

Women, Health and Development Program

Gender and Public Health Series



Pan-American Health Organization
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PAN-AMERICAN HEALTH ORGANIZATION
Women, Health and Development Program

Gender and Public Health Series

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**BATTERED WOMEN:
A WORKING GUIDE FOR CRISIS INTERVENTION**

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PRESENTATION

The “Gender and Public Health” Series is produced by the Women, Health and Development Program of the Pan American Health Organization/World Health Organization in the sub-region of Central America with the purpose of disseminating different topics of interest which are promoted by the Program. Its goal is to stimulate reflection, analysis and actions from an interdisciplinary gender perspective on public health matters.

Under the auspices of the governments of Sweden and Norway, documents will be published in these Notebook Series which will help consolidate the processes that are currently underway in the Central American countries to incorporate gender considerations into policies and actions of the Health Sector. The content of the Series may be conclusions from workshops, contributions by individual authors and results of research.

The content of the works published and the manner in which the data is presented do not necessarily imply the position of PAHO/WHO's WHD Program on a particular topic.

MOTIVATION

This material was prepared to contribute to the training process of those who will be working directly with women suffering conjugal violence. These women experience not only the constant threat of new abuses, but also the pernicious effects of this violence and the real and repeated aggression that they have undergone.

In view of the fact that the overwhelming majority of victims of conjugal aggression are women, this material deals only with the problem of abuse towards women. In those cases of violence towards the male, some basic principles can also be garnered from this material; however, we recommend that the suitability of the workbook be reviewed and other materials be sought, which would be more appropriate for that problem.

This Guide deals specifically with the topic of intervention in crisis situations, known also as “emergency circumstances”. This topic was selected because of its importance in the problem detection process, since crisis situations constitute one of the principal motives for women to seek out services, and primordially, because it is the first step in protecting human lives, a start on the road to achieve positive changes; thus, we can show our commitment to building a better society for future generations.

Crisis intervention is the name frequently used for the process carried out after a person has suffered a traumatic experience, but before she has found answers that would allow her to integrate this experience into her overall life, and carried out the necessary changes that would allow a healthy, positive lifestyle. At odds with other traditions of thought that look on crises as negative experiences, this Guide has evolved from a different premise: emergency conditions constitute potentials for a person, in our case a battered woman, to reflect and start down the road to change

Responses to crisis situations depend not only on each person, but more so on a significant social component that over-determines with its messages, demands, and facilities, the possibility of utilizing the crisis potential in a positive or negative way. Specifically, we could say that legal restraints on sanctioning abuse, and in general, all manifestations of family, community, and social tolerance of aggression against wives constitute elements that hinder the use of the crisis potential to make changes that would ensure a life free from mistreatment.

The contents of this self-instruction Guide have been selected to facilitate the crisis intervention process with battered women. A process focused on the positive use of a crisis situation’s potential under the premise that all facultative social, institutional, and legal resources must be mobilized.

INTRODUCTION

Violence against a woman on the part of her partner is a serious problem in our society, not only because it represents a violation of human rights within our region, but also due to the different demands that it places on us to put an end to the tolerance allowing and reinforcing it.

In parallel fashion, social awareness of the problem has increased denunciations and demands on the part of abused women themselves for immediate attention from the police, courts, religious counseling, or therapeutic support systems, among many other resources linked to the problem. This has meant that the services and those offering them must be dedicated to the task of seeking new and efficient strategies to meet the demand. Among them are specialized legal orientation, medical care services, support groups, duly accredited agencies to receive the complaints, different types of psychological intervention, and crisis intervention itself. The lattermost is destined generally to caring for the abused women in the face of a new incident of violence.

This Guide is designed to offer a regulated approach to caring for abused women in emergency circumstances, which is the reason that many of them seek assistance and orientation from different institutions or services, such as, for example: medical offices, hospitals, health centers, emergency rooms, police agencies, crisis hot lines, religious counseling, childcare centers, and organizations providing psychological support for women who are victims of violence.

It is extremely important to understand, at this point, that crisis intervention is not a task corresponding solely to professional therapists, rather it constitutes an essential part of the job of anyone providing direct care for women and their children.

The crisis situations that battered women go through can be caused by different events or circumstances. The first of these, and the first one that comes to mind when intra-family violence is present, is the occurrence of a new attack or abusive incident. However, they may also seek out care services due to crisis situations that occur because of other types of events, such as: the revelation of incest by a daughter, a partner's infidelity, the death of a beloved, and many others.

Whatever the motive giving rise to a woman's crisis or emergency condition, there is an underlying unresolved problem: she has experienced the threat and effects of reiterated violence. In this sense, the risk of a new attack of aggression will determine our intervention objectives and strategies. Thus, the fundamental requirement that arises here is the provision or mobilization of the necessary resources to guarantee physical integrity for the woman and her children.

In this sense, the moments of crisis in violent situations within the family allow or provide an opportunity for women to reflect and look for new meanings resulting not only from the crisis, but also the abuse, control, and power that are exercised over her. Similarly, the crisis represents an opportunity to make decisions that will lead to a positive change in her daily lifestyle.

This way of looking at emergency situations can already be glimpsed in the meaning of the word “crisis” in different languages; in Chinese: concomitant danger and opportunity (weiji), and in Greek: decision and discernment to enhance or deteriorate (krinen). Thus, intervention at this point in time is crucial for supporting self-awareness, reflection, and change.

Those of us who are dedicated to offering assistance at these times must be conscious not only of the objective and direction of our actions in an emergency situation, but also of the personal characteristics that we must heighten and develop in order to carry out a humanistic and effective effort to accomplish specific goals. Obviously, in the Central American Region there are numerous articles on general profiles of those who provide direct or indirect services in conjugal violence problems. These characteristics are also valid and necessary in crisis intervention processes.

With regards to the general qualities necessary for those offering services in this field, we can cite the following. They should:

1. Have experienced a self-reflection process about personal beliefs and attitudes that justify, minimize, or tolerate conjugal violence and, specifically, those that blame and denigrate the battered women;
2. Have had the opportunity of aid to confront one’s own history of violence in those that have experimented child or conjugal abuse; and
3. Have specialized training on topics such as:
 - Linkages between gender and violence, as well as theories on socialized learning of aggression;
 - Theory of the cycle of violence, which explains the cyclical pattern of aggression;
 - Theory of trauma, which interprets the consequences of violence received in behavior, affect, and thought;
 - Risk factors related to greater severity of abuse and homicide;
 - Psychological and social factors that contribute to a woman’s remaining in an abusive relationship;
 - Objectives and strategies of survivor therapy.

These points are just a few examples commonly accepted as necessary within the training profile of the persons providing any type of service for those who currently face or previously faced situations of intra-familial violence. Nevertheless, it is important to provide special attention to the demands posed by battered women, when the risk of new abuse is present. It is here where the training for crisis intervention becomes an exceptionally important aspect, because we must be prepared to provide and mobilize resources that guarantee their safety in the face of the risk that violence may occur again.

Thus, in addition to the contents mentioned above, it would be worthwhile for those carrying out crisis intervention to also have sufficient flexibility and creativity to be goal-oriented and possess a human rights approach making them diligent in protecting human life.

This Guide is an attempt to be a self-instructional tool in the training process for those providing crisis care services for battered women. Therefore, it has a format allowing personal notes and also includes a series of exercises for self-reflection at the end of each section.

Part One

Basic Premises for Understanding Conjugal Abuse

The crisis intervention process with women that suffer conjugal aggression requires not only training, to offer services in moments of emergency, but also to allow them to come to grips with the individual aspects of the problem of violence.

Thus, this Guide begins with the basic premises of conjugal abuse, as an introductory section aimed at understanding its nature. We provide here the main myths surrounding conjugal violence, the risk factors, the dynamics of aggression, the reasons that explain a woman's remaining within the relationship, and a glossary of the key concepts for understanding this phenomenon.

Finally, Part One concludes with a series of exercises intended to facilitate reflection and the learning process.

1. Our Point of Departure

Conjugal violence against women is an old social problem, but only recently has it been recognized as a violation of their human rights and an indication of the unequal status they occupy in our society. Furthermore, it continues to be a type of institutionalized violence because the different fundamental social institutions interpret it as a necessary resource to maintain order within the family. Recognition of the institutionalization of aggression against women in our society means that there is an outstanding need to revise our belief system, which justifies its occurrence.

