

Module 3

# **Empowering and Healing Battered Women**

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# Empowering and Healing Battered Women

## 3a Content and Comments

Although still not enough research has been done to prove that domestic violence, or family violence, increases during and after war situations, there is substantial practical evidence to suggest that violence in family and other intimate relationships is an issue that needs to be addressed in post-war countries. The discussion is not finished: possibly care workers are more confronted with problems of violence because of the break down of supportive networks and service institutions that otherwise might have helped, possibly war and post-war actually show an increase in quantity and also of severity of domestic violence. What we do know for certain is that it has to be addressed. This module focuses on violence in intimate relations between adults. We are very much aware of the fact that children are victimised too, either by being mistreated themselves, and/or by being witnesses of violence in their homes. However, in this module we have limited ourselves to the violence against women.

Battering is not a single-issue topic. Usually it is more than 'just a few slaps', often it is part of a complex web of family problems.

This module is a start towards support of battered women. It should be followed up by programmes on children at risk, perpetrators (module 6 Gender and Violence; Working with Perpetrators) and ways to reach family systems. Part of the work around combating violence in families is building a network, a 'chain of safety', including police and judiciary, and involving schools and medical care workers, supported by (local) governments. These issues need a lot more attention and a lot more work.

## 3b Objectives

- To understand the relation between domestic violence and post-war situations.
- To develop an understanding of what battered women need, the importance of safety before all.
- To understand the importance of empowerment techniques.
- To learn to understand why many women stay with their battering husband.
- To raise awareness about the similarities and the differences between the trauma of battering and other trauma.
- To offer practical ideas on the support of battered women.
- To discover the links between care workers' experiences and that of their clients.
- To raise awareness about the issue of blame and responsibility.

## 3c Suggested Training Schedule

<b>Day 1</b>	<b>In minutes</b>
3.1 Introductory Circle	30
3.2 Presentation: On Domestic Violence and War	30
3.3 Exercise: Thinking about Domestic Violence and War	45
3.4 Presentation: On Mental Health Care and Battered Women	45
3.5 Exercise: Free Group Discussion	15
3.6 Presentation: What is Battering?	30
3.7 Exercise: Your Worst Experience	45
3.8 Presentation: General Philosophy of Treatment	45
3.9 Closing the Day	15
<b>Day 2</b>	
3.10 Starting the Day	15
3.11 Exercise: Discussing Principles	45
3.12 Presentation: Goals of Effective Intervention	30
3.13 Exercise: Danger and Personal Safety	45
3.14 Exercise: Making an Escape Plan	30
3.15 Presentation: Empowerment	30
3.16 Presentation: Some Comments on Children at Risk	15
3.17 Presentation: Some Remarks on Women in Shelters	15
3.18 Exercise: Exchanging Information About Activities	30
3.19 Closing the Day	15
<b>Day 3</b>	
3.20 Starting the Day	30
3.21 Presentation: Who is to Blame? Part I	30
3.22 Exercise: Who is to Blame?	30
3.23 Presentation: Who is to Blame? Part II	30
3.24 Why Did She Stay?	30
3.25 Exercise: Women's Belief System	45
3.26 Presentation: Building a Chain of Safety	15
3.27 Exercise: Taking Personal Steps in Combating Violence	45
3.28 Closing Session	30

## 3d Ideas and Suggestions for Trainers

- This is a three-day training, of approximately five hours per day. This might leave you with some extra time. We recommend that you use it to include some physical exercises (module 14 The Body Remembers: Dealing with Feelings) or some case work.
- We assume that you have some experience with treatment of trauma. If not, go back to module 1 War, Trauma and Recovery. It is wise to read module 2 Individual Counselling of Sexually Abused Women as well, since part of the treatment of traumatic stress after sexual abuse is the same as treatment after battering. Also, sexual abuse can very well be part of a relation with a violent man. Please also read module 14 The Body Remembers: Dealing with Feelings.
- This module is primarily meant for care workers. But since it is essential to have a supporting network of committed professionals in the strive against

domestic violence, it is a good idea to invite physicians, lawyers, police etc. In that case you might include a training section on networking and building mutual support.

- As about one in two participants has had at least some experience with interpersonal violence (and this percentage will almost certainly be higher in a group of people that has chosen to work on the issue of domestic violence), be aware that some of the presentations and exercises may provoke emotional reactions. You may want to explain beforehand that you expect this to happen, and that emotional reactions are acceptable and normal. You can advise the participants on what to do and maybe ask another trusted participant to give them some special attention in one of the breaks. You can also offer short personal consultations during the breaks, if you wish. In this case, watch your boundaries: do not let small consultations turn into full-fledged sessions.

### 3e Training Material

- Flipchart and paper, markers
- Individual writing material
- Big sheets of paper and something to put them up on the walls, and markers
- Handouts
- Informative material on ways to work with battered women, pamphlets, articles, books



## 3 Content of the Module on Empowering and Healing Battered Women

### Day 1

#### 3.1 Introductory Circle (30 min)

Everyone states her name, field of work, and her relation to the issue of domestic violence.

The trainer explains some group rules about safety, confidentiality, what to do with feelings about the material, etc.

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#### 3.2 Presentation: On Domestic Violence and War (30 min)

Violence in families is of all times, all cultures, and all classes. We see, however, that there is a degree to which violence against women and children (sometimes parents, sometimes men) is accepted as something 'natural' that cannot be changed. From research that compares countries and cultures we learn that women and children run a higher risk to be mistreated in countries and cultures that are more patriarchal and non-egalitarian. In these cultures it is taken for granted that the man is the head of the family, all other family members have to obey him and there is a strict division between the roles of men and of women, as well as between generations. In societies that are (becoming) more egalitarian, violence against women and children is less accepted. This does not mean, however, that it doesn't occur!

In many countries it has been the women's movement that has put domestic violence on the political agenda, stating that just as violence in the streets or crimes committed by strangers should be punished, so should violence in the homes of people and crimes committed by relatives. In many countries that start to prescribe equal rights between the sexes new laws forbid men to mistreat women and children, and rape within marriage has become a punishable crime. In some countries the police are trained to combat domestic violence. The very nature of domestic violence, the fact that it is often hidden, that no witnesses are present, and that many women are either economically dependent on men, or emotionally committed to keep the relationship going, makes it very difficult to combat violence in the private homes of people.

People generally hope that after occupation, after war, after having become a refugee or displaced person they can start to rebuild their lives and things will be better. We know, however, that in the aftermath of war trauma the risk of domestic violence increases, not decreases. There are several possible explanations for this. As of yet there has not been enough research to determine what explanations are most plausible; we have to rely on our experiences and observations (at this point the trainer may choose to start a discussion on the participants' ideas on the reasons for the increase of domestic violence). Please note that it is possible that more than one, maybe even all, explanations apply (*sheet 1*).

1. **Violence has become normal.** If people are exposed to severe violence as a result of a war situation their tolerance of 'interpersonal' violence can increase.

- 2. Families having too many problems to handle.** We know that a 'normal', well functioning family system is able to handle one or two real problems, but (even in times of peace) the system tends to break down if there are multiple problems, like economical problems, housing problems, bad relations, depression, alcoholism, problematic children, unemployed fathers (and mothers), etc. In many 'multi-problem' families it is not clear which problem causes the other: alcoholism might be the effect of unemployment - or the other way round. Depressions can be the cause of bad relations, or the other way round. In these 'multi-problem' families, there is a very high risk of interpersonal violence: men against women and children, women against children. In post-war situations, after people have survived as well as they could, they still face many problems: loss of family members, depression, economic hardship, loss of homes, being uprooted etc. Children might not receive the love and attention they need because parents are overburdened and 'difficult', and generally have little faith in the future. Another issue in situations like these is that women have less emotional and practical resources to defend themselves against violence. Under these circumstances it is no wonder that a tendency to 'solve problems' by using violence, which was probably already there before the war, increases.
- 3. Changing relationships between women and men.** Usually the men were away during the war, either captured, or with the army. The woman took up the paternal role in the family, ensuring the survival of the children and elderly, and managing the household. After the war ended and the men came home, the family often faced a crisis of reintegration of the family members. The women may feel a sense of accomplishment and they have become accustomed to more freedom. The men might feel frustrated, threatened and inadequate because there is no role left for them in the family; They might feel 'left out' and unwanted. Many men react with violence to the loss of a traditional masculine role of the head of the family, the main provider and protector. It can also be a problem that the spouses have been separated for a long time, they have changed by the different experiences they went through. The men might react with violence to reassert themselves in the family and regain their former status; the women in their turn can react by wanting a divorce.
- 4. Combat trauma.** Men who have fought in the war can be severely traumatised. Part of combat trauma can be the inability to control aggression, often combined with alcohol abuse. Almost all war veterans with signs of PTSD have a tendency to unexpected aggressive outbursts that can cause fights outside the house. This high-risk behaviour may turn against them or harm the people around them. Men who suffer from combat trauma are sometimes highly suspicious of everyone around them and have a very low threshold of irritation. Please note: understanding combat trauma is not the same as excusing violent behaviour. But we need to realise that what is usually seen as a personal problem is in fact a problem of the entire society or community.
- 5. The breakdown of support** networks and services formerly provided by institutions. Part of the problem is that violence nowadays is often interwoven with unemployment and inadequate financial resources, as well as broken family systems, sometimes as a result of forced mass immigration. Institutions themselves suffer from lack of funding, lack of skilled personnel, and political and social tension. (Local) governments face many problems rebuilding the

society, and combating domestic violence might not get a high priority. Shelters that existed previously are often closed down, social work centres overburdened. Apart from that many care workers themselves have problems surviving.

