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# Collateral Damage: Qualitative Descriptions of Betrayal, Loss, and Grief Associated with Domestic Violence and the Family System

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## Abstract

Recurring themes in domestic violence literature have exposed hidden psycho-social-spiritual aspects accompanying the devastating reality of the many harms, disappointments, and life changes endured by domestic violence survivors. This is not just due to the actual abuses from intimate partners but also from others in near proximity. This article describes the accompanying devastation, whether intentional or not, and from both individuals and institutions, as collateral damage—the additional emotional and social consequences experienced by survivors of domestic violence. Through qualitative responses in a discussion of betrayal, loss, and grief, new insight is brought to the overlap, seriousness, and overall toll of these consequences. In recognizing that collateral damage exists in cases of domestic violence, helping professionals, community partners, and policymakers can repair harm, offer education, strengthen safety measures and protective strategies, and thereby support both the individual survivor and the family system subjected to abuse. This exploratory study aims to expand inquiry within the domestic violence literature and offer avenues of recognition of the compounding issues faced by many survivors and their children.

**Keywords:** domestic violence; family systems theory; survivors; institutional betrayal; loss; grief



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## 1. Introduction

Collateral damage generally refers to the unintended harm or injury that accompanies a situation. The Cambridge Dictionary describes it as “damage done to something or harm done to someone that is not intended” (Cambridge Dictionary, 2025, para. 1). Specifically, in this article, there are the negative consequences from issues related to domestic violence (DV), including court, custody, isolation, mental/physical health concerns, and rejection by family, friends, and community. Using the definition from the United States Office on Violence Against Women, DV is a “pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner” (Domestic Violence, 2022, para. 1).

To date, the term *collateral damage* has limited use in DV research. Jones and Anyieth (2025) use it to describe women from marginalized communities who bear the brunt of the risk in measures to criminalize coercive control. Hearn and Whitehead (2006) wrote that men’s violence against women is unfortunate collateral damage in their pursuit of manhood. DV has been named a collateral damage of the COVID-19 pandemic (Venkatesh et al., 2021).

Additionally, children have been recognized as part of the collateral damage in cases of DV (Crawley et al., 2020; Sohrabji, 2023). Each of these articles provides important awareness of situations that contribute to the devastation accompanying cases of DV.

The authors of this article contribute to the use of *collateral damage* to describe the added emotional and social consequences of DV on the survivor and the detriment this causes to the entire family system. As a result, the family system, defined in this study as an interconnected, interdependent structure bound by a shared history, values, and norms, and a degree of emotional bonding, is damaged (Massey, 2007; Rode & Rode, 2016; Walker-Descartes et al., 2021). The actions of one member affect all members of the family. In cases of DV, there are often unrecognized, unsupported, and unacknowledged experiences (Zoll, n.d.). The collateral damage explored here is the betrayals, losses, and grief experienced by DV survivors, and the psycho-social-spiritual impact that creates.

Concerns about mental and physical health appear frequently in DV literature (Carman et al., 2023; Mengo et al., 2023; Messing et al., 2015; Nixon et al., 2013; Sauber & O'Brien, 2020; Smith & Freyd, 2017; Tolman & Wang, 2005; Walker et al., 2011; Woodlock et al., 2023), although not often enough in connection with betrayal, loss, and grief after DV. Yet each of these concepts significantly impacts the family as well as the mental, physical, and spiritual health of the survivors themselves (Bonanno, 2004; Messing et al., 2015; Nixon et al., 2013; Smith & Freyd, 2017). Addressing each of these separately, as well as together, could significantly impact family relationships and healing for survivors.

The collateral damage associated with domestic violence is of consequence to the familial, mental, physical, and spiritual health of survivors. Betrayal comes from the intimate partner, but may also come from friends, family, community members, and institutions. All too often, the entire family system succumbs to the abuse. Not only are other members of the household witnessing the abuse, but professions and institutions such as law enforcement, custody evaluators, and the family courts may perpetuate additional harm by granting continued control to the perpetrator. Losses abound, often leaving survivors and their families with deep grief that compounds the issues and complicates recovery.

In addressing the betrayal, loss, and grief that frequently accompany the trauma of abuse, the authors of this article seek to increase awareness and understanding of the very real impacts on both individuals and the family system. Acknowledgment by the helping professions may help DV survivors alleviate physical, mental, and spiritual health symptoms and more positively navigate familial relationships. Numerous helping professions are involved in the institutional response to survivors: crisis and shelter workers, therapists and counselors, social work professionals, medical personnel, law enforcement, attorneys, family court professionals, faith communities, and more. Creating intentional, supportive environments within the helping professions and across society can help reduce this collateral damage.

