

Domestic Violence Counseling Training Manual

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SECTION 1

INTRODUCTION

INTRODCTION

This manual is only a beginning. It will give you the facts you need to know, tips on how to council, a rundown on the resources available in your community, and more. What it will not give you, what it cannot give you, is the look of pure fear in the eyes of a woman living with abuse, the blue and purple swollen face of a woman who's husband threw a pot at her head last night, the tears of a child who has watched his father beating his mother almost to the point of death. These are the things that you will be faced with as a counselor that no one can prepare you for.

As a counselor, you are giving your counselees the courage to dream of a better life, and someone to talk to just when they were beginning to think that there was no hope left. The people you will talk to will be at rock bottom, and you are a tunnel to the light. You can't drag them there, but you can show them the way. This is not to say that you are superior, we're all human, and all equal, but only that you have gifts that you can share with them: hope, belief, acceptance, and a friendly ear.

Counseling, like most other things, comes easier with practice. Use this manual as a starting point and a guide, and use your heart, your guts, and you intelligence to fill in the gaps. Through your work as a counselor you are helping not only individuals, but your community as well. Human nature may have its ugly side, but you stand on the side of a brighter, better future. On behalf of the victims of abuse and society in general, thank you for your courage.

MYTHS

The perpetuation of myths about domestic violence are dangerous not only because they encourage social acceptance and apathy towards the problem, but also because many women believe them which leads them to justify, minimize or deny the violence they are experiencing. This prevents the vital step of acknowledging that they are in a dangerous and violent situation, which is an essential step towards seeking help. Therefore, it is essential to dispel these myths both in the community at large and with individual counselees. The following are some of the most common myths that you will encounter:

1. *"It's just the odd domestic tiff. All couples have them."*

It is true that all couples have disagreements at some point in their relationship. However, a relationship that involves violence amounts to more than a disagreement and is based on an imbalance of power and control. A relationship that is healthy, which includes the occasional *verbal* disagreement, is based on respect, trust, support and love for the other. Domestic violence involves constant or cyclic physical, sexual, emotional, psychological and financial abuse. There is no room for any such abuse in a healthy relationship. It is harmful and dangerous. In England and Wales between one and two women are killed by their partners every week - unfortunately there are no corresponding statistics for Belize.

2. *"It can't be that bad or she'd leave."*

As listed previously, there are many, many reasons why a woman stays with her abuser. In Belize the practical hindrances to leaving an abuser are greater because there are not the same support services that are in place in most western countries.

3. *“Domestic violence only happens in working class families”*

Although it is argued that poverty exacerbates domestic violence, in the sense that a woman’s options of other financial and practical support are very limited or non-existent, and that financial problems can place strain on a relationship, those involved in it and a family, it is not true that it is a problem specific to poorer families. Domestic violence cuts across all boundaries: economic (class), social, ethnic, cultural, religious and professional. Many women who have careers are abused and caught up in the same cycle of abuse as women who work at home. Factors of dependency and opportunity may differ but the psychological effect of abuse is the same.

4. *“Abusers must come from violent backgrounds.”*

Whilst there is a recognized pattern of abusers and abused continuing to abuse and be abused in their adult lives, it is not always the case. Many abusers do not come from violent backgrounds, and many families in which violence occurs do not produce violent men. The family is not the only formative influence on behavior. Furthermore, this statement is dangerous because it can be used as an excuse for the abuser’s behavior, both by the abuser and the abused. The abused may be more likely to accept her abuser’s behavior because she can rationalize it in this way, which in turn may lead to self-blame. This attitude also encourages the abuser to rationalize his behavior, prevents him from accepting responsibility for it and from seeking help to change it. Ultimately, adults are responsible for their own actions and have a choice in how they behave.

5. *“All abusers are alcoholics or drug addicts, it’s the drug that causes the violence.”*

Alcohol or drug abuse is often mistakenly perceived as a cause of violence. An abuser may say that he lost control or didn’t know what he was doing because of his alcoholism or drug abuse, but he is, nevertheless responsible for his actions. The drug may reduce the abuser’s inhibitions, but his actions are his own, not the drug’s. While substance abuse is **related to** violent behavior, successful treatment of that problem will not necessarily put an end to the violence. The abuser uses alcohol or drugs as one more excuse or justification for his actions, one more way to avoid taking responsibility for his own actions. This is a particularly potent myth reinforced by bogus studies such as the study done by Joseph Iyo, Ph.D. (1998, October) for the Belize Organization for Women and Development. Because he found a correlation between alcohol and domestic violence, he leapt to the **incorrect** conclusion that it *caused* domestic violence.

6. *“She must ask for it/ deserves it/ provokes it.”*

This attitude unfairly shifts the responsibility of abuse from the abuser to the abused. Many women who are abused over a prolonged period of time start to rationalize the abuse, this includes feeling she is to blame for it. Furthermore, if her abuser constantly tells her that she provoked the abuse, if social opinion accepts this excuse, and if he will not accept responsibility for his actions, then she is likely to accept blame. Usually the battered wife will actually make extraordinary efforts to pacify their husbands. The abuser uses their abuse as a way to release tension and assume control; it is not a rational act.