6. For refugees and displaced persons the tensions of having to live in a different culture might cause crisis situations. This adds to the stress. The younger generation is often quicker to integrate and as a result they may be ashamed of and sometimes even abusive towards the older generation.

In this seminar we will only focus on women who are battered by their partners, but for a complete picture it is necessary to also look at the children as victims, and the men as both perpetrators and victims. We should also include the possibility of violence between generations: sometimes the elderly are victims of the young.

Before starting the next exercise it is important to remember that there is a difference between understanding and excusing. People often think that if they understand why a man has beaten up his wife it means they should forgive him, or excuse him. This idea can keep us from wanting to understand the dynamics of increasing violence, and this will not help battered women. However, it should be very clear that as care workers we are on the side of the victims of violence. So these are the rules (*sheet 2*):

*Understanding* violence is not the same as *excusing* violence. Understanding male violence is not the same as blaming women victims. Violence against another person may never be excused. Understanding will help us to be more effective in supporting battered women and combating violence.

*Understanding* violence is not the same as *forgiving* violence. Only the victims of violence have the right to forgive.

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### 3.3 Exercise: Thinking about Domestic Violence and War (45 min)

**Objective:** Raising awareness of how post-war situations and increasing domestic violence are related.

**Method:** Discussion in small groups, plenary.

**Steps:**

1. The group members are asked to raise their hand if they know of a family with interpersonal violence problems. Small groups of three or four are formed with at least one person in every group who can present a 'case'.
2. In every group one person introduces a case. The group discusses which of the presented reasons for increased violence in post-war situations might be valid, and how so.
3. The results are discussed in a plenary.

**Explanation:** Please know that it is not necessary to pick one of the explanations; there might be more than one cause. And please note that it is not necessary to reach consensus. The exercise is to explore possible causes and raise awareness,

not to come up with definite answers.

If this exercise brings up a lot of heated discussion and emotional response it might be a good idea to do a physical exercise to let off steam before continuing, or to do a 'mini-session'.

(Sit in pairs, facing each other; both get 5 minutes to express any feelings without any censorship. For methods: see module 14, The Body Remembers: Dealing with Feelings).

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### 3.4 Presentation: On Mental Health Care and Battered Women (45 min)

There was a time that the field of mental health care was not aware of the dynamics of battering, and many 'tools' from the field of psychology and care were actually used against battered women, by indirectly blaming them. Battered women were described as having problem-solving deficits, being unassertive or emotionally dependent, or having traditional sex-role attitudes, they were blamed for allowing the abuse to continue, for not stopping the abuse, or for seeking out abusive relationships in the first place.

More recently the psychological characteristics of battered women are seen as effects, rather than as causes of violence and abuse.

This does not mean to say that looking at a battered woman's behaviour, and the personal history and circumstances that make one woman more vulnerable than another is not useful.

Also, we have learned not to view all women as potential innocent victims and all men as potential aggressive abusers.

For many battered women, their experience is not the first exposure to violence. What is seen as an inadequate response to the most recent battering experience (why doesn't she leave?) may actually be evidence of prior psychological trauma. This is the reason that in our work with adult victims of abuse and battering, we often need to consider a history of childhood abuse and emotional neglect as well.

Besides the effects of the battering itself there are other factors that influence the level of psychological trauma and make it more difficult for women to find solutions for themselves (*sheet 3*):

- 1. Material resources and social support.** Is it possible for her to leave? Does she have any money of her own? Does she have employment and can she keep it? Does she have a place to go to, can she take her children? If a woman does not have any support she probably experiences even greater hopelessness than a woman who knows that she can leave if she wants. As a consequence she may well develop more fear and depression, even to the point of suicidal tendencies.
- 2. Institutional response.** How do police, social workers, lawyers react? In some cases going to the police and not receiving protection actually worsens the situation. In some cases women became victims of even heavier violence after the abuser was fined or after he left prison.
- 3. Other problems apart from the abuse.** Especially in war situations, or post-war situations a battered woman can face many problems other than abuse.

Think of displacement, financial difficulties, the loss of relatives, living in fear of their lives, children who are traumatised as well, parents that need to be taken care of, etc. Compared to this cluster of problems being battered might seem a minor problem, or one that cannot be solved until life is stable.

#### **4. Being part of a minority or a disadvantaged group.**

- Lesbian women in an abusive relationship might find it even more difficult to ask for help for fear of being ridiculed or discriminated against. They may fear that not the abuse but the nature of the lesbian relationship itself will be seen as the problem.
- Women with a disability are more at risk and have fewer resources, not only because they are physically more vulnerable, but also because they are more dependent on help, often have more problems earning money, paying rent, and living independently. Disabled women depend on their relatives and partners more than able-bodied women do, as they usually don't have jobs to give them an independent income and secondly, they need physical assistance in care. Many disabled women do not have the option to live alone.
- Minority women, like Roma, might find it very difficult to go to the police or other institutions to complain about the abusive behaviour of their Roma partners. In many cases their loyalty to their own community is stronger than their wish to ask for help to end the abuse. A minority woman is often all too aware of the oppression of the majority culture against herself and her partner, and might choose to protect him from that system even when this means failing to protect herself. She might also fear that with involving 'outside' officials she might be accused of betraying her own people, and lose the support of her community.
- Some women in 'mixed' marriages who followed their partner might feel it is impossible to ask for help in a community that is hostile to her ethnic background, and, by following him, that she has lost the right to belong to her own ethnic community, with no way back. She might have reasons to believe that by leaving him she will lose the children. She might feel like she has lost the right to complain about bad treatment.
- Some women who have very little economic resources, often rural women, have not found their way to supportive organizations, and because they have fewer options have stayed in abuse relationships for longer periods of time before they came for help. NB: some women who are not disadvantaged can also hesitate to ask for help. For instance a highly educated woman from a rich family, who believes battering normally only takes place in 'antisocial' families, might feel too ashamed to ask for help.

**5. Tradition.** Some women come from a context (family, community, culture) in which women do not have control over their own lives. All their life they have been taught that a little violence is part of life, that husbands just happen to be like that, and that if he beats her she probably deserved it for not being a good wife.

**6. Vulnerability factors.** Some women have a prior history of childhood abuse and emotional neglect that may have already traumatised them to a degree that makes it very difficult for them to decide that their own safety is more important than staying in the relationship and enduring abuse. Some women who already had low self-esteem before they got in the relationship are an easy prey to be put down by the abuser and made to feel unattractive, bad wives etc.

- 7. Personal strengths and inner resources.** Paradoxically it is not always 'weakness' that keeps a woman in an abusive relationship, but her strength to endure, or her faith that she can change the situation and make him stop. For some women enduring gives a feeling of 'control'. Their apparent personal strength might interfere with their ability to allow feelings of vulnerability, grief, anger and fear. The stronger they are, the more difficult it is to ask for help, to overcome shame, and to admit defeat: that in the end she is not able to stop the violence and save the relationship.
- 8. Positive aspects of the relationship.** Some women believe that their partner is a good father, and they would not want to deprive their children of their father. Some women remember that once he was a sweet and loving man, and can't give up the idea that this man is lost forever. Some women see their partner as an essentially good man, who has problems that they try to understand, like coming from a 'dysfunctional' family, problems at work or being unemployed, having gone through terrible things during the war. Sometimes women 'split up' their partners in a 'good man', when he is sober and doesn't abuse her, and a 'bad man', who drinks and beats her. Some women are very moved by the bouts of regret and pleas for forgiveness and things like, 'please don't leave me, I can't live without you' that some men show after an assault against her. Some women have to go through this phase many times before they really stop believing that he will change.
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### 3.5 Exercise: Free Group Discussion (15 min)

**Objective:** Creating some time for participants to react to and digest the material from the presentation before moving on.

**Method and steps:**

1. Free discussion, questions, remarks.
  2. Maybe a small physical exercise to stretch or move, if the group wants to.
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### 3.6 Presentation: What is Battering? (30 min)

'Battering' involves a lot more than physical harm. When a woman comes for help, it is almost never because her partner has beaten her once. Usually a long process precedes during which the victim is not only beaten, but also psychologically disempowered. Some forms of abuse (*sheet 4*):

- **Isolation;** sometimes because the partner forbids her to see other people, sometimes because she is ashamed or does not want anybody to see her bruises.
- **Intimidation;** often the partner only has to use certain words, have a certain look or behaviour to install fear in the woman, because she knows too well what can happen.
- **Verbal assault;** in most cases women are made to feel bad about themselves, worthless, ugly, not real women.
- **Denial;** many abusive partners the next day pretend nothing happened.
- **Blame;** many women are made to feel it is their own fault.