## 2. Qualitative Methodology

Following Creswell and Poth (2018), the authors applied a social constructivist framework within a phenomenological design. This included multiple methods of collecting data, complex reasoning through both inductive and deductive logic, emergent design as the research unfolded, meaning-making through participant perspectives, and acknowledging researcher reflexivity. The goal of this research was “to rely as much as possible on the participants’ views of the situation” (Creswell & Poth, 2018, p. 60). As the data were explored and analyzed for significance, meaning was constructed through the parallel experiences, interactions, and cultural context. The participants constructed their own understanding of their experiences, just as the authors constructed the meanings of these repeated trends following abusive relationships. In using a social constructivist framework,

researchers acknowledge that reality is shaped “between the researcher and the researched” as it is defined by individual experiences (Creswell & Poth, 2018, p. 75).

The qualitative data used in this article comes from a larger mixed-methods study ( $n = 181$ ) that examined the experiences of DV survivors. Of the original 181 participants in the study, 153 provided responses to specific questions about betrayal, loss, and grief in direct connection to the DV they experienced. The participants’ sentiments, as provided in this article, are all exact quotes. The research question that guided the open-ended inquiry for this portion of the study was, *what are survivor experiences around betrayal, loss, and grief in the context of domestic violence?*

As survivors described experiences of loss and grief occurring in relation to the DV, as well as both interpersonal betrayals (from family, friends, and community members) and institutional betrayals (from the legal system, healthcare, law enforcement, and churches), their declarations were divided into these three themes. This qualitative, exploratory questioning sought to connect fragments of understanding regarding the lived experiences of emotional and relational pain and the continued difficulties faced after DV. In examining survivor quotes through thematic analysis, the authors found significant descriptions of what is being described as the collateral damage resulting from the betrayal, loss, and grief associated with DV.

Data were coded both deductively and inductively by the first author and reviewed by the second and third authors to ensure consistency and interpretive alignment. The authors bracketed any personal knowledge or experience so that participants’ lived realities would determine the analysis. Peer debriefing between the coders provided consistency in the analysis. Identified themes were grouped into the overarching categories seen in this article. Data were analyzed via Excel and NVivo 14. Thematic analysis was used to analyze the data to the point of saturation. The six steps of thematic analysis, as suggested by Braun and Clarke (2006), guided the coding. These steps include familiarity with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and producing the report.

Qualitative research motivates individuals to share their stories and seeks to bring meaning to lived experiences in a way that invites transformation (Creswell & Poth, 2018). While betrayal, loss, and grief may occur in a myriad of DV cases, the actual lived experiences will vary by survivor, family relationships, levels of support, and personal levels of mental and physical wellness. Realities, either for better or for worse, are constructed through interactions with others (Creswell & Poth, 2018). Supporting the family system through betrayal, loss, and grief will impact the individuals within the family unit, the entire family system, and the family’s function within the community.

The study was conducted in accordance with the Declaration of Helsinki. The above referenced human subjects research project has been determined to continue to be EXEMPT from review by the Baylor University Institutional Review Board (IRB) according to federal regulation 45 CFR 46.104(d)(2): Research involving the use of educational tests, survey procedures, interview procedures or observation of public behavior.

### 3. The Sample

Distribution of the survey was provided to a purposive sample by email, text, and personal invitation through shelters, advocacy groups, and local organizations whose work concentrated on those who have personally experienced DV. The setting for this study was the United States, with 97% of the participants ( $n = 176$ ) living in the United States at the time of the study. Regarding sex and sexuality, 97% indicated being female ( $n = 175$ ), and 88% identified as heterosexual ( $n = 160$ ). Concerning racial backgrounds, the participants

were 84% white ( $n = 152$ ), with the balance being African American/Black, Latina/Latino, Multiracial, or Other.

The authors' university provided IRB exempt approval for the study, and data were collected through Qualtrics. The online platform briefed participants regarding consent and confidentiality, and no identifying information was collected. Survivors had full autonomy in whether to participate in the study. All participants in the sample were over the age of 18. Study questions were available in both English and Spanish, but no data were collected in the Spanish version of the survey. Participants were offered a \$20 digital gift card for their participation.

#### 4. Overview of the Concepts

DV is widely defined as a pattern of behaviors in an intimate and/or familial relationship used to gain and maintain power and control over a partner, including the use of threats and coercive influences ([The Hotline, n.d.](#); [Domestic Violence, 2022](#)). It is noted that violence against women is rooted in inequalities and is a violation of their human rights ([WHO, 2025](#)), while also recognizing that men and those in the LGBTQ+ community may also be victimized. The United States Centers for Disease Control (CDC) includes both current and former partners in their discussion of DV and makes the point that aggression or abuse in this context can be a single episode or last for years ([CDC, 2022](#)). About one in three women and one in four men have experienced severe physical violence by an intimate partner ([CDC, 2022](#); [WHO, 2025](#)). Survivors must gain their freedom not just from those who abused them, but also from ongoing betrayals, emotional pain, and the substantial grief that can accompany trauma and loss ([Carman et al., 2023](#)). Society needs to recognize the impact of betrayal ([Rotunda et al., 2004](#); [Smith & Freyd, 2014](#)), how survivors are subject to multiple kinds of loss ([Nixon et al., 2013](#); [Tolman & Wang, 2005](#); [Walker et al., 2011](#)), their experiences of grief ([Messing et al., 2015](#)), and the impacts of this on the family system ([Delker et al., 2018](#)).

