MARTA ANCZEWSKA, JOANNA ROSZCZYŃSKA-MICHTA, JUSTYNA WASZKIEWICZ, KATARZYNA CHARZYŃSKA, CZESŁAW CZABAŁA

EMPOWERING WOMEN WITH DOMESTIC VIOLENCE EXPERIENCE

Abstract

It is generally held that it has been only recently that domestic violence gained appropriate attention as a major social problem. However several approaches, drawn from different theories are applicable in explaining the origin of this negative phenomenon. It is well recognized that trauma of domestic violence has destructive impact on somatic and mental health as well as on quality of life. Different screening instruments are available to identify women who have been abused but no studies to date have evaluated the effectiveness of screening to reduce violence or to improve women's health. Public education and police and social worker home visits showed that neither intervention affected service-awareness or service-use scores of individuals who experienced abuse. The aim of this paper is to share with educators and mental health workers some ideas how lifelong learning combined with empowering approaches might help women with domestic violence experience increase their knowledge, coping strategies and self management as well as achieve wellness and social inclusion in their everyday lives.

Introduction

> "*Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women...*"
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> The United Nations Declaration on the Elimination of Violence against Women, General Assembly Resolution, December 1993.

However it is a common expectation that family relationships are the sources of emotional support, that home is a place where individuals seek love, safety and shelter, there is evidence that these relations are sometimes tense and result in feelings of despair, anxiety and guilt because of experience of domestic violence. Giddens (2004) defines domestic violence as physical abuse directed by one member of the family against another or others. A clinical or behavioural definition is: a pattern of assaultive and/or coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners (Schechter, Edelson, 1999). Heise et al. (1999) reviewed nearly fifty population-based surveys from around the world and reported that 10% to 50% of women were physically assaulted by their husbands or partners during lifetime. In the majority of the incidences physical violence was also accompanied by psychological abuse. In western countries it is estimated that about 25% of women experience intimate partner violence over their lifetimes (Council of Europe, 2002). In WHO multi country study (Garcia-Moreno et al., 2006) the prevalence of physical and sexual violence varies internationally from 15% to 71%. Gracia (2004) points out the phenomenon known as the "iceberg" of domestic

violence – the most of the cases of domestic violence are unreported. That means that the prevalence data reports only a very small part of the problem when compared with the real life situation.

Although much has been learned in recent years about the epidemiology of violence against women, information about evidence-based approaches in the primary care setting or in the local community for preventing domestic violence is seriously lacking. There is a lack of evidence regarding the effectiveness of interventions for women experiencing abuse and that potential harms of identifying and treating abused women are not well evaluated (Wathen, MacMillan, 2003). Why is it so that home, which is supposed to be the safest place, so often hosts violence? Gelles and Straw (1979) identified the following factors that may contribute to explanation of high incidence of domestic violence:

- many hours of the day spent together,
- vast range of activities over which conflict can occur,
- intensity of involvement,
- impinging activities,
- implicit right to influence the behaviour of others,
- high level of stress,
- culture conflict caused by age and sex differences,
- lack of competences to fulfil culturally assigned roles.

The last but not least factor is the cultural norms legitimizing the use of violence within family. Physical assault performed on non-family member is recognized as a violation, whereas the very same act directed at a family member is not sanctioned.

Theoretical framework of domestic violence

Several approaches, drawn from different theories are applicable in explaining the origin of domestic violence. A sociological perspective places this phenomenon within a macro model of society; domestic violence is seen as an outgrowth of social factors. A psychological perspective accounts for violence within a micro level of society; therefore it is attributed to such intra-individual factors as aggressiveness, impulsiveness etc. From the perspective of individual psychopathology theory domestic violence is caused by dysfunctional personality structures that might be developed in childhood. Wife batterers may demonstrate inadequate self-control, sadism, antisocial personality types and undifferentiated types of mental illness (Hamberger and Hastings, 1986; Fals-Stewart et al., 2005).

Social learning theory suggests that children observe actions of their significant others and learn which behaviour, even if not socially accepted, awards the agent with desired effect and at the same time is not sanctioned. In the study of Bandura et al. (2006) conducted in the group of pre-school children the results revealed that subjects observing aggressive adults model performed aggression in the absence of the model significantly more frequently than controls. Moreover, boys presented with more aggression than girls after being exposed to male model. According to this theory, it can be concluded that domestic violence is a learned behaviour which is sanctioned neither by families nor by the society. The most controversial is systems approach, mainly due to neutral attitude towards violence and the underlying assumption that each individual in the system is equally responsible and

powerful (Murray, 2006). It is based on an assumption that family is consisted of individuals which all contribute to the interactions that occur. For example feedback provided by one member of the family may trigger the actions of another member of the system. Thus, domestic violence cannot be analyzed without including the context and dynamics of the relationships in the family.

Feminist theory underlines the role of gender and power imbalances. In patriarchal societies, structural factors inhibit equal participation of females in public life and these inequalities are accordingly reproduced at family level. Men benefit from free domestic labour provided by women and use violence as one of the means to confirm and maintain their supremacy (Giddens, 2004). As much as all the theories of domestic violence are diverse and analyze this phenomenon from different angles, they also share common observations. It is agreed that it has been only recently that domestic violence gained appropriate attention as a major social problem and its core is yet to be understood as this is a complex that little can be done to addressee this problem as long as domestic violence remains a publicly accepted behaviour (Wolfe, Jaffe, 1999). The crucial assumption is to change the social conditions that breed, facilitate, and maintain all forms of violence against women and children. One way is the struggle of the women's movement "the private is political", other is consciousness-raising and building competent communities (Harris et al., 1997; Walker, 2009) or implement certain procedures on the local basis.