Thus the problem of aggression against women by their partners must be approached as a challenge of:

- Significant dimensions in our region. There are estimates showing that one of every two or three women experience conjugal aggression (Ellsberg, 1996, Claramunt, 1997)
- That represents a violation of the human rights of women in the Central American Region,
- That affects women from all social classes, religions, and educational levels,
- Whose origin is social. Discrimination and oppression of women, on the one hand, and masculine supremacy on the other, are present in our social structure, and reflect the way in which men and women relate intimately in the family,
- That is justified and legitimated by a majority of society's institutions (family, health system, education, among others), since it is interpreted that under certain circumstances it is a valid resource to maintain social order. Infidelity, unfulfilled obligations or mandates, and responses considered inappropriate for a wife constitute the usual justifications to use physical violence, mockery, or disdain to "correct her",
- That is passed from generation to generation. The male children that observe mistreatment towards their mothers, run high risks of becoming aggressors of their own wives when adults.

On this point we emphasize that aggressive conduct is learned in our culture, through a series of factors that encourage or inhibit it.

2. Myths and Realities of Conjugal Violence

Among the main myths that obscure the reality of violence against women and hinder good intervention in abusive situations, we find:

Myth: the wife is abused because the couple doesn't communicate well. This belief, besides negating the responsibility of the abuser, can hamper crisis intervention. By unjustly blaming the victim, pointing to her as being abused due to her communication problems (by not waiting for an opportune moment to speak, complain, or to the contrary, for her silence), increases her desperation and impotence.

Reality: violent behavior is the responsibility of the actor.

Myth: Women need to be corrected by their husbands because of their inappropriate behavior (according to the husband, his family, or society). This belief arises from two erroneous core principles. First, violence is an effective way to educate, and second, the husband has the right and the obligation to "educate" his wife.

Reality: There is no justification for violence.

Myth: If the wife is complaisant and patient, over time he will stop abusing her. Many people believe that time changes couples for the better. Although this might be certain for other types of conduct, in the case of violent men, in general they increase the severity of the mistreatment over time.

Reality: Time alone will not make the violent conduct disappear. To make the abuse cease, the aggressor must accept responsibility for his actions and learn new forms of coexistence. Usually this is only possible with specialized help

Myth: Alcohol and drugs are the cause of conjugal abuse. This belief falls apart when one encounters episodes of abuse where the husband is not under the effects of alcohol or drugs. Similarly, a non-abusive husband who drinks or becomes intoxicated will not abuse either his wife or his children.

Reality: Alcohol and drugs may release and facilitate the abusive behavior or make it more dangerous in male aggressors, but they are not the cause of the violence.

Other erroneous beliefs or myths that you are aware of:

Myth: _____

Reality: _____

Myth: _____

Reality: _____

3. Risk Factors for Experiencing Conjugal Abuse

The American Psychological Association (APA, 1996) carried out an extensive compilation of documents, research, and experiences regarding intra-familial violence in order to orient efforts in this direction. They were able to establish that there are various risk factors associated with abuse in the couple. These factors are not causes: rather, they constitute the conditions that increase the probability of suffering conjugal violence.

Among these, the following stand out:

Risk Factors for Conjugal Abuse

- Being a Woman
- Having observed abusive behavior towards his own mother
- Being pregnant
- The first months of a newborn baby boy or girl at home
- The use of alcohol or drugs
- During a period of separation or divorce

American Psychological Association, 1996

In a crisis intervention process with battered women, other risk factors that must be taken into account are those related to conjugal separation. Among these: a threat or actual non-payment of alimony or child support, confiscation of material goods, threats to deprive a mother of her children, threats of kidnapping, physical violence during child visitation, and finally, threats or direct physical,

sexual, or emotional abuse of the children, especially when the aggressor has custody.

The section on crisis intervention will provide a detailed evaluation of the risk criteria for renewed incidents of abuse and for homicide.

4. Dynamics of Conjugal Aggression

In contrast to other types of violence present in our society, such as robbery or rape by unknown individuals, conjugal violence has specific characteristics that must be taken into consideration for crisis intervention processes. One of these emerges from the dynamics of intra-familial violence: the victim suffers aggression from a person who is expected to provide respect, love, and solidarity.

This characteristic is of fundamental importance to understand the sentiments of loyalty that battered women may experience towards their aggressors and that frequently hinder a denunciation and the right to seek legal remedies for the abuse. In a similar manner, this characteristic may interfere in those providing services for the women, because they consider that there should be loyalty and pardon within the family even though it harbors violence.

Thus, the battered woman faces a series of paradoxes, such as:

- A desire to escape the threats and violence versus the desire to obtain respect and love from the same person that is abusing her,
- A desire for independence versus her economic dependence on the aggressor,
- Reception of signs of seduction and caring versus periods of torture, humiliation, and aggression,
- Hope for change in the aggressor versus renewed incidences of abuse,
- Sentiments of loyalty versus ire and anger towards the aggressor.

Within these paradoxes lies the fact that the woman is victim of episodes of aggression that are unpredictable for her, and do not occur all the time. Violence, as was demonstrated by Lenore Walker (1979, 1995), does not occur impulsively; rather it obeys a pattern that repeats throughout the relationship. This can be characterized by the Theory of the Cycle of Violence.

In summary, this theory explains that conjugal abuse occurs within a pattern of three phases or stages that are predictable, and are repeated over and over. The distance between one cycle and the next can be different in each aggressor, as can the length of each one of the phases.

First Phase: Increasing Tension. In this phase, the male becomes irritable and upset; all of his wife's characteristics seem to bother him, and besides humiliating or degrading her, he begins to demonstrate different physically aggressive behaviors. The tension is not reduced, and in spite of everything done, the woman is unable to placate him.

Second Phase: An Acute Incident of Violence. The tension that was growing in the first phase explodes in a severe physical attack, and is generally the motive for which women recur to hospitals or request legal protection. After this incident, the man relaxes and the tension declines.

Third Phase: Amorous Truce. After the acute incident, and once the tension has been reduced, the male aggressor becomes complaisant with the woman, and may promise not to hurt her again. During this period, he begs forgiveness and trust in his being able to change, and in order to convince the woman, employs numerous strategies, such as a seductive behavior towards her, gifts and trips for the children, a search for mediators from the church, the family, or institutions. This phase is known as the period of truce, because it is the time that passes between the violent incidents.

5. Consequences of Violence in Women

According to the type of abuse, the consequences may be classified by their physical, social, patrimonial, and psychological dimensions. It is worth emphasizing that this division is totally arbitrary. A woman is an integral being; abuse in any of its manifestations harms the totality of her experience as a person. Thus, for example, physical abuse has more than merely physical consequences; they are also psychological and social, among many others.

Keeping the foregoing in mind, we could say that among the purely physical consequences of violence we find, for example:

- lacerations, cuts, contusions, bruises,
- burns,
- facial lesions, as well as on extremities and torso,
- loss of consciousness, of an organ or some functions,
- malnutrition,
- cranial trauma and neurological damage,
- traumas in the vaginal and pubic areas,
- premature birth, injury or death to the fetus (while pregnant).
- permanent physical disabilities,
- death.

With regards to patrimonial aspects, violence contributes as one of its principal consequences to a loss of assets for daily survival, not only for the woman, but for her children as well.

Conjugal aggression suffered by women may also occasion loss of contact with their own families, friends, children, and in general, their possibilities for self-fulfillment.

At the emotional level, and given the severity of the effects of reiterated violence and the constant threat of death on a human being, we must recognize that conjugal abuse constitutes a traumatic experience for a woman.

The consequences of the trauma from intra-familial violence are similar to those for individuals that have survived concentration camps, nuclear holocausts (Hiroshima and Nagasaki), natural disasters (e.g., earthquakes or floods), and ex-combatants or ex-prisoners of war.

Traumatic situations or events such as repeated experiences of conjugal abuse are recognized as devastating for any human being. In this sense, the consequences must be understood from the point of view of human homeostasis. This abuse exhausts a woman's adaptive capacity, in order to protect herself from danger she must be on the alert and vigilant at all times and come up with a great deal of immediate solutions at the same time.

Reactions to Tension and Stress

- weariness and chronic fatigue,
- alterations of sleep patterns, insomnia, and nightmares,
- hype-vigilance or a state of constant alert,
- palpitations,
- somatic disorders associated with stress, and
- efforts to avoid thoughts or feelings that bring to mind or are associated with the traumatic situation

This state of vigilance and intense emotional tension, products of living under threats and terror, bring about typical reactions of tension and stress in the woman. Just as they would in any person facing an overwhelming threat, anxiety is a normal defensive reaction.

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, commonly known as DSM-IV, recognizes the changes experienced by an individual after trauma under the name of Posttraumatic Stress Disorder. This disorder is not a mental disease; rather it is evidence of the normal consequences of living an abnormal situation (the criteria for evaluating this disorder appear in Appendix N^o. 1).

Repeated abuse deteriorates the quality of life of the woman who receives it and is manifests itself in three different areas: behavior, affect, and thought. Thus, a battered woman may demonstrate low self-esteem, a permanent state of fear and anxiety, depression, guilt and shame, sexual difficulties, a restricted affect, a short-term view of the future, problems with memory and concentration, and distorted thought processes.