DV breaks down familial cohesion and trust, resulting in poor conflict management and a culture of violence within the household, to which children are subjected ([Rode & Rode, 2016](#); [Walker-Descartes et al., 2021](#)). In homes with DV, upwards of 60% have also reported instances of child abuse ([Walker-Descartes et al., 2021](#)). The abusive power dynamic victimizes the family system, which creates relational imbalances, such as conflicted parent-child dyads ([Rode & Rode, 2016](#)). The DV creates disruption and fracture within the family system, and the impacts last even after the perpetrator is removed from the home.

Even after separation, the perpetrator may continue to cause harm by using the children to indirectly control their victims ([Hayes, 2012](#)), knowing how much this will hurt the other parent. The family court system, then, often revictimizes survivors by allowing the perpetrator to continue their pattern of violence. In a sample of mothers who reported abuse to family courts, 67% were pathologized by mental health professionals, claiming the mother was perpetuating abuse by falsifying DV claims against their partner ([Silberg & Dallam, 2019](#)). In the same study, over half of the mothers lost full custody of their children because they reported spousal abuse.

This continued harassment and manipulation mean that the family system is incapable of repairing itself, due to uncertainty, revictimization, and maltreatment from mental health professionals and the family court system. Unfortunately, a variety of structures and systems that should exist to protect survivors from abuse have been complicit in continued harm ([Christl et al., 2024](#)). This is devastating to survivors who seek to shield their children from the same abuses they experienced. In situations in which the spouse controlled the finances, money becomes another way to perpetuate continued abuses, particularly when it comes to lengthy (and expensive) custody battles in court ([Hayes, 2012](#)). Custody disputes

become a way for the perpetrator to maintain control over the children (Elizabeth, 2017; Meier, 2021; Silberg & Dallam, 2019).

## 5. Institutional Responses to DV

Understandably, the first interventions with victims of DV are often focused on safety, housing, protection, and care of children (Mengo et al., 2023; Poole et al., 2008). Shelter services generally include safety planning, supportive services, counseling, early intervention, prevention education, specialized children's programming, and community awareness for both residential and non-residential clients. Additional services related to ongoing support, employment, finances, and legal advocacy can be among these. A goal of DV services is to improve the well-being of survivors (Mengo et al., 2023), and each of these forms of assistance deals with the immediate needs of survivors and alleviates crises.

Yet not all survivors have access to crisis shelters. A report by Goertzen (2024) on resilience in survivors found that 80% ( $n = 25$ ) did not utilize shelter services. Among their reasons were not being aware of these services, living in a rural area without services, not wanting to leave pets behind, being too overwhelmed, and being male in an area where shelters were women-only. Residential and non-residential services at shelters may be time-limited, meaning clients can only stay in the shelter for a certain duration, or counseling may only last several sessions. Rural areas may lack the necessary networks of supportive services altogether.

Shelters and crisis centers are often helpful and necessary conduits for support in difficult situations. Survivors need to know that they are not alone in navigating life after leaving an abusive relationship. Proper support strengthens the new family unit. Still, survivors and their affected family members may encounter barriers to healing in the form of economic disadvantage, restricted access to necessary resources, discrimination, and a family court system biased against protective mothers (Mengo et al., 2023; Poole et al., 2008; Silberg & Dallam, 2019). The institutional betrayal that some survivors face during their experiences with law enforcement, courts, medical services, and even their faith communities (Christl et al., 2024) adds yet another layer to the healing they must navigate. For survivors without the benefit of supportive resources, recovery can be more challenging, therefore impacting family functioning.

In the following subsections (6.1–6.3), this paper will address the results of the qualitative study, specifically addressing betrayal, loss, and grief as experienced by DV survivors. The included qualitative quotes will show their lived experiences, as told in their own words. The 6.4 subsection focuses on survivor recovery, again bringing the power of their own words to this discussion.