So far from the primary care perspective, there are two main intervention options to detect and to prevent violence against women. Primary care clinicians can screen women to determine if they are being abused or are at risk of abuse and they can refer abused women to various intervention programs. However different screening instruments are available to identify women who have been abused; no studies to date have evaluated the effectiveness of screening to reduce violence or to improve women's health (Wathen, MacMillan, 2003). Public education and police and social worker home visits showed that neither intervention affected service-awareness or service-use scores of individuals who experienced abuse. A series of studies conducted in the United States pointed out that the effectiveness of arrest as a deterrent for recurrent domestic violence showed mixed results. Finally, an initial study of the use of civil protection orders and an innovative pilot study of legal advocacy and counseling showed promising results that these legal interventions can reduce physical abuse (Wathen, MacMillan, 2003).

The empowerment concept

The concept of empowerment originated in social psychology (Rappaport, 1981, p. 15): …"By empowerment I mean that our aim should be to enhance the possibilities for people to control their own lives."…

The empowerment theory includes processes and outcomes (Perkins and Zimmerman, 1995). The description involves different level of analysis: individual, organizational and community. Empowering strategies are focused on capacity-building for groups and individuals (Zimmerman, 2000). Empowerment compels us to think in terms of wellness versus illness, competence versus deficits and strength versus weaknesses (Perkin and Zimmerman, 1995). It defines help in a positive way; it gives hope and it is based on strength approach – identification of capabilities as

well as resources. It is also very important to remember that empowerment calls for an empowerment-oriented language, the professionals is here a facilitator, not an expert.

Psychological empowerment refers to the individual level of analysis. It integrates personal control, proactive approach to life, engagement in community, critical understanding of socio-political context, hence we can distinguish its three components: intrapersonal, interactional and behavioural. When we are working to enhance empowerment outcomes we should provide settings that facilitate shared leadership, skill development, growth of a group identity and participation (Zimmerman, 1995). Outcome of individual empowering process should be seen as gaining (Zimmerman, 2000). These would include:

- sense of control,
- critical awareness,
- participatory behaviours.

It also seems valuable to acknowledge the underlying assumptions of psychological empowerment (Zimmerman, 1995). These would take:

- different forms for different people,
- different forms in different contexts.

Empowerment perspective in interventions for women with domestic violence experiences

Trauma of domestic violence has destructive impact on somatic and mental health and wellness – hence quality of life. Many women with these experiences have serious psychological problems – they face post traumatic stress disorders (PTSD), depression, anxiety, phobias, current harmful alcohol consumption and psychoactive drug dependence (Coid et al., 2003; Fischbach and Herbert, 1997; Humphreys and Joseph, 2004; Roberts et al., 1998). Some authors describe the pattern of mental health problems as the "symptoms of abuse" (Humphreys and Thiara, 2003). A study comparing children of battered women and refugees of war found significant similarities including sadness, anger, confusion and PTSD. The study concluded, "these studies provide convincing evidence that the effects of violence exposure are not transient or temporary but may endure over many years" (Berman, 1999, p. 60). Domestic violence survivors often experience social trauma being blamed, stigmatized and excluded with related negative effects on economic capacity (Lindhorst et al., 2007). The percentage of abused women reporting interference from their abusers with their efforts to obtain employment, education or training ranges from 15% to 50% (LaViolette and Barnett, 2000).

Judith Herman found that domestic violence victims want condemnation for the offence, which they recognized as an attempt to degrade and dishonour. What they were looking in the aftermath was therefore "the restoration of their honour and reestablishment of their own connections with the community" (Herman, 2005, p. 585).

Women with domestic violence experience often report: low self esteem (Shields and Hanneke, 1983), low self efficacy often seen as learned helplessness (Walker, 1989), difficulties in dealing with negative emotions (Hajdo, 2007).

The empowerment interventions concerning domestic violence should address all its levels – individual, organizational and social. Regarding the individual one the

trainers should have in mind specific and complex needs of domestic violence survivor taking into consideration increase of her knowledge, coping strategies and self management as well as achieve wellness and social inclusion in everyday life. Tailor-made empowerment intervention usually equips the individual with an instrument of self-determination, provides competency awareness and strengthens self-esteem. Sometimes it triggers the decision of disclosure which might be a starting point to abandon abusive relationship. Being a training group member, they can learn from each other, give and gain support, exchange information and share experiences. However, to be effective, we believe that empowerment training should be tailor-made and should contain modules on self-esteem, assertiveness, relaxation and personal wellness plan.

Conclusions

It is generally held that it has been only recently that domestic violence gained appropriate attention as a major social problem. However several approaches, drawn from different theories are applicable in explaining the origin of this negative phenomenon. It is well recognized that trauma of domestic violence has destructive impact on somatic and mental health as well as on quality of life. The idea of empowerment directed at vulnerable and socially excluded domestic violence survivors is ideal as it might help women to gain control of their lives and instil in them motivation to reclaim their position in the community.

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Dr. habil. Marta Anczewska
anczew@ipin.edu.pl

Dr. Joanna Roszczyńska-Michta

M.A. Justyna Waszkiewicz
juwaszkiewicz@gmail.com

Dr. Katarzyna Charzyńska
sierk@ipin.edu.pl

Prof. Dr. habil. Czesław Czabała
czabala@ipin.edu.pl

Institute of Psychiatry and Neurology
Warsaw, Poland