A woman who has experienced being in a violent relationship might show signs of PTSD (Post Traumatic Stress Disorder), intrusion, avoidance and arousal (*sheet 5*). As with other traumatised people she might show 'biphasic reactions' that is, switching between phases of avoidance or psychic numbness, and arousal (like hyper alertness, anger and hostility, difficulty sleeping and concentrating, intrusive memories that are easily triggered, etc). We must realise, however, that every battered woman has her own story, and even if she doesn't show symptoms of PTSD in a degree that care workers recognise as a real problem, she might be suffering severely on several other possible levels (*sheet 6*): (At this point the trainer can decide to have some discussion on the following question: what do you think battered women suffer from. The comments can be written on a flipchart and referred to during the next part of the presentation.)

1. **Shame:** deep embarrassment, often characterised as humiliation or mortification.
2. **Self-blame:** exaggerated feelings of responsibility for the traumatic events, guilt and remorse.
3. **Subjugation:** feeling belittled, dehumanised, powerless.
4. **Morbid hatred:** obsessions of vengeance and preoccupation with the perpetrator, with outbursts of anger and rage.
5. **Paradoxical gratitude:** positive feelings toward the victimizer ranging from compassion to romantic love (also known as the 'Stockholm Syndrome').
6. **Defilement:** feeling dirty, disgusted, tainted, 'like spoiled goods', in extreme cases, rotten and evil.
7. **Sexual inhibition:** loss of libido, reduced capacity for intimacy especially if the violence included sexual abuse.
8. **Resignation:** a state of broken will or despair, diminished interest in the past or future especially if the violence continued for a longer period of time, or after repetitive victimization.
9. **Secondary injuries:** revictimization through participation in the systems of criminal justice, and mental health.
10. **Socio-economic downward drift:** lower income by divorce or losing job can render a woman more vulnerable to exploitation.

Battering can affect women at all levels of their lives (*sheet 7*).

It can lead to many **losses**: the loss of a partner, the loss of dreams of a happy marriage, the loss of a home when a woman flees for her safety, sometimes the loss of children if she is not able to support them, possibly the loss of employment if she has to move or her employer no longer tolerates her absences or disruptions, the loss of contact with friends and family as her world becomes more constricted and fear or shame keeps her away from friends, the loss of a positive self-image and sometimes even the loss of faith in humanity in general.

The battering may affect her capacity to form new, safe and healthy **relationships**. In some cases women are unable to trust a man enough to form a new bond. In other cases women can be overly grateful to a man for paying attention, and 'wanting' her, to the point that she is not critical as to whether he might not be the right partner (this is one explanation why some women seem to repeatedly 'choose' the wrong type of men).

The battering may affect their capacity to **control their own lives**. All battered women have a long history of experimenting with different sorts of resistance to the violence. After experiencing over and over again that nothing really stops the violence, not calling the police, or trying to escape, threatening with divorce, fighting back, complying with his wishes and demands and anticipating his needs, these women may well feel they are absolutely unable to influence their own lives and become passive, showing so-called 'learned helplessness'.

After being battered a woman's **self image** can change, her belief system, the way she sees the world. She might not only have trouble trusting men, but also humanity in general, for not helping or understanding. She can easily lose faith in herself, in marriage, in humanity, in God.

We have to be very careful not to fall into the trap of blaming the victim, or pathologizing the battered woman as a certain type of woman that is doomed to be victimized. At the same time we should not close our eyes to the possibility that some factors, important ones being a **prior history of sexual abuse** and emotional neglect as a child, make some women more vulnerable.

Some explanations for continuing victimization (*sheet 8*):

- A woman that has learned to 'dissociate' from a situation at an early age, paradoxically, is more able to endure mistreatment in a partnership, she can 'switch off' her feelings more easily than a person that has not been abused.
- A woman with a history of emotional neglect can become unrealistically happy about anyone who seems to care for her. Without the example of a reasonably good relationship of her parents she might have unrealistic expectations from a partner.
- There can be hidden feelings like 'I don't deserve better' stemming from possible untreated childhood abuse.
- The often unconscious feeling 'I'm tainted, I'm spoiled goods, nobody else would have me', from former traumatization sometimes motivates women to stay in a bad relationship rather than having no relationship at all.

Some potential batterers are very good at exploiting these 'weaknesses' (module 6 Gender and Violence: Working with Perpetrators).

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### 3.7 Exercise: Your Worst Experience (45 min)

**Objectives:** To be aware of the effects of violence or mistreatment on the participants' lives; to be more comfortable talking about painful experiences; to explore feelings, both the client and the listener.

**Method:** Individual writing exercise, exchange in small groups, plenary.

**Steps:**

1. Every participant is asked to write down the experiences with violence and abuse of her own life, relational violence as well as any violence by strangers that she can think of. Please point out that they shouldn't leave out emotional neglect and verbal abuse.

2. Now, all participants rate their experiences from 'very bad' to 'unpleasant but bearable' by using the numbers 1 (just unpleasant) to 10 (extremely bad). Then they are invited to share their worst experience with two other participants. Please note that they are by no means obliged to do so! If somebody does not want to share her worst experience, ask her to think about the feeling or thought that makes her hesitate. It might be a feeling of shame, or 'they won't believe it', or, 'I don't want to give the impression that I'm exaggerating, or that I'm a victim myself' etc. Please note that the feelings accompanying these experiences are even more valuable information than the actual experiences. If a participant does not wish to share her worst experience she can go on to the next.
3. The participants now split up into groups of three to share their experiences. The speakers speak to their group members about the feelings accompanying the experience, and talking about it. The participants who are listening are asked not to get involved in the experience; they are only allowed to ask questions to learn what happened exactly. After the 'client' has told her story, the other two give feedback about how they felt while listening. Angry, embarrassed, was it easy to listen or hard? Please note that there are no 'wrong' feelings, this exercise is about learning what makes it easy or hard for a client to talk about violent episodes, and what makes it easy or hard for a care worker to listen to them.
4. In the plenary the participants can exchange experiences of telling and listening. (That is: don't repeat the experience of the violence itself)

**Explanation:** Clients sometimes find it hard to talk about experiences they feel ashamed about, and care workers sometimes find it hard to listen. This exercise is meant to find out the relation between the two. It is very important not to get into an 'Olympics of suffering', where the greatest victim gets the medal, and others feel bad that their life has been comparatively uneventful. All people have had bad experiences, and how they feel about them is subjective. Therefore, please interrupt participants if they start the game of 'what happened to me is not as bad as what happened to you'. All participants should get positive feedback about their willingness to share. Possibly this is the moment for the trainer to do a 'mini-session' or a short lecture on effective listening. (Don't comment, don't advice, don't ask questions or only questions that encourage the person who is talking to continue, don't comfort, don't judge (not even the perpetrator), don't stop emotional discharge- let it happen.

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### 3.8 Presentation: The General Philosophy of the Treatment of Battered Women (45 min)

Working with battered women is in some respects different from what we might have learned in social work studies or training to become therapists. The principles of treating battered women stem from a, by now, long history of combating violence, that was initiated by women's groups in many countries, and taken over by many professionals. A list of these principles (*sheet 9*):

1. **Non-judgemental acceptance and validation of the battered woman and her experience:** Battered women often feel deeply ashamed and also responsible for at least part of the violence. They will be reluctant to disclose the story

unless they are approached with total acceptance and the basic assumption that they did not cause the violence.