## 6. Results

### 6.1. Betrayal as Collateral Damage

Abuse involves betrayal (Nason-Clark, 2000), and betrayal related to DV can be individual (from friends, family, and/or community members), institutional, or both (Goertzen & Yancey, 2025). A scoping review of institutional betrayal by Christl et al. (2024) included 37 articles examining outcome variables, including physical, mental, and behavioral responses to betrayal in various settings. The data are clear; betrayal creates a broad spectrum of harm (Christl et al., 2024). Betrayal trauma has strong links to negative health outcomes, including anxiety, depression, distress, dissociation, sleep disturbances, burnout, academic performance, adverse physical symptoms, chronic stress, and suicidal ideation (Christl et al., 2024; Smith & Freyd, 2017). Abuses perpetrated by an intimate partner create betrayal trauma that is both complex and chronic due to the connection to the perpetrator involving trust and dependence (Smith & Freyd, 2017). Perpetrators of DV

can betray the victimized partner in multiple ways: they compromise safety, cause physical and emotional harm, exploit vulnerabilities, and shatter trust.

Betrayal by the intimate partner produces one set of problems for the survivors, but to have the institutions one trusts as the source of aid fail to provide that aid leads to additional betrayal and distress (Smith & Freyd, 2017). Institutional betrayal happens when a trusted institution violates that trust and/or creates harm to those dependent on it for safety, well-being, and justice (Smith & Freyd, 2014). Forms of institutional betrayal include efforts to cover up rather than respond, constructing barriers to services, dismissing or minimizing experiences, questioning the victim's statements, insufficient protection, discouraging reports to authorities, penalties for reporting, retaliation, worries about damage to reputations, and creating hostile environments where the victims do not feel safe (Rotunda et al., 2004; Smith & Freyd, 2017).

Among a myriad of examples of institutional betrayal, Smith and Freyd (2014) listed lack of services, insufficient protection, and hostile environments as some of the experiences of victims. Instances of institutional betrayal increase the impact of the trauma, affecting the victim's mental health, depression, anxiety, and posttraumatic stress disorder (PTSD) (Woodlock et al., 2023). Victims of DV may worry that their employers would not support them in their need for time off to care for children, attend court hearings, or seek mental health treatment. Fear of discrimination or job loss may keep them from disclosing abuse at work (Tolman & Wang, 2005).

Religious institutions can also create harm to DV victims. Rotunda et al. (2004) found that 81% of responding clergy had counseled regarding family violence in the prior year, and of those 93% believed that couples counseling could alleviate marital distress, but only 37% made referrals to crisis services, and only 25% had any DV training. Theological teachings can also create barriers to victim safety and help-seeking (Drumm et al., 2018). Organizations like *Safe Havens* (n.d.) seek to create interfaith partnerships against abuse, but not all clergy are aware of resources.

Lack of training and inappropriate care are betrayals, even if unintentional, but outright betrayal is clear in other instances. Institutional betrayal can come from the legal institutions that are expected to protect victims and their families. In instances of non-physical abuse, such as emotional abuse or using other family members and friends to monitor the victim, the criminal justice system can do little to intervene (Buzawa & Buzawa, 2003; Hayes, 2012). Perpetrators also utilize the family court system to further hurt their victims (Meier, 2021; Silberg & Dallam, 2019). In a majority of cases where a mother reported DV, the abuser was given full custody of the children (Silberg & Dallam, 2019). In almost 80% of these cases, the judge cited a lack of credibility of the abuse or pathology, usually from a court-appointed mental health provider or custody evaluator, as the reason why they gave custody to reported abusers (Silberg & Dallam, 2019). The courts infrequently believe "mothers' claims of child abuse" (Meier, 2021, p. 16). In these cases, the courts wield extreme power, and judgments against victims and their families lead to a total feeling of betrayal from an institution with a stated goal of protecting families.

The counseling/therapy community also represents a location of betrayal within the family court system. In cases of suspected abuse, 91% of children were subject to a mental health evaluation, either by a therapist, custody evaluator, or both (Silberg & Dallam, 2019). In 85% of cases, the mental health professional either did not believe the child or victimized parent, or did believe them and recommended custody be granted to the abusive parent anyway (Silberg & Dallam, 2019). Survivors named law enforcement, court systems, counselors, and other helping entities as being among their betrayers.

The family system not only experiences abuse during cohabitation, but also perpetual abuse and betrayal from the criminal justice system, the family court system, and the

mental health system as a response to their reporting of the abuse. Maternal losses of children in custody disputes bring deeply felt sorrow and distress that can affect mental, physical, and even spiritual health (Elizabeth, 2017). The survivors in this study related how they are often expected to just “get over it” as if the injustice of having the children one literally labored to bring into this world, ripped from their arms, is something they will ever get over.

The felt betrayal is even greater when the individual, at one time, felt a bond to the betrayer (Smith & Freyd, 2017), as one tends to do in an intimate relationship. This would assuredly be the case with those who depend on their faith communities for religious support or friends for moral support. One survivor said, “I was ignored, shamed, and shunned for leaving the abuse. The controlling behavior of those in the church mimicked that of my abuser.” Another claimed, “It was completely awful. I was gaslit by my entire family and community.”