These latter are not generally understood by those working with battered women and, in a worst-case scenario, constitute the justification for those providing services to blame and denigrate the victims. The thought distortions are a survival strategy for women who have attempted other recourses, which have been ineffective in halting the abuse. Therefore, they are defensive mechanisms to alleviate the pain and fear.

Cognitive distortions are, therefore, valid strategies in a society, which to date has turned its back on battered women, blaming them for the abuse that they receive, justifying the aggressors, and minimizing the consequences they experience.

Cognitive (thought) distortions:

- Constitute changes in thoughts as a consequence of stress
- Are normal defensive responses to abnormal situations
- Alleviate the pain and fear

Examples of Cognitive Distortions

- To minimize the abuse received. The brutality of the attacks is minimized
- in a desire to alleviate the fear of threats of greater violence
- To deny the violence.
- To rationalize or excuse the aggressor. "He didn't want to hurt me, deep down he's really very good."

Another consequence of violence is a growing desperation, impotence, or loss of the ability to predict the result of one's own conduct.

As a result of experiencing a traumatic event, e.g., observing a crime or surviving a natural catastrophe, a person generally feels impotent and is paralyzed. Unless the event occurs again, the sentiment soon disappears.

Many abused women, who are proffered threats and blows, over and over, lose their motivation to react, because in the past they have tested different options and none has worked, the violence continues. Thus despair is a learned behavior.

The most important aspect of this consequence can be found in the learning, i.e., despair is not an innate characteristic or weakness in women. Thinking that nothing you do will have an effect and losing the motivation to make changes in one's life is the result of a long learning process, which has taught her that her own resources are ineffective and that there is no outside support she can count on to stop the violence.

There is a higher probability of despair developing among women that experienced traumatic situations in their childhood, where they felt impotent to act and had no support from others, for example, undergoing sexual abuse or observing abuse of their mothers. Appendix N°. 2 provides the characteristics of learned despair.

Abuse of a woman not only affects her, but it has the same grave consequences on her children. Some times, in an attempt to defend their mother, they intercede or get in the way at a point of severe abuse and end up being seriously injured. Similarly, observing the beatings and living under a constant threat thereof, has a harmful effect on their mental health. Children living in these conditions also present a series of symptoms related to stress and anxiety. For example, they may manifest depression, anxiety, strong feelings of impotence and guilt, sleep disorders, pseudo-mature conduct and, in addition, they have greater probabilities of demonstrating aggressive behavior towards animals and their equals.

“Sons and daughters of battered women have up to five times more emotional, behavioral, and learning problems. They suffer five times more physical abuse than sons and daughters of women that have not been mistreated.”

Ellsberg, Mary, 1996

Where conjugal violence exists there is also a possibility that the aggression will be directed towards other family members, such as sons and daughters. Therefore, one indicator of the risk of physical, sexual, or emotional abuse of children is the presence of conjugal abuse directed at the mother. Therefore, during crisis intervention with a battered woman, it is also necessary to explore abuses committed against her sons and daughters.

Similarly, observation of abuse constitutes an effective learning resource. Male children have greater probabilities of becoming aggressors of their own wives when adults, and female children of learning despair in the face of abuse.

As a summary, list the main consequences of conjugal abuse:

6. Reasons for Remaining in the Relationship

It is important to emphasize here that some women are able to leave the relationship early on, under their own initiative; others do so after long periods; and, some never abandon their relationship and remain with their aggressors until their death. According to Ellsberg (1996), in a study with Nicaraguan women, most of them (70%) had resolved the abusive problem, with conjugal separation being the most popular method. Around 26% abandoned the aggressor during the first four years after the violence had begun, the others took longer. On the other hand, only 30% of the women continued indefinitely in the relationship.

One of the main reasons for battered women to remain in a relationship with their aggressors (regardless of the length of time) is their fear of greater violence. This fear seems to be related with the characteristic of the aggressors that describes them as possessive individuals, who are firm believers that they own the women. “She’s mine or nobody’s”, is one of the most repeated phrases.

In this regard, Xavier Caño (1995) adds:

One of the most frequent threats among the abusers is: If you try to leave me, I’ll kill you. This is not love; at best, it is a sense of ownership. The threat of the abuser, ‘mine or dead’, may seem very romantic upon a fast and superficial reading, but in the immense majority of cases, it is no more than a profound awareness of the reification of women.

The threat of more harm or death may, in some cases, become a reality when a woman decides to leave. Battered women face a difficult reality: if they stay, they will probably continue to be ill treated, but if they abandon their aggressors, there also exists a possibility of suffering greater pain or death.

As a sample of the foregoing, let us look at an example of an event in the city of Limón, Costa Rica:

Carmen had been married to Roy for two and a half years, but one day decided to abandon him, after having suffered innumerable humiliations and beatings. Two months later, he decided to look for her until he finally found her in the home of one of her sons. Taking her hostage, he took her with him and shot her in the head. His last words were: “She’s my wife and doesn’t want to be with me. While I searched for her, they denied her to me, I can’t take it any more.” After that he committed suicide.

La Nación, June 14, 1996

In crisis intervention processes, this aspect is vitally important, if there are death threats and evidence of a dangerous personality, the possibility of death grows if she has decided to abandon him or did so recently. It is vitally important for the service providers to increase their efforts to guarantee protection for her life during this critical period.

Other valid explanations for her to remain in the relationship arise from the unequal position occupied by women in society, which obliges them to be economically dependent on their spouse, as well as the lower wages, scant employment opportunities, non-fulfillment of alimony or child support payments, among many other factors associated to survival of the family group.

In synthesis, we can conclude that conjugal abuse against women is a problem that is complex in its origin, in its consequences, and in effective ways for putting an end to it. Only by being truly convinced that violence can be absent from our society can we begin to traverse the road to its abolition.

7. Keyword Glossary

- **Abuse:** any act or omission that leads to harming physical, social, sexual, or emotional integrity. This definition includes every action with intent to control and restrict liberties.
- **Conjugal Abuse:** aggression committed within a relationship or the intimate contact between two adults. This involves both homosexual and heterosexual couples, married or not, separated or divorced, in current or past union, current or past lovers, and those sharing children even though they are not currently involved in sexual relations. This concept also includes couples in courtship relations. Conjugal abuse committed by the male against the female is the most frequent and has the greatest physical consequences.
- **Physical Abuse:** actions leading to external or internal injuries or death. These may include: blows, shoving, hair-pulling, burns, bites, kicks, attempts at asphyxia, thrown objects, beatings, attacks with knives or guns, and confinement.
- **Psychological Abuse:** these are actions or omissions typical of emotional mistreatment, i.e., those whose purpose is to denigrate, control, and block a woman's autonomy. These may include: isolation, mockery, excessive jealousy, economic control, thought control, verbal aggression, threats, harassment, and over possessiveness. All of these conducts are interspersed with a caring and indulgent behavior.
- **Sexual Abuse:** direct (with physical contact) or indirect sexual conduct against the woman's will or when she is unable to consent. Abuse may be carried out using force, coercion, threats, blackmail, or manipulation.

Part Two

What is a Crisis?

A crisis is a temporary state of imbalance impeding a person from functioning appropriately for a determined period.

The most important aspect of this process lies, however, in the potential during moments of crisis to carry out substantive life changes.

This positive aspect may be illustrated by the meaning of the term in different languages: danger and opportunity at the same time.

Part Two will review some of the main aspects of crisis theory. Among these will be the criterion of temporality and the potential for change. We will also discuss manifestations that permit recognition of emergency circumstances.

1. Theoretical Assumptions

1.1 Temporality

- Dolores, who is seven months pregnant, was taken to the hospital by a neighbor, two days after her husband gave her a beating. She showed physical evidence of kicks to the back and stomach. Some parts of her face were swollen and X-rays showed two fractures in different stages of healing. Upon questioning by the nurse regarding the origin of the blows, Dolores began to cry and would not respond to the questions.
- Carmen has been married for 14 years and almost right from the start of her marriage, the verbal abuse and frequent beatings began. In the last violent incident, her husband accused her of infidelity and burned her face with a cigarette. This happened a little more than three months ago, and after that, she thought perhaps he was finally going to change, since he appeared to be more caring and gave her gifts. This morning, she took her five-year-old daughter to a medical appointment to treat a vaginal secretion that she had been unable to cure with her household remedies. The physician informed her that the child showed evidence of sexual abuse and had indicated her father as the person responsible. On hearing the physician, Carmen was initially paralyzed, and then begged, “Please take me somewhere that isn’t my house, where ever...”
- Violeta is a woman close to sixty years of age and has suffered humiliations and beatings for almost 40 years. However, she never lost hope that he would change, that God would grant her a miracle, as she always said. Yesterday afternoon. Her companion picked up his things and left the house. He told her that he was leaving her for a younger and prettier woman, because she “wasn’t any good for anything anymore”. Violeta has been silent since then and will neither eat nor get up.