2. **Providing immediate support and alliance:** Practical help, right from the start, will be the first buffer against the effects of the trauma, and the first step towards building trust. Attempts to expand the support network will reduce the risk of too much dependency on the care provider. Support from other battered women, in a shelter or group can be essential. Many, if not most, care workers find it very hard to be the battered woman's only source of support.
3. **Advocating for safety:** At all times the woman's safety has to be the first consideration. In some cases the women underestimate the danger after they have left or when they decide to leave a violent partner, and even though it is policy to have the client make her own choices, in these cases the care worker has to insist that something is done.
4. **Willingness to listen to the story of the trauma:** In working with trauma victims secondary exposure or vicarious traumatization of the care worker is inevitable. A care worker who is reluctant to hear about the battering and abuse in detail fails to provide a context in which healing is possible, and actually repeats the message that abuse in relationships is a 'dark secret' that needs to stay hidden. To be effective in trauma counselling care workers need support for themselves, knowledge about vicarious traumatization and adequate self-care.
5. **Assuming that posttraumatic stress responses are caused by the traumatic events:** At the start of the healing process with a client who has been battered it is important to see her symptoms as caused by the victimization, alone or in combination with previous traumatic experiences. Do not start out with assuming psychopathology. Most symptoms are normal human responses to trauma. At a later stage it is possible to see that there might have been or still is psychopathology that was not caused by the trauma.
6. **Education about violence and abuse is healing:** It is useful to educate battered women about the outlines of abuse and battering, as well as the most common traumatic responses to it. Normalizing responses to victimization reduces the fear of 'being crazy', and it provides some sense of control. For example: explaining that feelings of rage and obsessing about the perpetrator, or a diffuse feeling of fear are normal reactions renders a feeling of dignity to women who might otherwise feel that they are 'sick', or as 'bad' as the perpetrator. They may even feel they 'deserve' him. Knowing that nightmares or intrusive memories or flashes of fear are normal will help them to stop worrying whether they are 'losing their mind'.
7. **Coping strategies and survival mechanisms are regarded as strengths, not pathology:** All battered women have developed a range of coping strategies during the relationship; dissociation (not feeling), denial (it is not so bad), splitting (he is not a bad man, only when he drinks), numbing by substance abuse, 'daydreaming' or fighting back, sometimes 'provoking' more violence. These coping strategies are recognised and validated for their survival value, and not seen as indicators of psychopathology, or 'causes' of the violence. Also, it should be recognised that some of these coping mechanisms, after a longer period, are no longer effective or even counterproductive.
8. **With survivors of trauma substance abuse is a common form of self-medication:** Due to the intensity of the posttraumatic response some battered

women use drugs, alcohol, food, sex, over-activity like not being able to sit still or compulsive housecleaning, gambling, buying things etc. as self-medication. In some cases extra treatment for alcohol or drug abuse (sometimes including prescribed medicine!), overeating or other compulsive behaviour is necessary. Sometimes the substance abuse was already going on before the abuse started, and it went on to numb the pain. Nonetheless, substance abuse never fully explains the occurrence of violence against a women.

- 9. Transformation trauma may result in positive changes:** The process of surviving, escaping, and transforming trauma may lead to positive outcomes for battered women: a sense of personal empowerment, development of personal growth, and a reclaimed future. Recognising these potential outcomes helps to counterbalance the losses involved, although there will never be full compensation. Some women, after healing, see how the abuse has helped them to recognise injustice done to others, and to become more involved in activities for human rights or the aid of others.
- 10. Social action and self-disclosure facilitate the healing process:** Clients who get involved in actions against violence, in talking about their experiences in support and self-help groups, who volunteer in women's shelters or are otherwise politically engaged often experience a positive effect on their mental health and balance, and regain a sense of strength and dignity.
- 11. Transformation of trauma is a lifelong process:** Traumatic experiences, including battering and sexual abuse, especially when accompanied by other trauma like war or experiences as refugees leave a 'psychic legacy' that may require years of transformation even after a successful healing process supported by a care worker. Life events, like divorce, losing a loved one, illness, getting older, that can leave other people feeling vulnerable, can trigger much stronger reactions in traumatized people. Part of the healing process for the client therefore is to be aware of this, and develop a life-long plan of healing and self-nurture.
- 12. The trauma of abuse and victimization results in non-compensable losses:** Whatever the battered woman has lost, nothing can replace it. An important part of the healing process will be mourning for these losses in order to create an emotional space to 'go on'.
- 13. Respect self-determination:** Even when the battered woman makes decisions that seem contrary to the care worker's judgement, it is important to communicate respect for the client and her right to make her own decisions. She is not responsible for pleasing the care worker anymore than she was responsible for pleasing her abuser. If, for instance, she wants to go back to her abusing partner, that is her decision to make. The care worker might, however, want to insist on having a safety-plan.
- 14. Care worker self-care is essential:** In order to be effective in battered women's care, care workers need an emotional supportive environment, and a routine of self-care outside the work situation. This means having insight in the mechanisms of vicarious traumatization and burnout, regular 'check-ups' on the subject, supportive supervision, peer support, personal therapy or other personal growth experiences, time for rest, joy, and/or enough private time (on self-care: see module 13 Prevention of Professional Burn-out with Care Workers: Self-Care and Organizational Care).

### **3.9 Closing the Day (15 min)**

Ask the participants to give feedback. Was it an interesting day, was it too much? If there is a time gap between day 1 and day 2, it is possible to give the participants a homework assignment. You might ask them to each write down a case about a battered woman, with their questions about how to proceed. If so, take some time during day 2 to work with these cases, or collect the questions.

## Day 2

### 3.10 Starting the Day (15 min)

Invite the participants to share any feelings or thoughts they had during the training days, or maybe new questions that came up.

If the participants did a homework assignment to present a case, you might reserve an hour to work on it after the next exercise.

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### 3.11 Exercise: Discussing Principles (45 min)

**Objectives:** Digesting the information from the presentation of the day before, and raising awareness of the principles that need more work.

**Method:** Individual writing exercise, exchange in small groups, plenary.

**Steps:**

1. The participants all get a handout of the principles. They are invited to rate every principle as follows: this principle is familiar and well established in my practice as a care worker, this principle is unfamiliar, or it is not solidly established. They should rate them with the numbers 0 to 10: 0 for absolutely unfamiliar and 10 for completely accomplished, and the numbers in between for the degree of improvement. The participants pick a principle that needs improvement and work on it in a small group. Form new groups from two up to five participants. The groups all get the following questions:
  - In what way do we already apply this principle?
  - What could be improved?
  - What could we do about it? (Training, getting more information, mutual support, raising the issue in the team etc.)
2. Suggestions about what to do to improve the work can be discussed in the plenary and written on the flipchart. The trainer and the other groups can offer practical suggestions.

**Explanation:** This exercise will leave the trainer, and possibly the organization that is hosting the seminar, with a lot of footing for a possible follow-up.

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### 3.12 Presentation: Goals of Effective Intervention: How to Help Battered Women (30 min)

At all times safety is the main goal. For some women this is enough but many others have been hurt in more than one way. Possible additional goals are (*sheet 10*):

1. Helping the woman to find greater safety from violence.
2. Empowering her to regain control and power.
3. Helping her to heal from the effects of the abuse.

The first important distinction that needs to be made is between clients who have left the abuser, and those who are still in a relationship with a batterer. Since safety is the absolute number one priority in supporting a battered woman we have to consider the following:

Even though the woman has left the batter she might still be in danger. Remember that women who have been severely battered over a long time might have difficulty assessing real danger: some have been 'numbed' and underestimate the danger, others have become so overwhelmed with fear they see danger everywhere. The client, with her wishes, needs to be taken seriously; at the same time as a care worker you have a responsibility. If you think the client underestimates the danger, you need to make a safety plan with her even if she thinks it is not necessary. Where will she go, how can she get help, what will she do if the ex-partner turns up unexpectedly or if she runs into him? If necessary the care worker should insist that a safety plan is made to give her, the care worker, peace of mind and help her to continue her support in an effective way. In a way, this is no lie, as you might have good reason to worry. If we look at the women who were killed by partners or ex-partners, half of them (57%, see Dutton) were killed after they left.

If, on the other hand, it is your impression that your client sees more danger than is realistic, devise a safety plan anyway, and start with some fear-reduction. To the frustration of many care workers some women return to their partners after they have left them once already. One study (from the USA) claims that 27% experienced recurrent violence or psychological abuse within 6 to 10 weeks after returning from a shelter, and 57% experienced a recurrence of violence within 6 months (Dutton). Battered women need to know of these risks (psycho-education), at the same time it is not up to the care worker to try and keep her from returning. If the client gets the feeling that the care worker thinks lowly of her for returning, she might feel too ashamed to come back if things go wrong again. The art of being clear about the risks involved, and at the same time not being judgmental is an art in itself.

If your client is still staying with the abuser, there is also good reason to start building safety. She needs an escape plan, just in case. If she thinks it is unnecessary, saying that she will manage, insist she does it for your peace of mind. Tell her that otherwise you cannot continue your work with her. Please note that escape plans need to be adapted not only to personal circumstances but also to local circumstances. Is phoning the police a real option?)

An escape plan needs to be made individually. If a woman's partner becomes violent, where can she go, who can she phone for quick interference? The details need to be very practical: can she leave the children with him or should she take them and where can she take them? Does she have a safe place? Does she have some money stashed away, extra keys to the house, some necessary clothes or things like medicines in a bag with a friend, etc?

What can she do to protect herself when he becomes violent? Is he the type where she can see it coming, and what can she do? Or is he unpredictable, and do the attacks seem to come out of the blue? Some women fantasize about having a knife or weapon ready. Generally this is a very bad idea. If she manages to wound or to kill him she might be in worse trouble than before. Also the knife or weapon can be turned against her, as often happens, and the violence escalates. Feelings of revenge, and 'if he does this one more time, I will show him' are very understandable feelings, but in reality offer little protection. Escape is much safer in this respect.