The following is an exaggeration, but imagine if a robbery victim underwent the same sort of cross-

examination a rape victim or a battered woman does. Would he report the crime?

--“Mr. Smith, you were held up at gun point at the corner of First and Main?”

“Yes.”

--“Did you struggle with the robber?”

“No.”

--“Why not?”

“He was armed.”

--“How did you know that? Did he pull out a gun or a knife?”

“No, but he threatened to kill me.”

--“Then you made a conscious decision to comply with his demands rather than resist.”

“Yes, but...”

--“Did you scream? Cry out?”

“No, I was afraid.”

--“I see. Have you ever been held up before?”

“No.”

--“Have you ever given money away?”

“Yes, of course.”

--“And you did so willingly?”

“What are you getting at?”

--“Well, let’s put it like this, Mr. Smith. You’ve given money away in the past. In fact, you have quite a reputation for philanthropy. How can we be sure you weren’t contriving to have your money taken away by force?”

“Listen, if I wanted to—“

--“—Never mind. What time did this hold-up take place?”

“About 11 pm.”

--“You were out on the street at 11 pm? Doing what?”

“Just walking. I had just come out of a bar where I’d been drinking with the defendant.”

--“Did you know the defendant before this evening?”

“No, I had just met him at the bar.”

--“Who paid for the drinks?”

“We each paid for one round.”

--“So you showed him that you were carrying a lot of money.”

“But, well, yes, but—no, I didn’t—“

--“So you were just walking. You know it’s dangerous to be out on the street that late. Weren’t you aware that you could have been held up?”

“I hadn’t thought about it.”

--“You hadn’t thought about it? And what were you wearing?”

“Let’s see... a suit. Yes, a suit.”

--“An expensive suit? A three-piece suit?”

“Well, yes, I’m a successful lawyer, you know.”

--“In other words, Mr. Smith, you were walking around the streets late at night in a suit that practically advertised the fact that you might be a good target for some easy money, isn’t that so? I mean, if we didn’t know better, Mr. Smith, we might even think that you were asking for this to happen, mightn’t we?”

This is naturally a bit exaggerated and over-the-top, but it is the same convoluted logic that people use to blame battered women and rape victims for their own victimization.

7. *“Batterers are just violent people, they’re like that with everyone.”*

Often the batterer is capable of being a delightful friend to others. He may have what is called a Jekyll and Hyde personality—meaning someone who is nice during the day or on the exterior, and nasty and vicious at night, or inside his home. This is why friends of the family may find the stories of his violence unbelievable, and why they wife may deny the seriousness or the presence of the abuse as well. The truth is that the batterer chooses brutality as a way to dominate his wife.

8. *“Women do not object to being mistreated.”*

This idea stems from not understanding the helpless situation of a woman who has nowhere to run. The battered wife may have friends who will take her in for a week or two, but what will she do after that? Finding a job and paying rent while caring for children are daunting prospects. And the law may forbid running off with the children. Some women may even have tried to leave but were hunted down and taken back, either by force or by charm.

9. *“Rape is just sex. It’s not that big a deal.”*

When dealing specifically with sexual violence, it is important to remember that men do not rape women because they can’t find a willing sex partner, or because of a need for sex, they are using sex as a weapon. The following is a letter written by a survivor of rape to the Village Voice (a newspaper in Manhattan, NY, USA) in 1979. This letter is a little graphic, but does provide a glimpse of how terrible rape is and what makes it different from sex...

Dear Editor,

I would like to offer a few comments on Molly Haskell's "Rape in the Movies: Update on an Ancient War" [Voice, Oct. 8]. As a rape victim, it seems to me that most people, male and female, even those who are sympathetic to the victim, do not fully understand the nature of forcible rape.

I believe that most view this crime as forced sex or intercourse, in the sense that this intercourse does not differ much in a physiological respect from that of consensual intercourse. Hence, "men seem incapable of understanding what rape means to women." Forcible rape is not in any normal sense intercourse. In most cases, the lubrication of the vagina required for normal intercourse does not exist, since petting has, more often than not, not occurred. As a result of this crucial aspect, as well as the fact that the victim is usually in a traumatized state immediately preceding the rape, and, thus, the muscles at the entrance to the vagina are not relaxed, penetration cannot either easily or immediately occur. What does happen is that the rapist repeatedly batters with his penis the very delicate and sensitive features lying outside the vagina, causing tissues to tear and bleed. When the force of the thrusting eventually results in the penis entering the vagina, it enters usually no more than a few inches, and again the tissues (this time the lining of the vagina) are repeatedly, with each thrust, ripped and torn.

As can be imagined, forcible rape is traumatically painful. I believe that it is the most physically painful ordeal that an individual can undergo and still live afterward. When I was being raped, I felt as though I were being repeatedly stabbed with a knife in one of the most sensitive areas of my body. Near the end, I was in shock. I felt numb and could feel no pain, but I knew the rapist was tearing me apart inside. Hours after the attack, the pain returned, and I felt as though I had been set on fire. Although I bled for only a few days, the pain lasted for weeks.