Dolores, Carmen, and Violeta are in crisis. And these accounts will aid in our understanding not only of the meaning of a crisis in violent situations, but also, the customary responses we all provide when faced

by these situations. To begin, we will first work on the meaning of temporality, which is related to the potential for positive change at the end of that period. Later we will review, along with other premises, manifestations allowing us to recognize when a woman is going through a state of emergency.

Thus, we begin our definition with the most general aspect, which characterizes this type of situation.

CRISIS

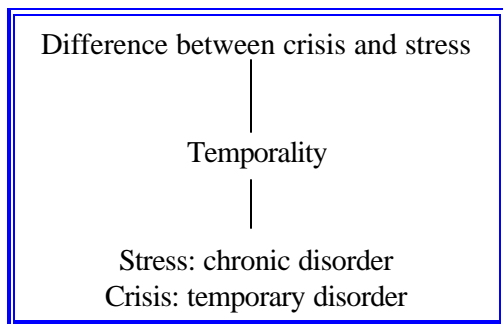
- A situation of temporary imbalance.
- A situation of temporary emergency.
- A period of high physical and psychological risk.

The state of imbalance or loss of normal functions within daily life occurs as a necessary response to the presence of a life-threatening event or situation. The state of alertness, typical of emergency situations, allows a person to defend herself or himself.

Crisis situations in human beings not only imply physical, life-threatening events, but more so those that threaten a person's total integrity. Thus, a crisis may emerge at times when we find ourselves with the need to carry out important changes in our life style. These changes generally imply a fear of the unknown or a substantial loss (both material and with regard to other persons).

Independent of the cause of the crisis, its fundamental characteristic is its temporality, i.e., it has a specific duration. There are theoretical indications that it lasts from four to six weeks. At the end of this lapse, a potential is established towards positive change (what we call resolution) or negative change (pseudoequilibrium) and this brief lapse of a few weeks is proposed based on the theoretical hypothesis that disorganization and imbalance are intolerable for long periods in any human being (Slaikeu, K., 1988).

All human beings have a set of biological, physiological, and metabolic resources toward homeostasis, or a tendency towards equilibrium. These allow us to function and survive environmental threats. Otherwise, we would die. The assumption of temporality is derived from this postulate. After a state of shock caused by a threat, the organism slowly returns, if no new threatening incident occurs, to its original state of equilibrium.



Temporality is one of the characteristics that differentiate a crisis from stress, since the latter is generally a chronic disorder, which develops over time. An example of this is Posttraumatic Stress Disorder, which is generated by experiencing or observing a universally devastating event (trauma), whose consequences usually are long-term. This disorder, similar to responses in moments of crisis, does not constitute a mental disease; rather, it is the normal consequence of an abnormal environmental situation.

Posttraumatic Stress Disorder (PTSD) (see Appendix N°. 1) is usually present in survivors of concentration camps, veterans or ex-combatants of wars, in women who have been raped, and it may

also be present in battered women. Thus, when a crisis situation occurs, these latter women may present not only the indicators of an emergency situation, but also the consequences of repeated trauma.

During a period of crisis, a person loses the capacity to confront not only the motive giving origin to the situation, but also problems and demands from their ordinary daily life.

1.2 Precipitating Events

Crisis situations occur as a result of an event known as the trigger or precipitator. As we saw in the histories of the women presented above, in spite of all of them sharing a life of violence, the crises emerged due to different types of events. Among these we can distinguish:

- **Traumatic Events:** generally, these are sudden and unexpected situations that by their nature provoke intense fear, paralysis, and stupor. We might say that a human being does not have the wherewithal to face these situations so that they become devastating events for any person anywhere in the world.

Examples

- Rape or sexual attack, whether perpetrated by someone unknown or by the spouse
- Physical aggression or threat of death

Example

Revelation of incestuous sexual abuse by a daughter or son.

- **Events that demand several drastic and immediate changes in life style and personal and future expectations:** This was the situation experienced by Carmen. We could

also consider this as the type that led Violeta to a moment of crisis.

- **Events of minor import that occur at the end of a long list of stressing events and which have demanded life style changes.**

Example

The experience of Ana, a woman who besides suffering prolonged physical and sexual abuse from her husband, who constantly bet the household goods (furniture, electric appliances, and clothing), went into crisis after receiving a bad conduct report from her son's school.

Example

Start a new job, pregnancy, retirement, theft of a month's salary, among many others.

- **Events that imply that the person must make adjustments and changes for a new life style.**

- **Events that reactivate unresolved problems.**

Example

The revelation by a sister regarding the sexual abuse that she suffered at the hands of a grandfather during her childhood, which may reactivate one's own experience of incest.

A crisis situation, in turn, may be triggered by an event that meets several of the preceding characteristics, since this may also require an immediate change in life style. At the same time,

it may be an event that reactivates an unresolved problem, while at the same time possessing qualities that make it totally devastating.

Whatever the type of event that triggers a crisis, it is important for those providing services for battered women to be able to identify it, in order to take the necessary measures to mobilize resources allowing a search for alternative solutions.

1.3 Stages in the Crisis Period

Once the crisis has been triggered, the individual may go through several stages starting with the occurrence of the event giving rise to the crisis. It is worth noting that the psychological reactions typical of this process do not represent a mental disorder; to the contrary, they are more or less typical responses in the face of a physical or psychological threat.

Horowitz (cited by Slaikou, 1988, page 18) identifies five stages in a crisis process, starting with the presentation of the precipitating event: lamentation (or initial reactions to the impact), negation or withdrawal, intrusion, penetration, and consummation. These are explained below.

First Stage: reaction of emotional impact. It includes, for example, weeping, screaming, lamentations, paralysis, or a “zombie”-like state. We could say that Dolores, Carmen, and Violeta are all in this phase.

Second Stage: negation or blockage of the impact. The person makes efforts to avoid thoughts that remind them of the problem or act as though the event had not occurred. This strategy is normal, as one of the first recourses to alleviate the extreme tension. Persons with little training in crisis situations may confuse the negation with strength, as well as erroneously interpreting the severity of the event. For example, a woman after a rape or physical attack may become fully occupied filling out hospital forms in the greatest detail, or perhaps concentrates her attention on her children as though nothing had happened, as a mechanism to block the emotional impact of the lesion.

This stage is not always present, and at the same time, if it continues for long periods of time, it ceases to be a crisis resource and becomes an adaptive element of other types of disorder.

Third Stage: this stage, intrusion, is extremely important in crisis situations brought on by violence, since violence (or the threat of violence) represents a challenge to the adaptive resources of a human being. Thus, an individual requires a long process of adjustment to be able

to understand it. The intrusion phase is characterized by invasive thoughts and images, which allow for the possibility of making sense out of the experience at some point in time. It may occur as attempts to explain, memories or nightmares over which we have no control. Commonly, people describe it as: “even though I don’t want it, everything comes back to haunt me over and over”.

Some persons progress directly from the impact stage to that of intrusion. Others, when they arrive at intrusion, return to negation and oscillate between both phases, without advancing to the next ones.

In order to be able to advance to the fourth stage, most battered women require not only sufficient internal resources, but also external aid to accomplish a positive change.

Therefore, initial responses from these three stages are transformed slowly with support from internal and external resources that allow a woman to make the necessary changes to pull through with a minimum of negative consequences.

Self-efficacy

The belief that my actions have positive or negative consequences, and therefore, I see the relationship between my decisions and the results obtained. It develops from prior experience.

A sense of self-efficacy is the main internal resource that allows a person to overcome a period of crisis.

Contrariwise, the process is hindered by the presence of despair, which was discussed in the preceding chapter. The resources for identifying despair are found in Appendix 2.

Fourth Stage: penetration. This constitutes the phase during which one arrives at the process of identifying and expressing sentiments, thoughts, and images of the crisis experience. Some women can reach it on their own, others require outside help.

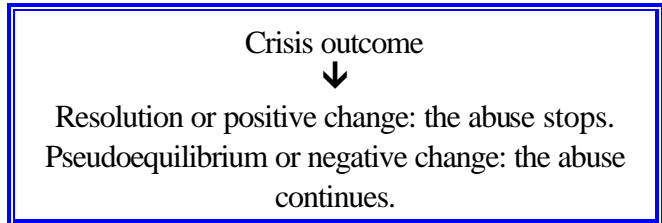
One of the most important aspects in this phase falls within the dominion of cognition, i.e., one reaches that point in time when prior explanations lose their meaning and it becomes necessary to find new interpretations. Spiritual help, which allows one to find meaning in the experiences and the possibility of entering into inter-linkages with others that have the same problem, is a great help, not only for abused women, but also for those that have suffered exceptionally cruel treatment at the hands of other human beings.