Women who have survived childhood abuse, sexual or domestic violence or war related violence could experience problems with keeping themselves safe and taking care of themselves. Some women may get so scared that they are afraid to leave the house, seeing danger everywhere; other women stay in denial and have developed a false bravado or passive acceptance. Fear, normally, is a physical sign that tells us to take care. And although fear is a feeling most of us would prefer to do without it is useful and should be taken seriously because it tells us that we have to do something about our safety, just as physical pain can tell us something is wrong with our body and it needs attention. With traumatised women it often occurs that their capacity to feel fear in the right proportions in any situation has been damaged, they either feel too much or too little fear, and therefore they are not in control of their ability to care of themselves and their safety. One note of caution to the care worker: it may be possible to think the client is exaggerating because her stories seem to be too horrible to believe, or because we as care workers are not ready to accept what human beings can do to each other. Thus, the risk of underestimating the danger is not only the client's! And another note: we should take care not only of the client's safety, but also of the safety of the care worker. Care workers also need a safety plan. Some abusive men turn their anger against the people that, they feel, are 'taking his wife from him', or 'putting thoughts into her head'. Your organization should have safety measures, like a good and quick relation with the police, not staying in the institute alone, access to telephone always, keeping private addresses private etc. We should be clear about the fact that no precautions will ever guarantee complete safety. However, every woman should know exactly what she can and cannot do.

The following exercise can be used in groups of traumatized women, be it battered women or women with a history of sexual abuse. It can also be used in other groups, as in this training. Even though not everybody in the training group has had a traumatic experience, most of us have experienced danger in one way or another.

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### 3.13 Exercise: Danger and Personal Safety (45 min)

**Objectives:** Raising awareness of physical danger, realistic and irrational fears, as well as of different ways of self-protection, and which are effective and which are not.

**Steps:**

1. The participants split up into groups of three or four. They are asked to answer the following questions, first individually, then in a group discussion.
  - In what situations, in your life, were you in physical danger? (Both in war and otherwise)
  - Have you ever felt in danger when you were alone? What were you afraid of?
  - What did you do to protect yourself?
  - Was this protection effective/ sufficient?
  - When you look back on these situations, at what times did you 'overreact', at what times did you 'under react' (that is: realised too late that you were in a dangerous situation)?

- Can you understand where your reactions came from, how they were influenced by events in your life, the way you were raised, the messages you got?
2. Plenary discussion: what insights did you gain from this exercise?
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### 3.14 Exercise: Making an Escape Plan (30 min)

**Objective:** To imagine being a client who needs to escape. What do you need to prepare?

**Method:** Discussion in small groups.

**Steps:** The participants form small groups and picture themselves living with a person who might become dangerous. What can they do, and what do they need to prepare. Be very specific about details. Not: phone a friend, but which friend. What if the friend isn't there? You flee from the home, with no coat on, and no money. What next? Etc.

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### 3.15 Presentation: Empowerment (30 min)

A woman's personal strengths and inner resources are important factors in determining how she responds to violence and abuse directed towards her. She may need to build up confidence about her ability to find solutions to go on with her life. She also needs this confidence in her attempts to protect herself and avoid further violence.

Helping her to find social and psychological support resources can take different forms (*sheet 11*):

1. **Educational, Occupational and Economic Resources:** Not having enough money or ways to earn it makes women particularly vulnerable, either staying with an abusive partner or leaving a shelter to live independently. So is the lack of low-cost housing. Some women therefore start to believe that the only way to survive is to start another relationship.
2. **Social Support:** Social isolation is a common tactic used by batterers to keep control over a woman. Having a support group, making new friends can be crucial.
3. **Psycho-education:** Women might gain insight in the way their belief-system has facilitated the abuse. Many women have grown up believing that a woman is more responsible for making a relationship 'work' than a man, or that a woman without a relationship has failed somehow. She might believe that a bad father is better for her children than no father. Group work and psycho-education on sex-role socialisation can be very helpful in this stage.
4. **Decision Making:** Many women seek help with deciding whether to leave or stay in a relationship. Care workers can help a client to make an informed decision. This will enable her to make her decision from a position of empowerment, knowing she has more options. These options might involve other decisions regarding employment, childcare, and housing. The care worker has to be able to see that this process can take weeks or months, sometimes even years, with many periods of reconciliation and relapse.

- 5. Dealing with Feelings:** Even without going into a real therapeutic process of healing from the trauma it is possible to do some work on 'dealing with feelings', handling fear and anger, fighting depressions, self-care and self nurturance, stress reduction and relaxation. This can be done in individual counselling, but works very well in groups where women can support each other through difficult phases, and have an 'audience' for taking steps and sharing small successes.
- 6. Social Action:** Some women feel greatly empowered by being part of the social action against battering, or actively involving herself in self-disclosure, like writing articles, or giving Presentations.

All the goals mentioned above can be translated into activities, courses on employability, legal counselling, practical help to find housing, individual counselling on decision making, a course on 'dealing with feelings', participation in social action etc.

Please note: if the client is staying at a shelter it is crucial that she feels she can do something to give meaning to this new stage in her life. After having survived so far, and having put all her energy in surviving, she might start to feel depressed once she is out of immediate danger. Boredom, and helplessness are dangerous enemies of recovery, useful activities are an important answer to possible feelings that life is empty and meaningless. (See module 7 Shelters for Women Survivors of War and (Sexual) Violence)

The overall goal of empowerment is returning the confidence to the client that she is capable of making her own decisions and of shaping her own life. She will re-attribute the responsibility for the violence where it belongs, and stop blaming herself. At the same time she will accept more personal responsibility for shaping her life. This requires small and realistic steps. Too large steps and failure might re-enforce her old feeling of powerlessness and helplessness.

Both care worker and client should be aware that if the client becomes more empowered while remaining in a relationship, the risk of the partner becoming abusive (again) will increase. She might show her anger more than before. If she becomes more assertive she might start making demands on him. Since part of the violence is meant, in his perception, to keep her under control, losing control when she starts making her own decisions and shows signs of independence might increase the risk. Maybe, at this stage, it is possible to have couples counselling, or, if available, effective men's groups or men's counselling. It is very important, however, to think about the conditions for involving the men in any sort of treatment, or it might be counterproductive. (See module 6 Gender and Violence: Working With Perpetrators)

Some women might need more than empowerment activities, and are willing to go into a therapeutic process of healing from the trauma. This part is very much the same as any other trauma healing process; it can include individual counselling, group work or both. It is a deep emotional investment that should not be underestimated. In many cases working through the trauma will involve a period of deep grief for the losses, almost unbearable anger, and deep-felt emotional reactions about whatever a woman might have experienced in her life before the battering. Experiences like emotional neglect or abuse during childhood might resurface as well. She has to know that before feeling better she most likely will feel worse.

No one should be pushed into going into a therapeutic healing process. Other factors mentioned above, like having some stability in life, and some choices, a supportive network, should be taken care of first. Clients should be informed of what it means to go through a process of emotional healing (a possible way of doing this is a psycho-education course on trauma).

When thinking about healing the following areas of negative psychological effects of battering should be included (*sheet 12*):

1. Changes in cognition, thinking processes, self-esteem, expectations
2. Psychological distress like anxiety, fear, phobic responses, anger, high avoidance, depression, drug and alcohol abuse
3. Disturbed interpersonal relationships (other than with the abuser) with, f.e. difficulty with trust, fear of intimacy, numb feelings about people, feeling indifferent or like 'spoiled goods' and avoidance as a result of shame

There is not one therapeutic school for healing trauma. The choice depends on the client, and on what is available. Some therapists or other trained care workers use techniques in which the trauma is re-experienced, usually it will involve shame reduction and work on grief and anger; it might involve body work, cognitive-behavioural approaches, hypno-therapy, insight-oriented approaches, gestalt, psycho-drama, art therapy and other methods. Sometimes added therapy on drug and alcohol abuse is useful. There is no consensus about which approach is the best, and of course it also depends on the choice of the client. However, for professional therapists, no matter from what school of thinking, it is important that they have done some work themselves on understanding battering and trauma, and agree with the principles. Also they should have some insight in how to prevent their own burnout and how to deal with vicarious traumatization (see module 13 Prevention of Professional Burn-out with Care workers: Self Care and Organizational Care). Also, all professionals should consider blame and responsibility.

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### **3.16 Presentation: Some Comments on Children at Risk (15 min)**

The children who are involved in family violence definitely need to be included in programmes supporting battered women. Sometimes battered women think the children are not harmed as long as they are not mistreated themselves. Some women stay with their abusive husband because they think they shouldn't deprive the children of their father. In fact research has shown that children who witness violence between their parents are harmed almost the same as if they were abused themselves.

Children of violent fathers are victims in more than one way (*sheet 13*).