"What harm does it do?" Some of the flesh of my external genitalia has been battered away. It simply does not exist anymore. Other areas are torn and snagged. Some of my flesh can be pulled



apart. Most of my hymen has been obliterated, with a ragged circular edge of tissue left in its place. Inside my vagina, the muscles at the entrance are damaged and I fear that this will adversely affect any future sexual intercourse that I engage in. Polyps have developed immediately before and at the entrance to my vagina. Also, the tissues of the lower part of my vaginal walls remain ripped. Thus, not only do people fail to comprehend the severe pain involved in a rape, or the length of time the victim must suffer, they also do not understand that the physical damage done on the genital organs does not repair itself with time and that rape is a mutilating, disfiguring crime.

Haskell states that "the integratedness with which a woman experiences love and sex and herself is what makes rape devastating," but this is not the whole truth, because there is no "sex" in rape. There is only pain – traumatic, physical pain – and I believe that this is what makes rape devastating.

Perhaps her theory best explains the rampant fear of rape as experienced by the majority of women who have never been raped, and who, therefore, do not anticipate having their vaginas ripped and torn for 15 minutes, but rather some sort of sex.

I have listened to many women say that it is probably better to submit to rape than to endanger one's life by resisting, all the while knowing in my heart that they had no idea as to the kind of hell they would be in for. I presumed they felt that they would be submitting to sex. I, myself, could not have imagined what rape really was like until it happened. I think that this confusion between sex and rape is largely responsible for the male fantasies of it as being pleasurable for the victim, for its glorification in the movies as such, and for the relatively light sentences imposed by judges on convicted rapists, as well as for Haskell's interpretation.

-- *Name Withheld*
October 22, 1979

SECTION 2

THE NATURE OF DOMESTIC VIOLENCE

WHAT IS DOMESTIC VIOLENCE?

Many consider domestic violence to be simply a man beating up his wife, or “wife-battering”—but it is not that simple. The best definition of domestic violence is **a purposeful pattern of assaultive and coercive behaviors that adults or adolescents use against their intimate partner causing physical, economic, or psychological harm.** Most domestic violence is gender violence, which means it is violence by men directed at women or girls, due to the fact that they are female. Though males can be victims as well, we will refer to the abuser as male and the victim as female throughout the manual as this is the most common scenario that you will encounter in counseling.

FORMS OF DOMESTIC VIOLENCE

Domestic violence is rarely a one-time event and usually escalates in frequency and severity. It is important to remember that domestic violence is not just physical, but can take many forms. The five main forms of domestic violence are:

1. Physical

- Punching; slapping; hitting; throwing objects; biting; pinching; kicking; pulling hair out; pushing; shoving; burning; strangling; raping; beating - often leading to permanent injuries and sometimes death
- Denying food, warmth or sleep
- Keeping someone locked up
- Keeping someone locked out of the house
- Refusing to help someone when they are sick, injured or pregnant
- Holding a person to keep them from leaving
- Abandoning someone in a dangerous place

2. Sexual

- Rape: using force, threats or intimidation to make someone perform sexual acts; having sex with a person who doesn't want to have sex; forcing sex after beating a person; forcing sex when someone is sick or when it is a danger to their health; forcing a person to have sex in front of others. There are three main categories of rape:
 1. *Power Rape*: The rapist uses enough physical force to subdue the victim. He uses each assault to prove that he is powerful and competent and to give him a sense of self-worth by deluding himself into thinking that the woman “wanted it” (most common form).
 2. *Anger Rape*: The rapist brutally beats and degrades his victim. He uses each assault to express his rage against women; usually these rapes are of women he knows. The pleasure he derives is not from the sex but from hurting and humiliating his victims.
 3. *Sadistic Rape*: The violence becomes eroticized. The victim is stalked and tortured (least common, usually carried out by mentally ill men).

- Sexual degradation, including: using abusive insults such as “whore” and “frigid”; sexual criticism; making demeaning gender based comments
- Forced sadomasochistic practices
- Insisting on unwanted and uncomfortable touching
- Forcing a person to strip
- Having affairs with other people after agreeing to a monogamous relationship
- Publicly showing sexual interest in other people
- Withholding sex and physical affection
- Minimizing someone’s feelings about sex

3. Emotional

- Putting a person down: calling them “ugly,” “stupid,” “fat,” “worthless,” etc.
- Constant criticism
- Putting a person down in front of others
- Mocking
- Shouting
- Being excessively jealous
- Frequently accusing a person of flirting when they are not
- Controlling what a person wears
- Not listening or responding when someone is talking
- Refusing to accept a person’s decisions, saying they have no choice in any decisions
- Lying to friends and relatives about someone
- Humiliating a person in public