At times, the deep pain was clearly evident in their responses. Here are additional words of survivors themselves, pulled from the context of betrayal as a lived experience resulting from DV:

- \* Friends I’d had for years supported my abusive ex regarding custody and testified against me. They still support him all these years later.
- \* The betrayal I experienced intensified feelings of grief, loss, and isolation. I had no place to turn for understanding or healing.
- \* I was alone and felt like an outcast. I am still recovering from the abuse that happened 28 years ago.
- \* I felt like I could not be open about what I was going through. Luckily, I was able to get help from the local domestic violence agency when my church would not help me.
- \* I have felt completely betrayed and ignored.
- \* There was so much betrayal and collusion that I never saw coming.
- \* The betrayal caused grief that I have been trying to heal from for years.

## 6.2. Loss as Collateral Damage

Stories of loss and grief fill the landscape of DV experiences, and there are multiple types of loss connected to DV. Women leaving abusive situations can have psychological, familial, social, financial, and material loss (Messing et al., 2015; Silberg & Dallam, 2019). Each of these losses can intersect and compound the others. Many survivors have experienced the loss of agency in their lives (Mengo et al., 2023). They have lost their sense of self, their self-worth, and maybe their freedom due to isolation (Carman et al., 2023; Nason-Clark, 2000).

Lasting mental health concerns connected to DV can bring the loss of concentration and calm demeanor, leaving the survivor with symptoms of avoidance, hyperarousal, and hypervigilance (Drescher & Foy, 2010). These are common reactions to trauma. Loss of family can include losing full custody of children (Silberg & Dallam, 2019) or having family members betray them and support their perpetrator instead (Hayes, 2012). Interpersonal and psychological losses can affect victims socially and make other relationships difficult (Rode & Rode, 2016). Loss of relationships can impact the family system’s social connections.

Some losses are related to safety. Loss of sleep, a common issue with DV survivors, has been known to affect awareness and insight, which are problem-solving elements critical to the safety of survivors (Walker et al., 2011). When perpetrators increase surveillance and track their victims through technology, there is a felt loss of security, safety, privacy, and autonomy (Woodlock et al., 2023). The Woodlock study goes on to report that technology-assisted coercive control means never being free of the perpetrator and creates ongoing fear, hypervigilance, and loss of trust in technology.

DV may also include the loss of life—the ultimate risk to safety. A recent United Nations report noted that worldwide, on average, “140 women and girls were killed every day” by someone in their own family, many by a current or former partner (United Nations, 2023a, p. 8). Domestic homicide is the leading cause of death during pregnancy in the United States (Wallace et al., 2021). The loss of life due to domestic homicide has wide-reaching impacts on many people, including the victim’s family, children, friends, and community. The fracture to the family system caused by a DV-related homicide has a lifelong impact on future relationships for the surviving family members, particularly children (Enander et al., 2024; Lewandowski et al., 2004).

Other losses are material or financial. Absence at a job, or even the loss of a job, can be related to DV (Saubert & O’Brien, 2020; Tolman & Wang, 2005). Abusive partners may sabotage a woman’s ability to find work or keep her job, thereby prolonging male dominance and female dependency (Tolman & Wang, 2005). Lost wages due to fewer hours of employment are a direct impact of DV (Tolman & Wang, 2005). Poverty not only exacerbates the mental health problems associated with DV for the abused parent but also for involved children (Lewandowski et al., 2004; Rode & Rode, 2016).

Scarcity, referring to the lack of financial, physical, or social resources, hinders the ability to participate in activities and maintain social connectedness (Plesko et al., 2021). As family resources are depleted, it becomes harder to gain new ones, which creates a continuous loss cycle, creating instability and negative psychological outcomes (Saubert & O’Brien, 2020), and strain on the family. The frequency of isolation in an abusive relationship also impacts the ability to acquire resources (Saubert & O’Brien, 2020). Increased loss can lead to increased symptomology. Decreased access to resources and relationships creates an ongoing vicious cycle. “Loss leads to distress which leads to loss” (Saubert & O’Brien, 2020, p. 3055).

In households where DV exists, child exposure to that abuse is common, increasing the involvement of Child Protective Services (CPS) (Nixon et al., 2013). In some cases, authorities hold mothers accountable for this exposure, and they may even lose access to their children. CPS scrutiny of a woman’s mothering can result in a finding that she does not meet CPS standards (Nixon et al., 2013). In the Nixon study, CPS removed children from the home, thereby creating a physical absence, yet they were still present in their mothers’ minds. Nixon et al. stated that this created an ambiguous loss as the children were physically absent but psychologically present, creating confusion and uncertainty in the loss of their identity as a mother.