Fifth Stage: consummation. This is the last phase of the crisis period and the one that allows the woman to integrate the experience into her personal life. For example, the woman has not only admitted her abusive situation and found an explanation for it, but has also expressed her thoughts and sentiments. Furthermore, she also admits that she is passing through a period of disorganization, but is aware of mechanisms or strategies to get ahead. Therefore, the characteristics of this stage are the restoration of equilibrium, a true and not erroneous comprehension of the problem, and identification of necessary new strategies of conduct. Thus a positive potential is established for the crisis situation.

1.4 Potential of the Crisis

The words crisis potential take on a special meaning in the context of domestic violence, because a woman may progress through all of the stages described above without achieving the positive change: ending the abuse. Thus, the period's potential may not be utilized for reasons beyond her control, but present in the social system.

On this point, it is important to emphasize that at the individual level as well, the crisis or disequilibrium situation may be overcome without having resolved the motive that triggered or lies within the emergency context. When this occurs, the woman cannot use the potential of the crisis situation to find positive change or resolution of the central problem, rather, she will move on to a status of pseudoequilibrium, i.e., apparent equilibrium. At a cost of a series of somatic, behavioral, and affective manifestations, a battered woman will be able to carry out her daily functions.



Use of the positive change potential from crises by battered women can only be understood within the characteristics of intra-familial abuse itself: social justifications, minimization of the brutality, impunity, increasing severity and high probabilities of recidivism, among many others. In particular, given the gravity of the impact of the violence and its threats on the lives of the individuals involved, the moments of crisis experienced by battered women fall into a context of constant and repetitive stress.

A woman may experience several moments of crisis throughout the conjugal relationship. A large segment of these is generated by violent occurrences and threats against her life; others may be caused by predictable situations common to her own development, such as: pregnancy, birth of a son or daughter, death of a beloved person, or periods of separation and reconciliation with her mate. Independent of the motive that triggers the crisis, it is the context of violence in which the woman lives: beset by abuse, threats, and mistreatment, which characterizes the intervention process.

In this sense, the crisis may follow through into a positive or a negative change. The former occurs when besides counting on external support for her safety, she integrates the experience into her existence and is capable of identifying the behavioral changes that will aid her in freeing herself from the violence. For example: requesting a judicial order for protection, separation, and accusation, among many others.

However, taking up the criterion of temporality once again, a battered woman who faces a crisis situation, may, at the end of several weeks, achieve pseudoequilibrium. She may overcome the temporary disorganization and shock and continue with her habitual activities, but at the cost of selecting mechanisms that will allow her to function under the threat of renewed violence. These adjustments represent an enormous quantity of psychic and physiological energy that the woman must display to overcome the emergency situation and continue functioning in her multiple activities. To this end, she may select, seek out, and adapt the so-called survival strategies (S.S.).

Therefore, survival strategies constitute defensive responses in the face of danger and the fear that violence will be repeated. According to the stages of the crisis described above, the S.S. that are related to thought processes (cognitive distortions) may also be interpreted as manifestations of the negation phase. Thus, a woman may swing between blocking and intrusion, or on the other hand, move on to other forms of interpreting reality.

Examples of Survival Strategies

- Minimizing the brutality: “he just hits me, he’s never broken a bone”.
- Negating the abuse: “He didn’t want to hurt me, I’m very weak and fall down very easily”.
- Minimizing the consequences: “it was just a little thing, just my eye and leg, it’s really nothing, I’m just very light-skinned”.
- Blaming herself for being the target of the violence: “If I hadn’t gone out without permission, he wouldn’t have hit me”.

Other strategies are related to the way individuals relate to each other and to behavioral changes for defense.

Here we can state that the battered women present not only the physical consequences of abuse (bruises, broken bones, among many other indications), but also, due to the continuous physiological activity brought on by the incessant

stress and crises, they present an erosion of their vital energy. By requiring greater quantities of energy to maintain homeostasis, less energy is available for other physiological systems, which impedes their normal functioning with the resources offered by human biology. The greater the violence, the greater the physiological wear and tear and the less likely she will envision an escape. In some situations, such as, for example, with adults that were victims of severe abuse as children, such was the erosion of energy suffered, that the organism continues in a state of constant alarm much later, as though the abuse were still occurring in the present.

Thus, when threats and violence are present, the crises caused or occurring in that context, cannot be resolved in an emergency situation, i.e., one cannot utilize the potential for positive change: to live without the threat of abuse. Given the severity of the consequences of the abuse and the lack of social support to end it, we could say that many women don’t reach the final stage of the crisis until several years after the first incident of aggression has occurred.

We find the following among the reasons that contribute to so many women experiencing abuse at the hands of their mates, but not making use of the potential for positive change offered by the moment of crisis. To the contrary, they make adjustments that allow them to continue living under threat,:

- **Socio-Cultural Reasons:** impunity of violence, lack of access to police protection, legal impediments, greater unemployment and lower wages for women, ideological and religious messages on the suitability of female subordination, among others.

In our countries, where positive change is not well understood and some times it is erroneously

Example

A young woman, in an attempt to protect herself from her husband, fled from their common household. The husband decided to seek her out, and once he found her, he slashed her nine times with a machete and tried to do the same with her small daughter. She survived miraculously and he was sent to jail. In spite of the fact that this woman had requested judicial assistance so that he would not be released from prison, he was able to get out, and again he slashed her nineteen times with a machete. In spite of being repeat offender and of having a legal request against his release, the court again granted it. When she got out of the hospital, he was waiting for her and shot her twice and killed her.

Claramunt 1997, page 124

understood to mean adjustment and adaptation to violence; women encounter serious legal, social, and cultural obstacles to putting an end to the abuse.

The core institutions do not offer the overwhelming majority of abused women the possibility of realistically interpreting violence and the way out of it. Rather, besides blaming and denigrating them, they generally lead these women to seek a pseudoequilibrium, i.e., to continue to function under the threat of abuse.

- Reasons having to do with the individual characteristics of each offender, such as the quantity and gravity of the threats and attacks carried out, concomitant use of drugs or alcohol, social and familial reinforcement of his violent conduct, displays of violence towards other individuals outside the family, and the use of manipulation, among many others.
- The woman's own reasons, such as, for example, learned despair, economic dependence, lack of education and training for employment, and her own ideas about being a good wife and a good mother.

These reasons block many battered women from obtaining necessary internal and external resources to resolve the crisis. This means not only preserving life in good conditions, but also understanding on a realistic basis, why she has been a victim of conjugal abuse, the relationship between this and her beliefs as a woman, her desires, fantasies, and purposes in life, and finally, carrying out the behavioral changes necessary to face a present and future without violence.

2. Manifestations of crisis

Now let us move on to recognize some of the characteristics that will aid us in recognizing whether a woman is in a crisis situation. Not all of them are always present, but generally, she:

- Is incapable of facing her problems, she feels impotent, and cannot think clearly about possible solutions.
- Is disorganized and out of equilibrium, so that she is incapable of functioning in her usual tasks. Thus we find she does not perform many of the daily activities or responsibilities that she carried out a short while ago without significant difficulties at work, with the family, or in her studies. She may present, for example, problems of concentration, a purported general lack of interest, dispersion, tardiness, meals improperly prepared, and forgetfulness of her commitments.
- Is tired and may say that she is exhausted. Nevertheless, she has problems sleeping well.
- Shows symptoms of anxiety, intense apprehension, or anguish. In this sense, we must remember that anguish is a state of tension and uncertainty, which occurs when she perceives that she is in danger, that something catastrophic will happen to her, but she lacks the clarity necessary to evaluate the actual situation in an effective manner.

Part Three Crisis Intervention

Intervention in crisis situations, when conjugal violence is present, constitutes one of the fundamental resources of the assistance process.

Generally, it is the first step in a series of services oriented to safeguard and protect human life. Those dedicated to providing their services in times of crisis must dedicate enormous efforts to mobilize all available support systems for the woman, her daughters and her sons.

Part Three contains, in addition to the two fundamental principles, the goals and objectives that guide the intervention process in emergency situations. We also provide a description of both its stages with their respective procedure.

1. Goals and Objectives of Crisis Intervention

If we take up once again the histories told in the preceding chapter, we can clearly state that the purpose of any intervention with these women and their daughters and sons is directly related to their personal safety: both physical and psychological. In this sense, assistance during periods of crisis in the context of domestic violence is aimed at protecting human life, taking into consideration the high risk of recidivism of abuse and the possibility of death that it includes.