4. Psychological

- Isolation: from friends and relatives; monitoring or blocking a person’s telephone calls or disconnecting the telephone; telling someone where they can and cannot go; making someone a prisoner in their own home
- Harassment: following a person; checking up on them; opening their mail
- Threats: making angry gestures; using physical size to intimidate; wielding a knife or a gun; threatening to kill or harm someone, their children, their friends and family, or himself
- Punishing or depriving the children when he is angry with their mother
- Abusing the pets to hurt someone or their children
- Denial: Saying the abuse doesn’t happen; saying the abused caused the abusive behavior; being publicly gentle and patient or charming, but privately violent and abusive; crying and begging forgiveness; saying it will never happen again
- Manipulating a person with lies and contradictions

5. Financial/Economic

- Keeping a person from working
- Controlling someone's money or the household/family money
- Withholding money
- Spending money on himself (often on alcohol or drugs) or/and on other women

THE PSYCHOLOGY OF THE ABUSER

The following are some general characteristics of abusers:

- Anger, suspicion, moodiness, tension, resentment, hypersensitivity
- Helplessness, fear, inadequacy, insecurity
- Low self-esteem, loser mentality
- Exaggerated jealousy
- Inability to cope with being alone
- Jekyll & Hyde personality
- Projects blame and responsibility for his actions on partner and others, refuses accountability, downplays the seriousness of his own violence
- Drug or alcohol abuse (*note: this does not cause violence, it only exacerbates it, see myth #5*)
- Believes in traditional gender roles and sex stereotypes
- Extremely controlling and possessive, often manufactures power struggles to prove virility
- Unable to handle stress (may be job related)
- Often charming and endearing to manipulate others
- Frequently uses sex as an act of aggression and to enhance self-esteem, believes in legitimized rape
- Feels victimized by partner and society, does not believe his violent acts should incur negative consequences for him
- Pushes for quick escalation of the relationship
- Unrealistically demanding ("If you love me...")
- Aims to be the center of the partner's world by isolating them from others and badgering them into letting go of the family and friends who would be a support network
- Blames uncontrollable urges and partner for his own violent tendencies and feelings
- Cruel to children and animals, frequently sadistic

- Verbally abusive, threatening, or degrading
- Comes from an abusive home, where he saw his father beat his mother

Abusive men may also have problems with communication or may find it natural to express themselves through violence because they experienced their parents “communicating” in this way (*note: this upbringing still does not excuse the violence, see myth #4*). When combined with poor anger-management skills, this leads to violence as the vehicle of expression. Anger generally follows a pattern that starts with self-need/ greed and leads to resentment that this need or greed is not fulfilled:

1. I’m not getting what I want
2. It must be someone else’s fault
3. Someone else is wrong or bad for standing in my way
4. If I remove that obstacle then I’ll get what I want

Resulting violence can release this anger and tension replacing it with the feelings of dominance and power that come from the satisfaction of getting their own way.

THE PSYCHOLOGY OF THE ENVIRONMENT

There are many external factors that legitimate and facilitate the abuse of women. Again, as with childhood upbringing, this is not to excuse the violence, or indicate that these are the only reasons, but only to show the relevant external pressures. Violent actions are always the choice and responsibility of the individual. External factors fall into six main categories:

1. *Media/Entertainment*: films and television programs provide male role models who use physical strength or weapons to solve problems or achieve goals. The media presents violence as exciting. Overwhelmingly the victims of such violence are women, especially in pornographic films.
2. *Societal/Cultural*: the long-held concept of the ideal man has been the strong, silent type who fights his way to the top. Men are expected to be strong, aggressive, and in control, so boys learn at an early age to use force if necessary to gain and maintain control.
3. *Historical/Religious*: violence against women is also deeply rooted in our social institutions. Women have long been regarded as inferior to men; indeed for centuries they were considered the property of their husbands. Some religions continue to assert these beliefs today, though many deeply religious people have rejected such teachings.
4. *Physical/Genetic*: Men are genetically predisposed to be bigger and more muscular than women. Thus it is often easy for a man to force his wishes on a woman without fear of being physically injured himself.
5. *Economic/Financial*: men are traditionally better-educated and better paid than women. It is easy to dominate someone who is financially dependent and incapable of being self-sufficient.



6. *Legal/Judicial*: because virtually all domestic violence and many sexual assaults take place within the home, officials have traditionally been reluctant to enforce laws prohibiting male violence against women. While much progress has been made, far too many prosecutors and law enforcement officers continue to believe that “a man’s home is his castle,” that if only the women were better wives their husbands wouldn’t have to hit them. Likewise, criminal justice officials often ask a rape victim what she did to provoke her assailant, and marital rape has usually been seen as justifiable rather than assaultive. This minimizes the seriousness of the violent act.