In some cases, a controlling and abusive former partner will continue to wreak havoc on a survivor’s life through the use of ongoing court litigation involving custody disputes used to distance the children from the other parent (Elizabeth, 2017). Vivienne Elizabeth’s study of 12 Australian mothers who lost significant custody time, or were threatened with losing it, highlighted what she termed “custody stalking” (Elizabeth, 2017, p. 187). The gendered use of family court systems by men against women has been enough of an issue that the United Nations recently wrote a press release concerning this bias, highlighting that family courts neglect to take “credible allegations of domestic abuse” against women and children into account (United Nations, 2023b, para. 2).

The loss of children and the deep anguish over an inability to protect them bring intense grief that is “culturally invisible” (Elizabeth, 2017, p. 188). Mothers who lost their children have expressed despair and hopelessness, along with devastated mental and physical health (Nixon et al., 2013). These mothers were grieving as they described the experience as painful, depressing, and sad. This is one example of an institution that survivors thought could be helpful, but instead turned out to be destructive due to how

things were handled. This leads to a lack of trust in the systems that victims and survivors believed were there to help them.

There is a repeated denial of violence in the family court system, which has resulted in mothers losing custody and abusive fathers killing their children (Meier, 2021). To be clear, sometimes the genders are flipped in these horrific cases, but that is less common. The Center for Judicial Excellence (2025) has tracked child homicide in divorce/separation cases in the United States since 2008 and reported that fathers were responsible in 70% of the time, while mothers were 18%, and the balance by other individuals.

Loss of physical and mental health, socioeconomic consequences, and additional adverse outcomes are related to childhood experiences of emotional, physical, or sexual abuse, or witnessing parental domestic violence (Monnat & Chandler, 2015). These Adverse Childhood Experiences are associated with prolonged toxic stress (CDC, 2025, para. 8). Children who are exposed to abuse are at greater risk of long-term negative health outcomes as adults, including chronic disease, unhealthy lifestyle behaviors, and early mortality. There is also poor school achievement, lost employment productivity, economic disadvantage, and impaired sociological pathways for decision-making (Monnat & Chandler, 2015). The long-term consequences of abuse exposure on children should be a reason for deep concern and impetus for change. Future outcomes are impacted by today's decisions.

Limited social connections and support networks put strain on the family; the loss of relationships can be significant for single parents (Plesko et al., 2021). Some survivors experience the loss of social, spiritual, and/or local support systems and are left without resources for remedy and recovery. Many survivors acknowledge the loss of friends. In some cases, the lost friendships had been decades long. Friends may abandon the victim, even knowing the details of the abuse. One survivor related, "I felt very alone after reporting the abuse to the sheriff, after which most of my friends turned against me. The rest of my friends left me after I filed for divorce." For those who live in rural areas, options for new friendships and community connections are limited. For some, online survivor groups are a safe place to find like-minded "sisters" who have walked similar paths through betrayal, loss, and grief.

Perpetrators may attempt to alienate their victims from friends and other family members, using a well-crafted facade to counter claims of abuse (Hayes, 2012). A survivor described it this way, "It seemed that a structure existed to protect and shield abusers from blame or fault."

The following are additional survivor statements stemming from their experiences of loss directly related to DV:

- \* I was financially distressed and physically ill and was left to navigate it on my own.
- \* I lost the support of friends and family, after telling my Catholic institution that I had experienced abuse. I was ostracized for naming the abuse.
- \* There was zero help or support. I had to find support through other avenues, which felt very isolating. I had one member tell me that unless he was hitting, it wasn't abuse.
- \* My story is so anxiety-ridden that it caused me to lose friends. They no longer speak to me. They told me they could no longer sleep at night after hearing my story.

### 6.3. Grief as Collateral Damage

Various types of grief show up in literature related to trauma and loss, and each of these forms of grief can make healing more difficult. Nixon and colleagues (2013) define traumatic grief as disbelief, a feeling that life is empty and meaningless, a sense that part of oneself has died, and a shattered worldview with symptoms of detachment, numbness, and absence of emotion. Disenfranchised grief is one in which society does not accept or recognize the loss; therefore, less social support is available, and there are few to no rituals

to mourn what caused the grief (Woodlock et al., 2023). The study continues the description by writing that disenfranchised grief includes losses of independence and perceived safety and says that this grief might be mistaken for anxiety and depression.

Those with traumatic losses are more likely to experience complicated grief (Drescher & Foy, 2010). Complicated grief shows up when an individual becomes stuck in unresolved, prolonged, or chronic grief and loss, and can be hard to distinguish from depression and PTSD (Drescher & Foy, 2010). In instances where children are involved, the victim may be unable to process their grief, as the abuse is perpetuated through ongoing custody sharing with the abusive parent (Hayes, 2012). This grief can permeate the entire family system and be exacerbated by multiple family members experiencing these losses of independence and safety simultaneously.