- In 50% of the cases when the woman is mistreated so are the children
- Women who are battered beat their own children twice as often as women who are not.
- Even if the children are not mistreated themselves they often witness the violence, even if the parents think they don't know. They hear the screaming, see the bruises, feel the tension. For them, home is not a safe place. They might have problems developing a safe attachment to either parent. They might resent their father for being violent or start identifying with him. They might identify with the victim position of their mother or start to resent her

for being a victim. They might feel responsible, and feel bad because they haven't managed to do anything about it. They might run away from home as a teenager and get into trouble. They might develop problems in later life with their relationships, because they have not had a good example of a normal, healthy adult relationship. They might either be too distrustful or romanticize too much. Children who are witnesses to violence run a higher risk of mental, emotional and developmental problems. They also run a higher risk of either becoming perpetrators themselves or to being revictimized.

Thus, if we work with battered women who have children, the children should be included in the treatment, the therapeutic relationship or the projects. Most shelters have a programme for children, and consciously work on improving the damaged relationship between mothers and their children.

In some countries and some states in the USA discussion is going on that letting a child be a witness of violence in the family should be punishable in the same way as emotional or physical neglect. There is, however, a danger in this. We need to acknowledge that women who are being battered and abused may not be the best of mothers. If her children are taken away from her because she doesn't treat them well she is punished doubly, and so are the children. On the other hand: our understanding that she is having a difficult time and might not treat her children well should not lead to ignoring or excusing the fact that the children suffer, and allowing the chain of violence to continue. The best policy seems to be to support the mother to recover, at the same time as supporting the children, and developing a programme to heal the damaged relationship between mother and children. Only if this definitely doesn't work, and the children are damaged too much should institutions consider taking the children away, but only as a very last resort.

(Take some time for discussion on this subject)

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### **3.17 Presentation: Some Comments on Women in Shelters (15 min)**

Not all battered women want to go to a shelter, and in many places shelters, or safe places, are not (yet) available. Some women who do go to a shelter will only need it for a short period, to get their things arranged, to get some rest, some emergency counselling, and then move on, other women need shelter for a considerable period of time.

Once a woman is safe, and realises that she has survived she might start to feel a whole lot of things. She might feel extremely tired, depressed, and passive; she might also suffer from sudden bouts of fear and anger, sometimes directed at her children if she brought them, sometimes directed at other women, or at the care workers and volunteers.

If she has brought her children, there should be support and some programme for her to heal the relationship that very often had been damaged. Now that the children are also safe they might start to 'misbehave' as well, they can become disobedient, aggressive or start bedwetting. This is an understandable reaction to a long period of being traumatized, but it needs to be addressed.

Being in a shelter with other women who survived seems an ideal setting for self-help groups, and sharing experiences. It does not always work this way.

Many women feel reluctant to talk about the violence they endured; they prefer to 'forget' as soon as possible. Also, many women are reluctant to ask other women about their experiences, not only out of shame and humiliation, but also

because they do not have the energy left for empathy towards other victims. If they do start to talk about their experiences it sometimes ends up in an ‘Olympics of Suffering’, about whose experience is worse. A lot of work can be through individual counselling with a care worker who has ‘fresh attention’, and who is really willing to listen. Another possibility is to organize short-term structured groups to enable women to share their experiences under the supervision of trained facilitators.

Judith Herman said the following about group work (*sheet 14*):

1. The safety of a small group diminishes the feeling of isolation.
2. The sharing of emotion lessens the pain.
3. The sharing of information encourages the building of a new cognitive framework, in other words: women learn to see their experiences in a new perspective.

(For more on shelters go to module 7 Shelters for Women Survivors of War and (Sexual) Violence.)

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### **3.18 Exercise: Exchanging Information about Activities, Courses, Types of Therapy and Useful Skills (30 min)**

**Objectives:** To get a general picture of the professional skills that are present in the group, and what we know about different therapeutic methods.

**Method:** A market-like open discussion, where participants are invited to talk about useful skills with regard to treating abused women. The participants may come up with a short presentation of some method or skill they know about. This part can also be prepared beforehand, and some of the participants are invited by the trainer to prepare a 3 or 5-minute presentation.

It is also possible to ask some or all participants to write a presentation on a big sheet of paper, hang it on the wall, and explain what they have written while the group members walk from one sheet to another.

**Steps:** See 3.15

**Explanation:** This exercise works if there is enough variety of methods and skills present in the group. If not, skip this exercise, and possibly replace it by giving out written material on different skills and schools of therapy that are available in the region, or recommend books and articles.

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### **3.19 Closing the Day (15 min)**

Ask the participants what was good and if they have any suggestions for improvement.

## Day 3

### **3.20 Starting the Day (30 min)**

Ask for comments or anything the participants want to share. Then ask each one to name a man or a woman whom they admire very much, and to explain to the others why.

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### **3.21 Presentation: 'Who is to Blame?' Part I (30 min)**

One important distinction between the trauma of domestic violence and other trauma is with domestic battering there is a bond between the perpetrator and the victim. She is abused and mistreated by somebody she has once chosen to be involved with. She might have shared years of her life with him; there might be children. Even if we, as care workers, meet her at that moment in her life when she has decided to leave her partner, the batter still plays a big emotional part in her life. Apart from that, deciding to leave the partner does not in any way guarantee the end of violence. In some cases 'leaving' is not one decision, but a long process with many new decisions in between, with high risks of increased violence. And very often when care workers meet women who are still in a relationship with an abusive man; they come for help to stop the violence, not necessarily to stop the relationship.

Since we are all human, care workers also have feelings about a man who beats and terrorises his wife. This often means we cannot imagine that the woman still has positive feelings for the man who mistreats her. Without our saying so, the client might feel that it will not be appreciated that she still shows concern for her husband, and might hide this for the care worker. We know from our experiences in shelters that many women still keep contact with their husbands, sometimes on the phone, but often do not tell the staff. The lesson for us: the battered woman will never feel completely understood if the care worker is not interested in what she values in her relationship with the batter. The question: 'why did you stay so long', should never reinforce her feeling of shame, guilt or her feeling stupid. In fact, many women who have stayed on for a long time deserve a medal for endurance and for trying to save their relationship. We realise, however, that this is not always easy for the care worker, who has feelings of her own (for dealing with this, go to module 13 Prevention of Professional Burn-out with Care Workers: Self-Care and Organizational Care).

There are different ways to see the responsibility for recurring violence in a relationship. To name the two most extreme ways of thinking: in some feminist thinking with a strict division in 'men are perpetrators' and 'women are victims of male violence in a patriarchal system', the question of women being responsible does not even arise. On the other side of the line there are care workers trained in systemic thinking. In some systemic thinking all the members of a system (family, couple) are equally responsible for whatever goes wrong. Most care workers will have formed some way of thinking in between these two poles of the argument, but many feelings about 'who is to blame' might still be unconscious, formed by our own experiences.

Before we continue discussing the argument on responsibility and blame, here is an exercise to try and get some unconscious notions out in the open.

### 3.22 Exercise: 'Who is to Blame?' (30 min)

**Objective:** Raising awareness about blame or blaming and responsibility in the case of domestic violence.

**Method:** Individual exercise with handout, discussion in small groups, plenary.

**Material:** Handout 1.

#### Steps:

1. Start by handing out the handouts. On the handout are 5 short 'case histories'. Underneath each one there are two scales from 0% to 100% responsibility, one for the man, one for the woman. The participants are asked to fill in their personal opinion on each case, to what degree is the man responsible for the violence, to what degree the woman. Please have them fill in all the cases by themselves before discussing anything. Be clear that this is not an exercise to prove anyone right or wrong, but to find out for themselves what it is they really feel. After filling in the percentages on the handouts the participants split up into small groups to compare the results and discuss why they might feel different about things. The idea is not to form consensus, just to compare and discuss.
2. In the plenary the groups report back what the discussion was like.
3. The trainer needs to take an active stand in the discussion. She can ask the participants: when you read the cases, what happened to your feelings? Did your sympathy start to shift from the woman to the man? Were you trying to find explanations for her behaviour, to excuse it? How many of you who made the woman more responsible subtracted this from the percentage you ascribed to the man? Does this mean that you think that if the woman is more responsible you think the man is less responsible? Why?

**Explanation:** This exercise might arouse very strong emotional reactions, as the thinking about responsibility and blame touches most care workers' deepest belief system about what is right and wrong. The participants need a lot of 'permission' to hold on to their own interpretation, without being attacked by others for 'wrong thinking'.

The goal of this exercise is twofold: one, each care worker should be aware of how her ideas on responsibility influences the way she sees the problem of violence in relationships, and how it influences her interventions. Secondly, it is a way to challenge our basic assumptions, our paradigms, namely that responsibility for violence is a 'zero-sum game', that is: the responsibility of one person should be subtracted from the responsibility of the other. What is to be expected is that some highly feminist care workers fill in 100% in each of the cases for the man and 0% for the woman, even though they might start to feel uncomfortable when the woman in the case starts to 'behave badly'. Some other participants might shift responsibility, starting out with 100% responsibility for the man but as they give the woman more responsibility along the way, subtract it from the man. If there are men in the group they might identify strongly with the man when he is told he doesn't earn enough and from that moment on start to blame the woman more than the man.