THE PSYCHOLOGY OF THE VICTIM

The first step that we can take in understanding the predicament of the domestic violence victim is to understand her psychological state. The following are characteristics often exhibited by victims of domestic violence and good warning flags to look for if you suspect that someone is being abused:

- Timidity, jumpiness, anxiousness
- Perfectionism, obedience, submissiveness
- Depression, despair
- Feelings of inadequacy, powerlessness, worthlessness, humiliation
- Sleeping disorders, eating disorders
- Suicidal, self-injury
- Truancy, withdrawal from activities and friends
- Crying easily, getting hysterical, overreacting to minor incidents
- Low self-esteem

THE CYCLE OF DOMESTIC VIOLENCE

Understanding the cyclic nature of an abusive relationship is helpful to understanding how someone can become caught up in a potentially never ending life of violence. Essentially, abusive relationships involve a build up of tension between two people, a violent explosion that releases the tension and things, and a temporary return to peaceful interaction. This cycle will continue and violence will become more frequent as the relationship progresses, unless the abuser makes changes to his behavior (which is unlikely to happen without professional help). The lengths of the cycle and of the three phases will vary from couple to couple. The following is a more detailed description of the phases of an abusive relationship.

Phase One; Tension Building

- The abuser becomes increasing irritable, frustrated and unable to cope with everyday stresses. He is verbally abusive and there are some “minor” violent incidents.

- The victim attempts to stay out of the abuser's way and do whatever she can to keep him calm - this is often referred to as walking on eggshells. She assumes responsibility for his anger and denies that the incidents get progressively worse.

Phase Two; Explosion/ Serious violence

- The tension culminates into serious violence - this can be one incident or several.
- While the woman may be able to recall the battering incident in detail, the man cannot.
- It is unknown why the batterer stops the battering; he seems to know how to prolong the battering without killing his target.
- In some relationships the woman is able to tell when the violence is likely to occur and can leave if she has a safe place to go.
- The abuser feels a release of stress after he has been violent. This feeling becomes addictive and causes him to repeat the cycle when he is next under a lot of stress.

Phase Three; Honeymoon period

- Some men are resourceful, loving and kind. He is usually afraid that his partner will leave him and so tries to convince her and himself that he will change.
- The man plays dependent and falls apart without her, and she feels responsible for her victimization.
- The woman finds it difficult to leave at this point because she wants to believe him and because this period of the cycle reminds her of the good times that they used to have, and that can be had.
- In Belize, some women feel that violence from their partner shows that he loves her; this honeymoon phase could help explain why.

WHY DOESN'T SHE LEAVE?

Assuming the abused person is an adult and has the, theoretical at least, possibility to leave the person that is abusing her, it is important to understand the emotional, mental, practical, and economic reasons why the abused person might not leave. These include that she:

- Loves the abuser
- Believes that abuse is a sign of love
- Is confused by what loving her partner entails
- Believes the abuser when he says it won't happen again
- Hopes that the abuser will change
- Is persuaded by the "honeymoon" stage of the cycle of violence that the relationship is worthwhile/ meaningful
- Does not want to split the family up
- Figures that a violent husband/ father is better than no husband/ father at all
- Is ashamed to admit she's being abused
- Is unaware of her legal right to protection under the 1992 Domestic Violence Act
- Does not have anywhere else to go

- Does not know where to go to get help
- Is intimidated by the police
- Is disillusioned by police response to domestic violence

She also may be afraid to leave because she is:

- Terrified of the repercussions of an attempt to leave; harassment; increased violence if she fails to leave or goes to the authorities
- Fears becoming homeless
- Fears losing her children
- Fears poverty and isolation (particularly if her abuser has isolated her from relatives and friends)
- Fears what her family and friends might think of her

She may be financially dependent on her abuser due to the fact that:

- He controls all their money
- She is forced to work at home and raise the children and is therefore unable to seek employment which would give her the freedom to seek an independent life for her and her children
- Her contribution to a family business is not recognized by him and may not be recognized by the law
- She did not receive enough schooling to be able to get a job
- She has no job skills
- The property is in her abuser's name and she is unaware of each Belizean's right to a plot of land (and even if she were she may not have the money to do anything with it)

If she has prolonged exposure to abuse she may:

- Start to rationalize her abuser's behavior
- Blame herself for provoking him (she has consistently been told that the violence is all her fault)
- Believe that she deserves to be hurt
- Be too mentally and physically exhausted to take the necessary steps
- Not have confidence in herself and her ability to take action
- feel like trying to leave is hopeless since the abuser seems omnipotent

Even if she does leave it is tempting to go back because:

- She cannot get enough practical or emotional support
- The children are missing their dad
- She is insecure
- The abuser persuades her to go back

Some of these factors are specific to Belize, in particular the practical aspects such as lack of support services, education about one's rights and police response to domestic violence. Most of the emotional factors are common to victims of domestic abuse, except the last point, which is particular to Belize and cultures where gender inequality and machismo is strong. Factors specific to Belize are expanded upon later in the manual.

EMOTIONAL AFTER-EFFECTS OF ABUSE

Domestic violence, like any other violent event can have tremendously damaging psychological consequences for the victim. The two most common syndromes are Post Traumatic Stress Disorder (PTSD) and Rape Trauma Syndrome (RTS). These are both very serious and anyone experiencing the corresponding symptoms should be monitored closely.