The three women are in the first stage of a new crisis in the context of stress and tension accumulated over long periods of time. Although we can visualize that they have specific needs, they all share a repeated history of abuse, perpetrated by those who at some point in time said they loved them. These crises fall within the framework of repeated abuse, which means that they have gone through other periods of emergency without relying on external and internal resources, which would have allowed them to live without the violence.

They are in a state of shock that is not only related to the magnitude and severity of the precipitating event, but also, to the despair and violation of their life expectations as human beings, wives, and mothers.

Principal Goals

1. Greater safety and reduction of risks for the woman and her children.
2. Use of the crisis potential to carry out positive changes in their daily lives, in the light of the event that precipitated the crisis.

Given the circumstances of high physical and psychological risk occurring in emergency situations in general, and those that fall within the context of intra-familial violence in particular, we can say that the intervention in emergency situations has as its core purpose to maintain life in good conditions. Therefore, it is important to

point out the need for mobilizing all available resources for the battered woman and her children, so that

they can put into effect all of the measures that allow them a life free of violence and therefore, use the potential of the period for positive change.

More specifically, we could say that to achieve the first goal, destined to security and maintenance of life, those providing services to battered women must orient their actions taking into account the following purposes:

- a. Mobilize external resources to increase the security of the woman and her children.
- b. Continue to overcome the period of disequilibrium.
- c. Participate actively in the resolution of immediate needs.
- d. Provide support.

Similarly, the crisis providers and service givers have the following objectives with the intention of achieving the second goal, i.e., the use of the positive potential from the period of crisis:

- a. Present different alternatives to understand the crisis and the violence, as well as their meaning according to the woman's expectations, self-image, beliefs, dreams, and life goals.
- b. Aid in examining the problems and alternatives for solution in priority order.
- c. Commence, together with the abused woman, drafting future plans and goals.
- d. Make possible alternative solutions for unresolved problems.
- e. Provide a positive life focus.

2. Principles of Crisis Intervention

The goals and purposes of intervention, as formulated here, are based on a series of postulates that guide the labors of those providing crisis services.

- Conjugal violence is a violation of the woman's human rights.
- The individual human rights of the battered woman and her children will always be validated, protected, and promoted above those that are attributed by society to a family.
- In situations where it is necessary to make a decision based on privilege, priority will be given to the greater welfare of the children.

Specific principles for crisis intervention

- Emphasis on the current crisis.
- The needs of women and their children as a starting point.
- Emphasis on internal strengths or resources.
- Elucidation of values
- Education and information instead of interpretation and accusation.
- The woman is the one providing solutions to her problems.

- International conventions on human rights will constitute a part of the conceptual framework for care in crisis situations of intra-familial violence.
- The crisis intervention model recognizes the need to specify the commitment in favor of equality between men and women and between adults and children. Thus there will be concern for relating and placing the crisis context with regard to the different forms of discrimination and social oppression.
- Violent behavior is the responsibility of the one who executes it, so that blaming or denigrating the battered women will be avoided. This principle also includes the basis for all interventions to work on the psychological danger of self-blame, shame, and stigmatization.
- It is the responsibility of adults in general and of those providing crisis services in particular, to denounce crimes against boys and girls, as well as the need to seek their protection from abuse and abandonment.
- Conjugal violence has no justification and should be punished.
- Violence can be stopped.

List other principles that you feel should guide the crisis intervention process:

- _____
- _____
- _____

3. Stages in Crisis Intervention

Stages in Crisis Intervention

1. Risk Reduction
2. Getting on with Life

The crisis intervention process in contexts of conjugal violence has two stages. Achieving the aforementioned goals in the aid process under emergency circumstances is important in both phases, but it is in the first stage where the goal of greater security and risk reduction is given particular emphasis. In the second phase, however, greater emphasis is given to the objective that links use of the potential of the crisis situation to obtaining positive changes.

Both stages are complementary, and a division in the aid process was sought to facilitate a working guide. Depending on each situation and the needs of the woman and her children, second phase actions could be carried out in the first meeting with her. Similarly, risk and security observations are in effect during the whole crisis intervention process.

The first stage, called risk reduction, becomes the first link in aiding the battered woman and is also carried out in the first encounter with her. This stage has a basic purpose of reducing the risk of renewed abuse for her and her children.

The rest of the intervention process will depend on the effectiveness of these actions. Therefore, this first encounter is of tremendous importance, not only for maintaining life, but also because it opens the possibility for utilizing the potential for positive change under crisis situations.

The purpose of the second stage, which we call “getting on with life”, is to empower positive change in her daily life in light of the event that triggered the crisis. This stage lasts for several encounters, generally between four and six sessions. At the end of this period, decisions are made regarding proposed goals and plans, as well as the needs of the woman and her children. From here on, for example, it is possible to turn to a support group, seek other professional services, select spiritual support, attend personal growth encounters, and seek a new place of residence or work, among many other alternatives.

At the end of the crisis period, a battered woman is also ready to initiate another level of intervention, e.g., survivor therapy, where besides the fundamental objectives of personal empowerment and reduction of the sequels to abuse, we analyze the meaning of the conjugal relationship in her life and review the alternatives for abandoning or continuing with the couple’s relationship.

This latter aspect must be understood as highly conflictive and stressful, so that it is important to work on it once the ability to confront problems has been attained. Otherwise, even though the woman has abandoned the couple in moments of crisis, it is important to analyze a definitive separation at another time, since doing so now could lead to greater tension, further blocking the change process.

Continuing in the couple’s relationship or not is a decision that can only be made by the woman. Those providing services within the realm of conjugal violence must comprehend either election. The crisis process focuses instead on measures of self-protection, extreme security when she requests it, and the possibility of approaching the problem differently.

However, when there are boys and girls involved, their safety is also a responsibility of those providing services and to that end, they must take the necessary measures that the law and their creativity allow, always with the goal of protecting their physical and emotional integrity.

4. Procedures for Intervention

4.1 Stage One: Reducing Risks

The first encounter with a battered woman during a crisis process must always be seen as an opportunity to offer alternatives that increase her personal security. Thus,

Objectives of the first stage

- a. Mobilize external resources to increase security for the woman and her children.
- b. Contribute to overcoming the period of disequilibrium.
- c. Actively participate in resolving her immediate requirements.
- d. Provide support.

the session may last approximately two hours and encompass, first of all, an evaluation of the risks and the mobilization of external and internal resources, which may include, for example, drafting security plans.

4.1.1 Tasks During the First Stage

Before beginning to describe the tasks during this first phase, it is important to emphasize that it is a dual process, i.e., it requires two individuals, you and the woman in crisis. Between the two of you, you will carry out all of the actions listed here. Remember that she is the expert in her situation, her problems, the dangerousness of the aggressor, and the risks to her sons and daughters; therefore, take her opinions into account, become her ally, and look for answers together.

Here below, we will mention the tasks to be carried out during this first encounter with a battered woman in a crisis situation.

- a. *Identification of the event that triggered the crisis* within the context of conjugal violence, to undertake the intervention process. Even though the triggering event may not constitute a central problem for the woman, attempt to find alternative solutions for it. For example, in the situation of Ana, the woman that went into crisis because of her son's school performance, it became necessary to seek several educational solutions together with this mother.

**Examples of phrases that express
comprehension of emotions**

- "It seems to me that what you feel..."
- "I guess that you..."
- "I suppose that you feel..."
- "If I understand you right, I think I understand what you must feel..."
- "I imagine that in a situation like that I would also feel..."

- b. *Emotional support and empathy.* Empathy is the term commonly used to describe the process whereby one person can put herself in the place of another and thereby comprehend her sentiments in the face of a specific situation. It is not enough to understand, this comprehension must be communicated.

It is also important to point out that the first ten minutes of the first encounter are very important since it is during these few minutes that you will be able to win or lose the woman's confidence in your ability to help her.

The following example offers a way to begin the initial contact with Carmen, using communication with phrases oriented towards comprehension of the sentiments experienced in the face of the impact of the revelation of the incest against her daughter.

Example of the first few minutes

-Good morning, Carmen, my name is Cecilia Claramunt, and I am the hospital psychologist. The doctor asked me to come speak to you to see if I can help you. It seems to me, after what he told me, that you must be going through a very difficult time, and I imagine that you must be very confused without knowing what is the best thing to do right now.

-Would you like to step into this office so we can talk without being interrupted?

Emotional support can also be expressed through actions such as: knowing how to listen carefully; looking directly in the face of the other person when speaking with her; communicating our interest in the woman's welfare in an honest manner; being attentive to the characteristics and gravity of the problems, and expressing this attention by formulating open questions, clearing up doubts, and elaborating brief summaries: "what I hear you saying is that your problem has to do with...", "if I interpret you correctly, you face a...", "I wonder if what you are trying to say to me is..."