### 3.23 Presentation: 'Who is to blame?', part II (30 min)

Usually people think that the responsibility for violence in a relationship is a 'zero-sum game', meaning: if we see the woman in any way responsible, it would mean the man is let off the hook for his part of the responsibility; if she starts behaving badly you cannot blame him for hitting her. As long as we are stuck in this 'paradigm', this way of thinking, we either have the tendency not to consider the victim's responsibility at all, and see her solely as a completely helpless and innocent victim, or we blame her entirely for the violence. In both cases we are not helping her effectively. We propose a new paradigm (*sheet 15*):

- 1. A man is responsible for using physical violence at all times.** It is his fist that gives the blow. Even if a woman is behaving badly, or even starting some sort of violence like throwing something at him, as long as he has the possibility to do something else, like going away, he is 100% responsible for his own behaviour. The idea that 'she made me do it' is a poor excuse. The message to him: there are other ways to solve problems and deal with anger.
- 2. In some cases the woman is responsible, not for his violence, but for jeopardising her own safety.** It is a legitimate question to ask victims of violence if their behaviour is really the best way to ensure their own safety. If she knows her husband has a tendency to become violent she should really ask herself why she should jeopardise her safety with behaviour that she knows can have this effect. Please note: we do not mean to say: what did you do to provoke his violence! Asking her to be responsible for her own behaviour is not the same as blaming her for what he did.
- 3. Only in cases of sheer physical self-defence, can violence be excused.** We can understand that some men are easily hurt, already have a low self-esteem, feel powerless, have difficulty in expressing their emotions in any other way, and have learned that men are allowed to use violence if the wife is 'not showing respect' or doesn't obey him, but understanding is not the same as excusing.

In short, in this new paradigm we make a distinction between the responsibility of using violence, and the responsibility to protect oneself. Of course there is a relation between the two, but not in the simple way that the one subtracts from the other. In other words: it would be possible in this exercise to say: in all cases the man is 100% responsible for using physical violence, but at the same time we can wonder to what degree the woman is responsible for behaving badly and not taking care of her own safety.

Many battered women are considered powerless and passive victims, and sometimes this is how they see themselves. Fact is that most women were very active in trying to protect themselves and their children. It can be helpful for a survivor of battering to realise that she has tried all she could do to change the situation. However, it is possible that after a long process she has developed survival mechanisms that are not helpful to solve the situation, but even are counterproductive.

Therefore the appropriate question is not: what did you do to stop the violence, because this question implies that she had the ability to stop the abusive behaviour. She did not. Whatever her efforts, ultimately it is his responsibility to stop the violence.

The question should be to ask what has she done to escape, to avoid the violence and to protect herself from it. Usually you will get a long list of answers.

It is also appropriate to ask why the strategies she used were not effective in protecting herself. Some women do behave in a manner that makes the situation worse: for instance, if the man gets angry and wants to leave, stopping him from going. Or if she is angry, using words she knows will make him aggressive. (You might need some time for the participants to vent their feelings after this discussion. If so, propose they talk about it in twosomes for 5 minutes each before continuing)

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### **3.24 Presentation: Why Did She Stay? (30 min)**

To some care workers who themselves are not survivors of violence it can be a baffling fact that many battered women stay with their abusive partners for many years, and even want to return to him. Most women finally give up and leave if the violence continues, but this can take many years, and involve many new attempts to try again. Why do many women stay around?

At this point have a group discussion, and write the answers on the flipchart. Then offer your own list of possible explanations. Go back to sheet 3. All the factors influencing the position of battered women can be 'translated' into reasons why she hasn't left (*sheet 16*):

- No financial resources, no place to go to: Part of the battering process is often isolation, no social network (this might also be the result of forced migration).
- Negative institutional responses: She might have tried, and was turned away by the police or social work. She has given up.
- In war or post-war situations other problems might be more important: If her husband came back from captivity or from combat she might feel she owes him loyalty even if he behaves very badly.
- Being part of a minority: For some women it seems extremely disloyal, not only to her husband, but also to her community, to expose him to the police. For some women in mixed marriages, who chose or had to choose to go with her husband, there seems to be no way back.
- In traditional communities women are blamed for leaving their husband, even if he is violent. If she leaves him she will lose more than her marriage.
- Vulnerability: Some women with a prior history of abuse feel they are not worth a better life, or will never be able to attain it.
- Strength: Some women take pride in enduring, and find it very difficult to 'give up' and 'give in'.
- Love: Some women still love their husbands, and see him as a basically good person who sometimes behaves badly, for instance under the influence of alcohol. Some women see in their partners a hurt child that needs their love. Some women believe/ understand that their husbands would be completely lost without them, and feel valued for that, even if he beats her.

More reasons that can be added here (*sheet 17*):

- Fear: Some women feel that the violence will become worse if they leave. They fear that they will be followed and found by him. A battered woman might be absolutely right that her husband would become more dangerous when she leaves. Most murders of women occur when she threatens to leave or has already left. In this case she will only leave when she feels her life is more in danger when she stays, or when she is sure that she can find safety and effective protection.

- Children: Some women believe that they should stay for the sake of the children. Only when they know that a violent father is always harmful for children, even if he doesn't mistreat them directly they might decide to leave.
- The 'battered wife syndrome': Continued battering is extremely traumatising. Battered women can suffer from dissociation, (feeling numb, out of touch with reality, as if this is not happening to her), and feel powerless (no will of their own, no energy for change). Their ability to project a different future for themselves and to act accordingly has been damaged.

Apart from all these possible reasons many women struggle with their belief-systems. Many women were brought up believing that their aim in life was to love another person, and that love will conquer all. A belief-system is not the same thing as 'opinions' or just 'feelings'. Beliefs are more deeply engraved and often unconscious. They are experienced as a 'truth' that needs no discussion. It is helpful, in working with battered women, to ask her what her beliefs are. Instead of telling her she is wrong (people will defend their belief-systems, and often experience criticism as a personal attack), you can ask her: in what way does this belief help you, and in what way does it work against you? What would happen to you if you gave up this belief? How would you feel?

### 3.25 Exercise: Women's Belief System (45 min)

**Objective:** To understand women's belief-systems by comparing it with our own.

**Method:** Discussion in small groups, plenary discussion.

**Material:** Handout 2.

**Steps:**

1. Give all participants handout 2.
2. Ask them to go back into small groups. Ask everyone to read the list, and to look at every item: how close is this item to their own belief, or how distant? They can grade the beliefs: 5 for completely the same, 0 for completely different, or anything in between.
3. The question is: how does your own belief-system interact with that of your clients, if they are battered women? Where do you understand her (maybe too much), where don't you understand her? How would you react if your belief-system were very different?

*Handout 2*

Beliefs that will influence a battered woman in her behaviour and decisions

**Beliefs concerning intimidation:**

- If I leave him he will kill me and/or the children.
- If I leave him he will hurt me and/or the children.
- If I leave him he will find me and make my life unbearable.
- If I leave him he will kill himself or break down, he can't live without me.

**Beliefs that excuse the partner:**

- It is all because of his unhappy childhood/ his drinking/ the stress in his job. He can't help himself.
- Deep down he is really a good man, he doesn't mean to hurt me.
- He can be sweet to me also, he really loves me, he doesn't really want to hurt me.

**Beliefs of self blame:**

- He is right, it is all my fault, I make him angry.
- I'm no good, no wonder he hits me and abuses me, it is my fault he can't show any respect to me.
- It's better to stay together because of the children. If we divorce it will make the children unhappy and that is my fault.

**Beliefs about morality, responsibility and sense of duty:**

- True love conquers all.
- I made the choice to be with him, I married him, now I must carry the consequences.
- I'm not allowed to leave my family even if staying makes me unhappy
- Divorce is a sin.
- I have to stay with him and save the marriage.
- Keeping the house and making the marriage work is my responsibility.

**Beliefs of demoralisation:**

- I'm too tired to fight any longer.
- Nobody will believe me. They will think it is my own fault, or that I'm exaggerating.
- Nobody will be able to stop him, he can do what he wants.
- I have left him so often and returned to him, now nobody takes me seriously anymore. I don't take myself seriously.
- I'm afraid of what a divorce will be like, and how I have to run my life afterwards.
- All men are violent and controlling. One way or the other, they are all the same. I might as well stick with this one.

**Beliefs concerning denial, belittling the problem or unrealistic expectations:**

- Someday everything will be alright again.
- I can change my partner.
- If only this or that would change, he would change as well.
- Maybe it will stop by itself.
- I have always been beaten. I can stand it. It's no big deal.
- All marriages have their dark side. In every relation things like that happen once in a while.

**Beliefs about being dependent:**

- I'm nothing without him. I can't live without a man.
- If I leave him I will be all alone.
- If I leave him I will never find another partner.
- If I leave him I will lose all my financial security and the house.