PTSD can occur at any point after the traumatic event, and can severely impair the victim's ability to cope with their situation. The criteria for diagnosing someone with PTSD are:

- Psychological reactivity to triggering cues
- Avoidance of triggering cues
- Intense psychological distress
- Dimming of responsiveness to others
- Change in attentiveness level
- Intrusive, persistent re-experiencing of trauma (i.e. dreams, flashbacks)
- Symptoms persisting for more than 1 month
- Symptoms cause significant distress or impairment in daily functioning

In an assault or a rape, events may seem to happen too fast, creating an overwhelming state of paralysis. This can produce RTS in the victim as she tries to cope with what has happened. This is manifested in both short-term and long-term symptoms.

Short-term (Acute) Symptoms (2 different styles exhibited)

1. Expressive
 - Fear, anger, anxiety
 - Sobbing, restlessness, smiling, tension, distress, inability to concentrate
2. Controlled
 - Hidden or masked feelings
 - Calm or subdued demeanor, withdrawal

Long-term (Chronic) Symptoms

- Life-style changes (residence, phone number, workplace, habits)
- Nightmares (reliving experience, exchanging roles with the abuser)
- Fears and Phobias (i.e. being alone, mistrust of men)

- Change in sexual activity (severe increase or decrease, sex can trigger flashbacks)
- Change in Relationships (decrease in trust of others, decrease in contact with friends and family, loss of confidence and self-esteem)

PHYSICAL AFTER-EFFECTS OF ABUSE

- Serious injuries (i.e. broken bones, fractures, sprains, burns, cuts, concussions, lacerations, contusions, bites, perforated eardrums)
- Infections (anal, vaginal, pelvic)
- Dizziness, numbness
- Permanent disabilities (i.e. asthma, belly pain, muscle pain, irritable bowel syndrome)
- Miscarriages, unwanted pregnancies
- STDs, HIV/AIDS
- Death

THE PSYCHOLOGY OF THE CHILD

We know much about woman abuse. We know much about child abuse. But if we are to seriously address either one, we must recognize the links between these two forms of domestic violence. While one form of abuse can certainly occur without the other, the tragic reality is that anytime a mother is abused by her husband/partner, her children may also be affected in both overt and subtle ways, such as:

- Seeing, hearing, and sensing the abuse
- Confusion, stress, and fear
- Feeling guilty that they can't protect her
- Feeling responsible, or that they are the reason she is being beaten
- Being abused or neglected themselves
- Headaches, ulcers, bedwetting, sleep disorders, abdominal pain
- Sons are more likely to abuse their future wives, and the daughters more likely to be abused by their future husbands
- Constant anxiety and stress about their mother's well-being
- Thumb-sucking, excessive clinginess
- Speech impediments
- Worry and uncertainty about their future
- Disinterestedness in their future, goals, or having self-control



- Embarrassment, reluctance to open up to or trust others
- Need to be invisible or perfect
- Suicidal thoughts or attempts, self-injury, depression
- Anger management problems, hostility
- Nightmares, insomnia, memory repression, denial
- Low empathy, low self-esteem
- Hyperactivity, constant attention seeking
- Withdrawal, truancy, running away from home

With traumatized children, one of the most effective ways of getting him or her to open up is having them draw what happened, how they were feeling before, during, and after the incident. This allows them to express their feelings without having to put them into words right away, which can seem overwhelming and scary. You can then use the drawings as a basis for discussion. It is important to allow the child to feel comfortable expressing their emotions in front of you.

If you think, for whatever reason, that you should refer the child to an outside agency or person, discuss this decision with the child, principal, and parent (if possible).



SECTION 3

BELIZEAN

FACTORS

&

STATISTICS

Ultimately, domestic violence is one of the biggest issues affecting women in Belize. Domestic violence is fueled by factors of financial dependency and lack of educational and vocational skills. If a woman were adequately educated she would be able to find employment more easily and therefore likely to be able to provide for herself if she needed to leave an abusive partner. As it is, most women must turn to their families - parents, sisters, brothers - to provide financial support, and if their families are unable to assist, or do not approve of her decision to leave and are not supportive, they must continue to live with the abuser. Currently, there is only one shelter for victims of domestic violence in the entire country and it cannot house all the women and children who seek its facilities. If women were less dependent on men financially it would be possible to leave their abuser, but often with no property that is solely in their name, no experience of financial independence and no income, to leave the home would mean a decline in living standards, to the point of near poverty, both for the women and their children.

GENDER ROLES

In general, there is a lot of sexism and sexual inequality in Latin America and the Caribbean, and Belize is no exception. In many relationships the man earns money and the women does housework and raises children. Through talking to people it is common to find that women as well as men believe this is acceptable. One reason that people believe women should stay at home and look after children is because there is an increase in the number of teenagers becoming involved with gangs, drugs and crime; some blame this on the fact that a growing number of women are leaving the home to find paid work and therefore are unable to give the necessary attention to their children. There are many other factors involved, but this factor seems to be the most apparent and convenient one to accept.