- c. Evaluation: researching the problem and its severity, with regard to a recurrence of abuse, homicide, suicide, and infant aggression, constitutes a core element that you must dominate. Try to focus your attention on the emergency and not on the forms or documents that you have to fill out. It is better to make the annotations and observations once the session is over, and only record those data that you may forget. In order to evaluate the problem, it is better to have at hand interview forms that you mark with an "X". The investigation or evaluation contains two aspects: the evaluation of problems and risks and the evaluation of resources to resolve or reduce the probability of greater harm.

Evaluation of risks associated with conjugal violence:

- risk of death
- suicide (see Appendix N°. 3)
- repetition of the abuse
- new abuses

For example, if a woman has presented an accusation, there may be a greater risk of suffering new aggressions because of this. The best way to investigate this point is to ask the woman openly if she has been threatened in some way to not reveal or denounce the abuse, or regarding her belief about the possible consequences thereof.

The following is a list of the risk criteria for evaluating the danger of death to the woman or the aggressor.

Risk of Death to the Battered Woman

- Greater frequency of violence
- Severity of the violence is increasing
- Past incidents of exceptionally dangerous abuse
- Use of drugs or alcohol in him or her
- He has threatened her with death
- The couple has recently separated
- Lethal weapons present and accessible to the aggressor

Risk of Death for the Aggressor

- Greater frequency of violence received
- Greater severity of injuries received
- Use of drugs by the male
- Greater frequency of alcohol consumption in the male
- Threat of sexual attack
- Threat of suicide by the woman
- Death threats by the male

Source: Browne, cited by Walker (n.d.) El síndrome de la mujer agredida. In: Diagnóstico e intervención terapéutica de las mujeres víctimas de agresión física. San José, Costa Rica: ILANUD

Evaluation of the risk of abuse of sons and daughters. On this point, it is important to ask openly for the presence of physical, sexual, or emotional aggression. If the response is negative, ask about behavioral indicators. When there is sexual abuse in the couple's relationship, consider that the risk of infant aggression increases. Even if you do not detect it, take this probability into account when making your action plan.

Evaluation of the emotional stability and internal resources that would allow the woman to face the stress and violence, as well as her own security and that of her children. Ascertain that there is no disorder that might hinder or disable her from making decisions about her own security (for example, mental retardation) and then go on to ascertain how the woman resolves her difficulties and how she has been able to overcome other crisis situations. Once these resources have been identified, validate them.

Evaluation of family resources (including friendships and acquaintances) for support for an emergency plan. Include here adults that she trusts to seek their collaboration in a situation of flight, to loan funds, or simply, to tell someone her problems, without receiving criticisms or judgments.

Evaluation of concomitant problems. For example, family members with some type of disability, economic problems, or chronic diseases that would hinder the reestablishment of equilibrium.

- d. Identification of the main problem. Crisis situations are characterized specifically because they present a person with a great deal of demands, and therefore a demand for a tremendous quantity of responses at the same time. Thus, under these circumstances, one loses the ability to put ideas and problems into order. Identify together with the woman the main problem to be resolved, according to their consequences.
- e. Prioritize problems and needs. Once the principal problem is identified, enumerate, together with the woman, her needs and other concomitant problems according to the gravity of the consequences.

- f. Joint elaboration of a plan of action and follow-up. This point also requires a study of the possible obstacles to each one of the actions and taking the necessary measures to substitute them when necessary. The follow-up has to do directly with the verification of the effectiveness of the selected actions. To achieve this you can set a date for the next meeting, the need for a home visit, or in situations of high risk for infant safety, for example, you may verify in situ that the mechanisms for protection have been effective. Here you draft a security or self-protection plan.

What follows is a format for drafting a security plan, proposed by Lenore Walker as a model for crisis intervention, and also as a way to strengthen a woman's sense of efficacy. It takes into account all aspects that he indicated to evaluate the dangerousness of the aggressor and the risk, not only of recidivism, but also of homicide.

Security Plan for Battered Women

1. Evaluation of four incidents of violence - The first, a "typical" incident, the worst of all, and the last one
2. Details that anticipated the acute incident
 - What did he say? How did he say it?
 - Tone of voice
 - Speed
 - Ability to listen
 - Drugs or alcohol
 - Bodily posture
3. Where does the violence usually begin? - Living room, bedroom, kitchen, other
4. Layout of the house (possible escape plan)
 - doors, windows, exits
 - baby or small children
 - signals for older sons and daughters
5. Things that the woman needs - money, clothing, medicines, treasures
6. Placement in a safe place - police, family, friends, refuge
7. Should he be advised of your plan? - Take into account conditions for a possible return, the cycle of violence and the possibility of death
8. Trial run of the escape (two or more times) - verbal run through, draw a map, and demonstration

Formats may also be used to facilitate self-protection:

Personal Security Plan

1. Suggestions for increasing security in the relationship

- Have important telephone numbers available for my children and me.
- I can tell _____ and _____ about the violence and ask them to call the police if they hear fighting coming from my house.
- If I decide to leave home I can go (4 different places):
 1. _____
 2. _____
 3. _____
 4. _____
- If I leave the house to protect myself, I will take with me:
 - the baby and my small children
 - documents
 - medicines
 - treasures
 - others:
- To maintain my security and independence, I must:
 - always have change for the telephone
 - open my own savings account
 - put my escape route into practice.

2. Suggestions for increasing my security when the relationship ends

- I can: change the locks on the doors, install metal doors and place a system of lights outside the house.
- Inform _____ and _____ that my companion no longer lives with me and if they see him close to my children or to my house, they should call the Police.
- I am going to prepare a list with the names of the individual that cares for my children and those who can pick them up. These persons are:
- I can speak with _____ at work about my situation.
- I can avoid the stores, banks, and _____ used while my partner and I were still together.
- I can get a protective device, such as:
- If I feel that I want to go back to the person that abused me, I will call _____
- The important telephone numbers are:
- List of documents and objects to take with me: Social Security Card, Identity Card, License, children's grades, judicial protection orders, divorce papers, insurance papers, toys, money, bank books, credit cards, articles with sentimental value, personal telephone book, children's books, medicines, clothes, and _____

Harvard Pilgrim - Health Care Foundation Violence Prevention Project (1996) Domestic Violence: The Facts. Boston, page 12.

- g. Mobilization of external resources and placing them at the disposition of the woman and her children. Those offering crisis services must be extremely diligent persons, connected to other sources of institutional, legal, and community support. Those offering services at times of emergency due to situations of domestic violence, must concern themselves with establishing mechanisms for coordination with other agencies (legal ones, for example), in order to comply with the purpose of this stage. You must revise the agility of the reference and counter-reference processes.
- h. Actions necessary to protect the lives and emotional security of the boys and girls, disabled persons, or when the woman is unable to act on her own (because of sickness, hospitalization, or mental incapacity, among others). It is your responsibility to care for the immediate requirements and seek protection for these human lives through connections with other resources.

In summary, list the eight tasks that we must carry out in the first stage of crisis intervention:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

4.1.2 Materials Needed in the First Stage:

- a. Directory of available resources
- b. Risk measurement protocols
- c. Institutional forms
- d. Large sheets of newsprint paper and felt-tipped markers to construct figures of the cycle of violence
- e. Informational and educational material on abuse and its consequences, women's rights, legal aspects, and self-protection plans.
- f. Reference sheets

List here other resources that you require:

It is also advisable to have other volunteer personnel on hand who can act as a companion for the woman when she goes to other services or institutions (shelters, legal counsel, forensic medicine department, agencies that receive accusations, among many others) when those providing the services cannot do so. This accompaniment in community, legal, and institutional actions constitutes a necessary resource for any person found in a crisis situation.

4.2 Second Stage: Getting on with Life

The second stage aims at finding the positive potential of the crisis, taking into consideration that life must be preserved in good conditions.

4.2.1 Tasks During the Second Stage

Just as during the first stage, one must take into account the fundamental principle of the crisis intervention process, which says that the solution to the problems is found in the woman. Therefore, her participation during the second stage is also of the utmost importance.

Objectives of the Second Stage

- a. Offer different alternatives for understanding the crisis and the violence, as well as their significance according to the expectations, self-image, beliefs, dreams, and objectives in the woman's life.
- b. Aid in examining the problems and alternatives for solution in their order of priorities.
- c. Begin to draw up future plans and goals with the battered woman.
- d. Provide possible alternatives of solution for unresolved problems.
- e. Provide a positive focus to her life.

Given the characteristic of intra-familial violence in general, and conjugal aggression in particular, related to the high risk of recidivism, it is important to take into consideration throughout the whole crisis intervention process, that the security of the woman and her children is a relevant problem. The evaluation of the risks and necessities related to the protection of life will be, for this reason, a required topic of review in each meeting with the woman.