Prolonged complicated grief shows up in about 10-15% of bereaved individuals (Bonnano, 2004). This is particularly poignant considering children are too often placed into the primary custody of the harmful parent (Silberg & Dallam, 2019), without the protective parent being there to offer a perception of safety. Nixon et al. (2013) stated that the loss of children by women who are also victims of abuse has not been the subject of many studies, particularly the grief and loss experienced in relation to losing custody. Society does not sympathize with these women who may be wrongly accused of maltreatment or neglect, and who describe themselves as barely functioning and emotionally paralyzed by sadness (Nixon et al., 2013).

DV victims who have been unable to process their losses may be affected by intense, unrelenting grief. Mental, physical, and behavioral health concerns such as PTSD, illnesses and disabilities, or even addiction may complicate the survivor's experiences (Zoll, n.d.). Survivors may suppress grief due to a lack of acknowledgment, and this may cause society and professionals to condemn the grief as pathological (Messing et al., 2015). Maternal losses of children in custody disputes bring deeply felt grief, sorrow, and distress (Elizabeth, 2017).

This loss of custody is often a result of mental health professionals misattributing the mother's protective behaviors as "enmeshment" or "histrionic" (Silberg & Dallam, 2019). This shattering of the family system could lead to the feeling of traumatic loss for the victim of DV (Silberg & Dallam, 2019). The deprivations in which survivors have had no choice create grief (Woodlock et al., 2023). For mothers who lose the children they have tried to protect, the combined loss and grief are intense. Each of these may affect both mental and physical health in survivors. When society, helping professionals, or individuals do not acknowledge their grief experiences, it affects healing and closure (Woodlock et al., 2023).

Messing et al. (2015) used the Kubler-Ross model to study grief in survivors of intimate partner violence and found that the process of leaving an abusive relationship seemed to follow the model. Although the Kubler-Ross model was not a perfect fit, the grieving process did fit the basic stages of denial, anger, bargaining, depression, and acceptance. Survivors may vacillate between stages of grief, and those who were in abusive relationships of longer duration showed signs of prolonged grief (Messing et al., 2015). The grieving process can be particularly complicated for children, who often receive little to no mental health support after an abusive parent is removed from the home, even in cases when the mother was murdered (Lewandowski et al., 2004). Although not everyone who experiences loss needs to work through grief, those navigating the combination of grief and loss may need additional support (Anders & Lester, 2019; Drescher & Foy, 2010). The survivor comments in this study indicated feelings of grief, hurt, pain, trauma, shame, loneliness, guilt, lack of trust in others, self-doubt, and so much more.

The following are survivors' own words about the grief connected to and extending from their lived experiences of DV:

- \* I felt unworthy and invalid. . . so I sank deeper into isolation and felt powerless and alone.
- \* I had people ask why I wasn't over it yet.
- \* It added to my grief because I went to my church for help, and even though they knew about the physical abuse, they failed to see the safety concerns and dismissed my perceptions. It was a double betrayal. Once I was perceived to be the problem for not reconciling fast enough, it almost seemed like they deemed me unworthy of support because it was "my fault I was a single mom." I asked a few times for specific things, and it was ignored. I felt very isolated.
- \* The betrayal impacted HOW I grieved. I was hesitant to be vulnerable. I was criticized during counseling.

#### 6.4. Survivor Recovery

Recovery for victims and survivors is a journey unique to each individual and family unit, and involves finding safety, exploring freedom, and becoming independent, while simultaneously healing from abuse and loss (Carman et al., 2023). Carman and colleagues acknowledged that it is difficult to recover when just staying alive is hard. Heightened attention to one's basic survival does not promote healing and recovery but rather adds to continued physical and mental distress. Significant loss and betrayal only add to that distress. Alternatively, social support and connectedness can contribute to health outcomes, well-being, and recovery (Plesko et al., 2021).

Recovery has both physical and emotional components, and processing grief and loss is part of that (Mengo et al., 2023). Safe, supportive relationships and hope are needed for healing (Saleebey, 2020). Survivors with more severe cases of DV often display greater negative worldviews, which creates a higher incidence of PTSD (Simonič, 2021). Social workers, therapists, and other helping professionals should acknowledge and validate the grieving process of the survivor. This is of particular importance due to the potential problems that the mental health system creates for families going through custody battles.

Providing a safe environment, empathy, non-judgmental acceptance, and education can help survivors work through the grief they experience (Messing et al., 2015). While it is recognized that the family is an important context for human development, it has also been shown that childhood exposure to abuse is detrimental to adult outcomes (Monnat & Chandler, 2015). Therefore, supporting survivors is crucial as they navigate recovery. A supportive environment that fosters processing of loss, betrayal, and grief can promote healing and recovery for survivors (Anderson et al., 2012; Broughton & Ford-Gilboe, 2017; Carman et al., 2023). Safe and healthy survivors are better able to support their children's well-being. As a survivor shared, "Just having others be there for me and my children and helping us through meant a lot."