Many women do work outside the home and contribute to the family's income. Many women also work from home or go from house to house selling cakes, pastries, soft drinks, tamales etc or take in sewing or laundry to supplement the family's income. However, there are restrictions to what type of work women do because gender still defines what job and position a person is capable of; it is unusual to find women in managerial or political positions, and generally teachers, nurses, domestic workers and secretaries are women.

Through giving workshops to men and women, it becomes clear that men are afraid of notions of gender equality, often because they do not understand what it means. Belizean women who do campaign for equal opportunities want just that, but men regard this as a demand for power and control. Now when doing any type of public awareness, from workshops to publications to media interviews or talk-shows, Cornerstone makes it clear that gender equality is not about women taking over but about women having the same opportunities that men do. Furthermore, we stress that not all women want these opportunities but argue that they should exist for those that do.

FINANCIAL DEPENDENCY

One of the main problems facing Belizean women is dependency on their partners for financial security. Because women work in the home and look after children, an unpaid and full-time job, they lack the opportunity to find paid work. Therefore, women are dependent on their partners to provide household and child-rearing expenses. However, alcohol and drug addiction is a prevalent problem in society and causes many men to withhold financial support from their partners and families. In the case of domestic violence it is common for the man to control and sometimes deny his partner money. This is a recognized form of domestic violence (economic or financial abuse). In addition, although each Belizean is entitled to their own plot of land from the government most women are uneducated about this right. This means that usually property is in the man's name. Thus, if a woman wants to or needs to leave that relationship she has no claim to the house, and further, is in no position to afford one, as she has been financially dependent on her partner. Plus, although a woman may contribute to her partner's business, or a family business, she may not be able to prove this under the law and thereby lose recognition of her contribution and her due.

INADEQUATE EDUCATION AND VOCATIONAL SKILLS

Women's financial dependency mainly stems from a lack of education or vocational training skills. School is compulsory from age five to fourteen and is theoretically free. However, only the tuition fees are paid by the government, parents must pay for registration fees, for uniforms and for all books. Thus some parents are unable to afford to keep all their children at school and if necessary will pull the girls in the family out of education first because they are both more help around the house and are not expected to be the breadwinner in their future. If a child completes all the grades early then he or she does not have to attend school further. Financial dependency is further encouraged because once a girl leaves education she is more likely to become pregnant and focus on married life, rather than learn job skills.

SIZE OF FAMILIES

All schools in Belize are religiously affiliated including those that are government funded. Because of this, family planning is not taught in schools, in fact the use of the word "condom" is forbidden in nearly all. Family planning facilities are not easily accessible to women in rural villages and are limited where they exist in towns (there are only one or two family planning clinics per district, meaning there are not more than twelve clinics to serve the entire population). Most women do not feel comfortable with unnatural means of family planning, such as condoms and the pill, and they are uneducated on the natural methods, i.e. the rhythm method. Therefore, family sizes are often very large meaning women are burdened all their working life with child rearing. Another factor that contributes to large families is that some women hope that getting pregnant will encourage the father to stay with her. If she is pregnant with his child she might believe that he is less likely to completely abandon her, which unfortunately is not always the case (see Irma MacClaren, *Women In Belize*).



STATISTICS

(from the handbook *Saying No To Violence*, Maxwell Arnett)

There are very few statistics about domestic violence in Belize available. The Women's Department in San Ignacio does have a record of every case that comes in, but only in their entry book – none of the figures have been compiled or analyzed. Please note that domestic violence is extremely under-reported.

Family Court, Belize City

1998	455	Cases of domestic violence lodged
	228	Concluded in court (some cases were dropped, some were carried over into 1999)
Total number of intake cases	2,702	
1997	404	Cases of domestic violence lodged
	181	Concluded in court (some cases were dropped, some were carried over into 1999)
Total number of intake cases	1,660	

BOWAND study (Belize, 1998) # interviewed = 184

Number of respondents	% of respondents involved in domestic violence	% of respondents not involved in domestic violence	No response
80	44%		
99		54%	
4			7%

SECTION 4

COPING

WITH

DOMESTIC

VIOLENCE



MENTAL PREPERATION

When someone experiences or lives with domestic violence there are also five main mental phases that they go through in coping with the abuse. It is necessary to move through these phases in order to try to leave a domestic violence situation. These stages are:

1. Shock/Denial
2. Bargaining: Tries to talk to or reason with the abuser
3. Anger
4. Depression (and realization): Rage is turned inwards, in extreme cases it can result in suicide
5. Acceptance: This is the stage where the abused is able to take action (usually in the tension or explosion stage of the violence cycle).

It may take weeks, months, or years to reach the final stage. It may never be reached. In order to reach this stage it is sometimes necessary to hit rock bottom, to reach the point where you have to move somewhere and the only place is up. Even once the victim reaches this phase, she still needs to:

1. Seek emotional support and practical help
2. Make a crisis safety plan to help keep her and her children safe
3. Get advice about her legal rights and the appropriate procedures

It is extremely important to note that the victim must be the one to move herself through these phases. It is, of course, helpful and almost necessary to have someone they can trust to talk to and rely on for support—however this does not mean that you should take over the practical aspects of the process for the victim. Resist the tendency to treat her as a helpless child and do everything for her. For her to be able to successfully leave her abuser and rebuild her life she must be in control. This will help her to regain confidence in herself and her ability to be self-sufficient.