After doing the exercise in small groups have a plenary discussion.

At this point the trainer can suggest some role-playing: a participant plays a client who adheres to one or more beliefs, the other the care worker 'confronting' her. How should the care worker react, what can she do to help the client really look at her belief-system?

The play can be repeated several times with different 'clients' and different 'care workers', around different parts of the belief-system.

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### **3.26 Presentation: Building a Chain of Safety (15 min)**

Up to this moment in the training we have mainly talked about a possible helping relation between battered women as clients, and care workers. We have only briefly mentioned that institutional responses can be an important factor. In most countries a start has been made with 'building a chain of safety', that goes beyond just taking care of the victims. To make battering and domestic or family violence a broader issue, we should consider several things (*sheet 18*):

- How to involve and protect the children.
  - How to deal with abusive men.
  - How to influence society through the media.
  - How to involve and work with the police.
  - How to get support from (local) governments.
  - How to adapt legislation.
  - How to involve the school system and medical profession.  
(please add to your own knowledges.)
- 

### **3.27 Exercise: Taking Personal Steps in Combating Domestic Violence (45 min)**

**Objective:** To transform the information that is given in this seminar into practical personal steps on different levels.

**Method:**

1. The participants go over the content of this training in pairs. Have them discuss the things they learned, about themselves, insight in the clients, with regard to the methods.
  2. Then ask them to choose a topic they would like to work on, for instance: how to take steps in working with the police, or improving the situation for children of battered women.
  3. Groups are formed around the chosen topics. Every group formulates a plan. Apart from that the participants formulate what personal steps they plan to take, and what they need to be able to take these steps (More training? Networking? Take their suggestions back to their organization?).
  4. The plans are written down and presented in the plenary as a poster presentation.
  5. As a trainer, make sure that the plans are realistic, and help formulate some follow-up.
-

### **3.28 Closing Session (30 min)**

Every participant in turn tells the group one thing that happened in the seminar that is most valuable to her. It might be a piece of theory or a personal insight, or the exchange in small groups, or maybe the effect of sharing a private experience.

Ask every participant for a reaction, and do not accept general remarks, ask them to be specific.

### 3f Acknowledgements

This module is written by Anja Meulenbelt. Very helpful was the publication by Medica Zenica, *Women's Rights are Human Rights*, on the relation between domestic violence and war. The first two days of the module closely follow the book by Mary Ann Dutton, *Empowering and Healing the Battered Woman*. Please read it. For many of the issues raised in this module she offers more material. The idea that responsibility in cases of battering is not a zero-sum game came from Sharon Lamb, *The Trouble with Blame*.

### 3g To Continue...

- Many suggestions on where to go next are already offered in the text, like module 7 Shelters for Women Survivors of War and (Sexual) Violence, or module 6 Gender and Violence: Working With Perpetrators.
- For the empowerment section, see module 10 Empowerment and Building a Supportive Environment.
- Module 4 Crisis Intervention and Group Work with Survivors can be a useful follow-up.
- We think a lot more work should be done on working with children (see literature), and on building a 'chain of safety'. Also we recommend more work on different therapeutic approaches, family therapy and couples counselling.

### 3h Suggestions for Further Reading

- Davies, Jill. *Safety Planning with Battered Women*. Sage.1998.
- Dutton, Mary Ann. *Empowering and Healing the Battered Woman*. Springer.1992.
- Geffner, Robert, Peter Jaffe, and Marlies Sudermann (eds). *Children Exposed to Domestic Violence*. Haworth. 2000.
- Jasinski, Jana and Linda Williams (eds.). *Partner Violence*. Sage.1998.
- Lamb, Sharon. *The Trouble with Blame; Victims, Perpetrators and Responsibility*. Harvard University Press. 1996.
- Medica Zenica. *Women's Rights are Human Rights*.
- Walker, Leonore. *The Battered Woman*. Harper and Row.1979.
- Willigen, Loes van (ed.). *Health Hazards of Organized Violence in Children (II)*. Pharos, Netherlands. 2000.
- Yllö, Kersti and Michelle Bograd. *Feminist Perspectives on Wife Abuse*. Sage.1990.
- Ajdukovic, Marina and Gordana Pavlekovic. *Nasilje Nad zenom U Obitelji*. Zagreb. 2000.

# Sheets and Handouts

Module 3

## **Empowering and Healing Battered Women**

# **Explanations of the Rise of Domestic Violence in Post-War Situations**

1. Violence becomes normal
2. More problems in families
3. Changing relations between the sexes
4. Combat trauma
5. Breakdown of support
6. Crises of displacement

## **There is no excuse for violence**

- Understanding violence is not the same as excusing violence
- Understanding violence is not the same as forgiving the abuser

## **Influences on the Ability for Battered Women to Solve Their Problems:**

1. Material resources and social support
2. Institutional response
3. Other problems
4. Being part of a disadvantaged group
5. Tradition
6. Vulnerability factors
7. Personal strengths
8. Positive aspects of relationship

## **Battering Usually Involves:**

- Isolation
- Intimidation
- Verbal assault
- Denial
- Blame

## **Effects of PTSD:**

1. Intrusion
2. Avoidance
3. Arousal

And 'biphasic' reactions:

phases of avoidance and numbness,

then phases of arousal, hyper alertness, anger,

sleeplessness and intrusive memories

## **Apart from possible PTSD, possible effects of battering:**

1. Shame
2. Self-blame
3. Subjugation
4. Morbid hatred
5. Paradoxical gratitude
6. Feelings of defilement
7. Sexual inhibition
8. Resignation
9. Secondary injuries
10. Economic downward drift

## **Levels of Life Affected by Battering:**

1. Losses of partner, dreams, house etc
2. Capacity to form relationships
3. Capacity to control your own life
4. Belief in yourself

# **Explanations for Possible Revictimization Due to Prior Abuse:**

1. Learned to endure by 'dissociating'
2. Unrealistic about relationship
3. 'I don't deserve better'
4. 'I'm tainted, no one else will have me'

## **Principles of Treating Battered Women:**

1. Non-judgemental acceptance
2. Providing immediate support
3. Advocating for safety
4. Willingness to listen
5. Assuming symptoms are caused by trauma
6. Education is healing
7. Survival mechanisms are strengths
8. Understand substance abuse
9. Look also for positive changes
10. Social action is healing
11. Transformation is a lifelong process
12. Understand noncompensable losses
13. Assume self-determination
14. Care worker's self-care

## **Goals of Effective Intervention:**

1. Establishing safety
2. Empowering
3. Healing from trauma

## **Levels of Empowerment:**

1. Educational, occupational and economic resources
2. Social support
3. Psycho-education
4. Decision making
5. Dealing with feelings
6. Social action

## **Negative Effects of Battering to Include in Treatment:**

1. Changes in cognition
2. Psychological distress symptoms
3. Disturbance in relationships

## **Children at Risk:**

- In 50% of the cases, if a woman is mistreated, so are her children
- Women who are battered mistreat their own children twice as often
- Being a witness of violence is harmful for children

## **Healing Factors in Group Work:**

1. Safety diminishes feelings of isolation
2. Sharing of emotions decreases pain
3. Sharing of information gives new perspective

(Judith Herman)

## **A New Paradigm on the Responsibility in Case of Violence in Relationships:**

1. The man is always 100% responsible for violent behaviour
2. The woman is not responsible for his violence. But sometimes the woman is responsible for jeopardizing her own safety
3. Only in cases of clear physical self-defence can violence be excused

**Conclusion: it is not a 'zero-sum game'. One partner's responsibility does not diminish the other's**

## **Why Does She Stay? (Part I)**

- Finances, no place to go, isolation
- Negative institutional responses
- In war other problems more important
- Being part of minority
- Traditional values
- Vulnerability
- Strength
- Love

## **Why Does She Stay? (Part II)**

- Fear
- Children
- Battered Wife Syndrome

## **Making Battering of Women a Broader Issue:**

- Protect Children
- Deal with Abusive Men
- Use Media
- Work with Police
- Get Support from Government
- Adapt Legislation
- Involve Schools and Medical System



## **Beliefs that will influence a battered woman in her behaviour and decisions**

### **Beliefs concerning intimidation**

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- If I leave him he will hurt me and/or the children
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### **Beliefs of self blame**

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- I'm no good, no wonder he hits me and abuses me, it is my own fault he can't show any respect to me
- It's better to stay together because of the children. If we divorce it will make the children unhappy and it will be my fault

### **Beliefs about morality, responsibility and sense of duty**

- True love conquers all
- I made the choice to be with him, I married him, now I must carry the consequences
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- All men are violent and controlling. One or the other, they are all the same. So I might as well stick with this one

### **Beliefs concerning denial, or belittling the problem, or unrealistic expectations**

- One time everything will be right again
- I can change my partner
- If only this or that will change, he will change also
- Maybe he will stop by himself
- I have always been beaten. I can stand it. It's no big deal
- All marriages have their dark side. In every relation things like that happen once in a while

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