Taking the foregoing into consideration, we will move on to review several tasks typical of the second phase and that generally are carried out in the next few meetings with the woman. As was indicated, this phase lasts four or five sessions, depending on the needs identified and the other resources available to the woman. It may become a preparatory stage for other levels of intervention.

In the following sessions, the following tasks are carried out:

- a. *Review of Progress and Obstacles* with regard to the plan of action from the first phase. This point must

Example

In the first session with Lucía, a battered woman in danger of being assassinated by her husband, the decision was made to request police protection measures. These were carried out with all required procedures, but the corresponding authority did not endorse the request. Thus, it was necessary to dedicate the second session completely to a search for other alternatives of protection and security, and a shelter was the best solution. At the end of the meeting, she went back to her house with a volunteer to recover her children and go to the shelter. In this case, the first stage lasted three sessions, in this situation it was necessary to increase her security in view of the death threats.

be dealt with in session in the second stage in order to carry out the necessary adjustments for life safety and protection.

b. *Evaluation of the Crisis Context.* This task includes several aspects:

1. Evaluation of the woman's situational context, which includes her job and family of origin, among other aspects in order to determine any need to seek out other institutional sources of support,
2. Evaluation of strategies and resources with which the woman has faced other critical situations,
3. Identification of survival strategies and effects of chronic abuse,
4. Unresolved problems. This point requires not only a review of the conjugal violence, but also other types of situations such as a history of sexual abuse in infancy, rape, observation or experience of physical abuse in the family of origin, abandonment by parents, among many others.

c. *Education on Relevant Topics.* A crisis situation should become an opportunity for her to receive information on conjugal abuse and integrate these contents into her own interpretation of her history. Myths and realities, effects on the woman and her children, and the cycle of violence are some of the points that must be taken into account. Written sources are recommended for educational purposes, as well as taking advantage of waiting times to show and analyze video documentaries, among many other resources.

d. *Review of the meaning of the crisis experience.* In the cognitive area (thought), the emergency situation must be exploited to carry out a reality check on the abuse received. To this end, it is important to foster reflections on the relationship between the triggering event and the violence. Similarly, the relationship between conjugal aggression and the woman's beliefs about herself, her life expectations, her dreams, and fantasies. It is useful to incorporate a review of the religious or spiritual beliefs that favor, or to the contrary, hinder positive change. In regard to this last point, we recommend having on hand a list of religious or spiritual leaders that have come out against violence, so that they can contribute to clarifying this aspect.

Anger is a sentiment that must be validated
Aggression is a conduct that must be opposed.

In spite belonging to the affective area, instead of the cognitive area, this task also validates the sentiments related to the crisis experience, taking into account that no negative emotion is to be controlled or eliminated.

e. *Setting short and mid-term goals.* Longer-term goals may be worked on later. In the crisis situation, priority should be given to immediate goals. These include the violence problem and also all those aspects that the woman has left unfinished, but that she has set as priorities for her personal achievement. Such as, for example, continuing her studies. It is important to have worked on the identification of the woman's strengths and internal resources before reaching this point.

- f. Joint preparation of a plan of action to meet these proposed goals. Just like was done in the previous session, her internal resources and the sources of external assistance must be acknowledged.
- g. Decision-making. These include decisions related to the foregoing plan of action, as well as the follow-up plan or referral to other levels of intervention or support resources. Among these latter we find, e.g., self-help groups.

In summary, just as you did in the first stage of crisis intervention, list the tasks that we must carry out in the second phase:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Other tasks that you feel are important at a general level, to be taken into consideration during emergency circumstances include:

4.2.2 Materials Needed in the Second Stage:

- a. Directory of available resources
- b. Institutional forms
- c. Informational and educational material on abuse and its consequences, women's rights, legal aspects and self-protection plans.
- d. Reference sheets

List here other resources that you require:

Bibliographic References

American Psychological Association (1996) Violence and the Family. Report of the American Psychological Association Presidential Task Force on Violence and the Family. Washington, D.C.

American Psychiatric Association (1993) Diagnostic and Statistical Manual of Mental Disorders 4th Edition. Washington, D.C.

Caño, Xavier (1995) El infierno de la violencia sobre las mujeres. Spain: Ediciones Temas de Hoy.

Claramunt, Cecilia (1997) Casitas quebradas. El problema de la violencia doméstica en Costa Rica. San José: EUNED.

Ellsberg, Mary, et al. (1996) Confites en el infierno. Prevalencia y características de la violencia conyugal hacia las mujeres en Nicaragua. Managua: Asociación de mujeres profesionales por la democracia en desarrollo, Department of Preventive Medicine, UNAN - León, Department of Epidemiology and Public Health, Umeå University, Sweden.

La Nación, San José, Costa Rica. June 14, 1996.

Slaikue, Karl (1988) Intervención en crisis. Manual para práctica e investigación. Mexico: Editorial El Manual Moderno, S.A. de C.V.

Walker, Lenore (1979) The Battered Women. New York: Harper & Row, Publishers.

Walker, Lenore (1995) Abused Women and Survivor Therapy. A Practical Guide for the Psychotherapist. Washington, D.C.: American Psychological Association.

Appendices

Appendix 1 - Diagnostic Criteria for Posttraumatic Stress Disorder DSM - IV

Appendix 2 - Factors of Learned Despair

Appendix 3 - Suicide Risk

Appendix 1 - Diagnostic Criteria for Posttraumatic Stress Disorder DSM - IV

- A. The person has been exposed to a traumatic event in which both of the following were present:
1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 2. The person's response involved intense fear, helplessness, or horror.
Note: In children, this may be expressed instead by disorganized or agitated behavior
- B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 2. Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
 3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
 2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
 3. Inability to recall an important aspect of the trauma
 4. Markedly diminished interest or participation in significant activities
 5. Feeling of detachment or estrangement from others
 6. Restricted range of affect (e.g., unable to have loving feelings)
 7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1. difficulty falling or staying asleep
 2. irritability or outbursts of anger
 3. difficulty concentrating
 4. hypervigilance
 5. exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

- * Acute: if duration of symptoms is less than 3 months
- * Chronic: if duration of symptoms is 3 months or more

Specify if:

- * With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

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Appendix 2 - Factors of Learned Despair

Infancy

1. Witness or experience abuse at home
2. Sexual abuse
3. Critical control factors
 - Early loss of parents from separation or death
 - One or both parents alcoholic or addicted to drugs
 - Frequent moves or changes in place of residence
 - Poverty or other situations that cause shame
 - School dropout
 - Other humiliations perceived as uncontrollable
4. Rigid traditions and customs
5. Chronic disease

During the union

1. Patterns of violence (presence of a cycle of increasing tension, acute incident, and loving truce. Scaled aggression that worsens over time, reaching lethal levels of violence)
2. Sexual abuse within the relationship
3. Conducts of power and control (jealousy, over-possessiveness, isolation, intrusion)
4. Death threats
5. Psychological torture:
 - verbal degradation
 - denial of powers
 - isolation
 - monopolized perception
 - occasional indulgences
 - death threats
 - mental control
 - drugs or alcohol
 - induced weakness
6. Correlates of violence
 - violence against others
 - violence against boys and girls
 - violence against pets
 - violence against property
7. Abuse of alcohol and drugs

Walker, L. (1995) Abused women and survivor therapy. Page 443-444.

Appendix 3 - Suicide Risk

In order to enable you to evaluate the possibility of suicidal conduct, we provide some of the risk factors proposed by Holf.

1. Age: the risk of success with suicide increases with age, although there has been a recognizable increase in this conduct among adolescents and young adults.
2. Sex: Although women attempt suicide more than men do, the latter are more successful because they use more lethal means.
3. Suicide plan: when a person drafts a plan (acquires weapons or other means, writes notes, communicates a desire to die) s/he is at high risk for carrying it out.
4. History of previous attempts: The risk is proportional to the number of attempts, the greater the number, the greater the risk.
5. Social isolation or withdrawal from social contacts
6. Recent losses: a large majority of triggering events for suicide attempts or actual suicides is related to losses (from death, separation, loss of goods or work, among others).
7. Depression: a majority of suicidal symptoms are related to depression (apathy, discouragement, loss of appetite, of weight, insomnia, loss of interest in social activities, and general physical and emotional exhaustion).
8. Medical problems: diagnosis of diseases that affect a person's life style or self-image increase the suicide risk.
9. Combination of alcohol and drug use: drinking increases the risk from the moment that it increases impulsive conduct and reduces the quantity necessary for a lethal dose.

Slaikeu, K. (1988) Intervención en crisis. Mexico; Editorial El Manual Moderno, page 84.