The following are additional survivor words regarding support:

- \* I received healing through a support group I attended.
- \* I was believed and provided with counseling. I felt validated.
- \* When I disclosed my situation to my university, I felt they handled it well. My children and I were supported.
- \* Much about how they handled my abuse and abuser was good in the moment. There were mistakes made, but I felt supported in the moment.
- \* I was referred to a confidential support group at church. The group was life-changing and incredibly supportive. They provided me with a lot of resources, not only to recognize and open my eyes to the abuse I was in, but also provided a lot of information on how to handle things, from safety plans, journaling, to safety techniques.

- \* I took my child to the doctor, knowing that would involve CPS, and more. It was one of the scariest moments of my life, yet I would choose to do it again. Those involved who helped me were the surgeon, CPS, the police, detectives, etc.

## 7. Discussion

The purpose of knowledge construction is to expose concerns, provide a voice to participants, raise consciousness, and thereby improve society (Creswell & Poth, 2018). Individuals may seek to understand the meaning of their lived experiences, which are constructed through their interactions with others. Survivors of DV will not all have the same experiences, but there are many similarities. Understandably, they will not all experience loss, grief, and betrayal to an identical degree.

However, some victims and survivors of DV will experience them to the extent that they will create significant barriers to healing, which adds strain to the family system. Some survivors have feelings of persistent hopelessness (Messing et al., 2015). Some noted that betrayal leaves a sense of worthlessness, and they struggle to overcome distrust (Carman et al., 2023). If the experience of betrayal includes the institutions that the victim trusted to be of help, it may add to the loss and grief they experienced, further hindering their recovery and healing due to increased distrust of the systems generally meant to help them.

The reality of the grief and loss that survivors of DV experience is seldom understood. Aside from the trauma, the survivors that Carman et al. (2023) studied also needed to heal from grief and loss. Those with traumatic losses are more likely to experience complicated grief, which shows up when an individual becomes stuck in unresolved, prolonged, chronic grief and loss (Drescher & Foy, 2010). This chronic grief and loss can be complicated for the family system, where each individual is being impacted simultaneously, but in different ways. However, a study by Broughton and Ford-Gilboe (2017) did find evidence of resilience in the mother-child family unit after separation from an abusive partner. They suggest a strengths-based approach in which the new family unit is perceived as capable rather than deficient in working with families led by single mothers after a history of DV.

Intentional reflection by helping professions and holistic efforts from coordinated community responses could alleviate traumatic outcomes. Coordinated community responses include efforts to align responses with survivor needs and to enhance collaboration among multiple entities to improve responses (Battered Women's Justice Project, 2022). Empathy and understanding, along with a client-centered focus, can aid healing (Messing et al., 2015). Improving social and even spiritual support for survivors bolsters personal strength and makes a difference in their healing and recovery after experiencing DV (Anderson et al., 2012). The Anderson study also states that both formal supports, such as professional services, and informal supports, including friends and family, are essential to encouragement, stability, and access to resources.

The family system requires an intense period of healing after abuse. In contexts where the perpetrator exerted total control, a hole exists that the victims must fill by creating new norms and rituals. This may include changes such as adjusting mealtimes, assigning chores around the living space, paying bills, and using private and shared spaces in the home. All this is occurring while the family is dealing with associated feelings of betrayal, loss, and grief. In the majority of cases where institutions fail to protect the family from ongoing abuses, recovery can be hindered, and posttraumatic symptoms can be exacerbated (Silberg & Dallam, 2019). Recovery for families may include finding new communities of support and new systems to connect their family to. Although resilience to adversity, trauma, and loss is possible across the lifespan, research on that resilience and adaptation must continue (Bonanno, 2004).

## 8. Conclusions

DV has deep impacts on the family system. Even if a victim does not have children, the family system can include parents, grandparents, and distant relatives. The impact is complex, and harm may be perpetuated by the exact entities victims depend on for protection. When these experiences are not acknowledged or are pathologized by the helping professions and the institution, these survivors will struggle even more, increasing mental and physical distress. Supporting the individual supports the family.

Therefore, this article is a call for further acknowledgment and additional research. The authors encourage using this as a springboard for additional discussion. Furthermore, there are other areas that could also be attributed to collateral damage: food and/or housing insecurity, financial instability, and physical health concerns. Giving attention to these concepts, often connected to DV, will increase empathy among helping professionals and aid them in recognizing betrayal, loss, and grief, and how these affect the family system. Each of these concepts should be explored both individually and together in future studies. It is of utmost importance that additional work in the area of DV highlights all the psycho-social-spiritual consequences of DV for the individual and the family system. The result will be an improved understanding of collateral damage and amended practice and policy for how individuals and institutions can support victims and survivors through their recovery instead of (even inadvertently) contributing to betrayal, loss, and grief.

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