 - Hello, I would like to know more about the power threat meaning framework within my practice - Karen talked about Having a form with questions?
 - Where can the framework and the questions that were called “healing” be found? Is there a guide in the framework for making use of these questions individually, outside of the OML context?
3. I found this framework useful for a trauma related event in my own life which was not particularly related to domestic abuse. Do you think this could be used for other trauma related issues or is this a dangerous route to go down?
4. We discussed the question "What happened to you?" and asking this in a way that doesn't risk retraumatizing somebody where the DA is historic. Any ideas on this? Also, talking about a current situation where multi-agencies are involved - asking it repeatedly and the impact on somebody constantly feeling they have to explain themselves to get help.
5. How do we get this model out to all those that need to understand DV? Beyond the women herself. Judges, Solicitors, barristers, social services, GP's, social



prescribers, councils, banks, mortgage companies, etc....education and schools. If we don't, a diagnosis is the only current way for others to understand.

6. We discussed the differences [of Own My Life] to the Freedom Programme, I am interested in how it differs and why Freedom is felt to be outdated now .
7. I'm wondering how to integrate the PTMF within a more trauma informed pathway/approach within adult community mental health?
8. I think the added power of the professional is really important here. My experience is there is almost always a leaning to focus on drug/alcohol use and mental ill health rather than on the domestic abuse and I think this framework would be so amazing for MH clinicians and social workers - as it has been with all of us here! The ultimate devastating harm of failing to consider PTMF is removal of children from women as a direct result of DA. Do you have any advice on how to support teams to bring this framework into the Child Protection / multi-agency risk arena?
9. If you were supporting a victim of DA who tells you they are feeling suicidal... would that surprise you? And then what would you do?
10. Is there something else that can be used other than [the language of] "Mental Health"?