PRACTICAL CHECKLIST (IF YOU'RE STAYING IN THE ABUSIVE RELATIONSHIP)

Identify waning signs of abuse:

- Specific words and behaviors that precede a violent incident
- Specific actions or looks of your partner that inspire fear in you

Take actions before a violent incident to insure your protection:

- Create a list of emergency numbers and try to memorize it



- Figure out where you can go to be safe if you need to leave your house
- Decide if you can lie or withhold information to protect yourself
- Try to identify a friend or family member whom you can rely on for support
- Establish a “code word” or sign so that family, friends, teachers, or co-workers know when to call for help
- Think about what you can say to your partner if he becomes violent
- Teach your children how and when to dial the police and to stay out of any conflict between you and your partner
- Pack a bag with important things you’d need (money, keys, clothing, medication, records/documents, etc.) if you had to leave your home quickly

Assess your risks:

- What might happen to you (or your children) if you stay in the relationship?
- What might happen to you (or your children) if you end the relationship?

Risk Factor	If she <u>stays</u> in the relationship	If she <u>leaves</u> the relationship
<i>Loss or damage to possessions</i>	He may destroy things of importance or value to her to gain further control	He may destroy things of importance or value to her to gain further control, she may have to leave things behind when she leaves, he may get things in a divorce proceeding
<i>Loss of partner or relationship</i>	He could leave her or be emotionally unavailable	Loss of partner and relationship
<i>Being alone, single parenting</i>	He could be emotionally unavailable, he could do little to help her with the children	He is unavailable and she may not be able to (or want to) find someone new, he may not visit or help raise the children, it may not be safe for the children or her to have him do so
<i>Standard of living</i>	He may control the money and give her little money to live on, he could lose or quit his job, he could make her lose or quit her job	She may now live solely on her income, she may have to move out of her home or neighborhood, she may have less money
<i>Loss of caretaker</i>	If she is disabled and he is her caretaker he may not adequately care for her	If she is disabled and he is her caretaker he will no longer be there to help her
<i>Substance abuse</i>	She may abuse drugs and/or alcohol to help her cope with the emotional and physical pain	Even if she leaves, she will take an addiction with her, she may abuse drugs and/or alcohol to cope with her new life situation



<i>Threat to “turn her in”</i>	He may threaten this to keep her from leaving, he may force her to be involved in his criminal activity	He may threaten this or actually do it
<i>Loss of residency status</i>	Ongoing threat, he could do it	Ongoing threat, he could do it
<i>Loss of family/ friends support</i>	They may want her to leave and stop supporting her if she stays, they may not like him or may be afraid of him, he may keep her isolated from them	They may not want her to leave him, they may blame her for the outcome and end of the relationship
<i>Suicide (victim, partner)</i>	He could commit murder suicide, she may commit suicide due to the psychological impact of surviving or desire to take control of a death she may believe is inevitable	He could commit murder suicide, she may commit suicide due to the psychological impact of surviving or desire to take control of a death she may believe is inevitable
<i>HIV</i>	Through unsafe behavior with her partner, she may have no choice regarding sex, he may sexually assault her	He may sexually assault her

During an abusive incident:

- Stay away from the kitchen (the abuser can find weapons, like knives, there)
- Stay away from the bathroom or any other small space where the abuser could trap you
- Go to a room with a door or a window so that you can escape
- Go to a room with a phone so that you can call for help, locking the abuser outside if possible
- Call the police right away before the situation escalates

After an abusive incident:

- If a police officer comes, tell him or her what happened and get his or her name for your own records
- Document and take pictures of any injuries and seek medical attention

PRACTICAL CHECKLIST (IF YOU’RE LEAVING THE ABUSIVE SITUATION)

While you are gathering your courage to leave:

- Develop your job skills
- Start your own bank account



- Stay physically healthy
- Avoid pills, alcohol, and drugs as they will cloud your thinking
- Don't get pregnant
- Talk to someone you trust about the abuse
- Remind yourself that his behavior is not your responsibility
- If possible, ask his family to talk to him about his behavior

Once you have left the relationship:

- Change your phone number
- Save and document all contacts, messages, injuries or other incidents involving the abuser
- Change locks if the abuser has a key
- Avoid staying alone
- Plan how to get away if confronted by the abuser
- If you do plan to meet the abuser somewhere, do so in a public place
- Vary your usual routine
- Notify school/work contacts and/or family/neighbors of your situation if possible
- Warn your children to be careful and make sure they know to call the police and any other trusted adult if they feel that they are in any danger
- Talk to schools and childcare providers about who has permission to pick up the children from school or daycare
- Make your house as secure as possible
- Explore legal options to protect you and your children



SECTION 5

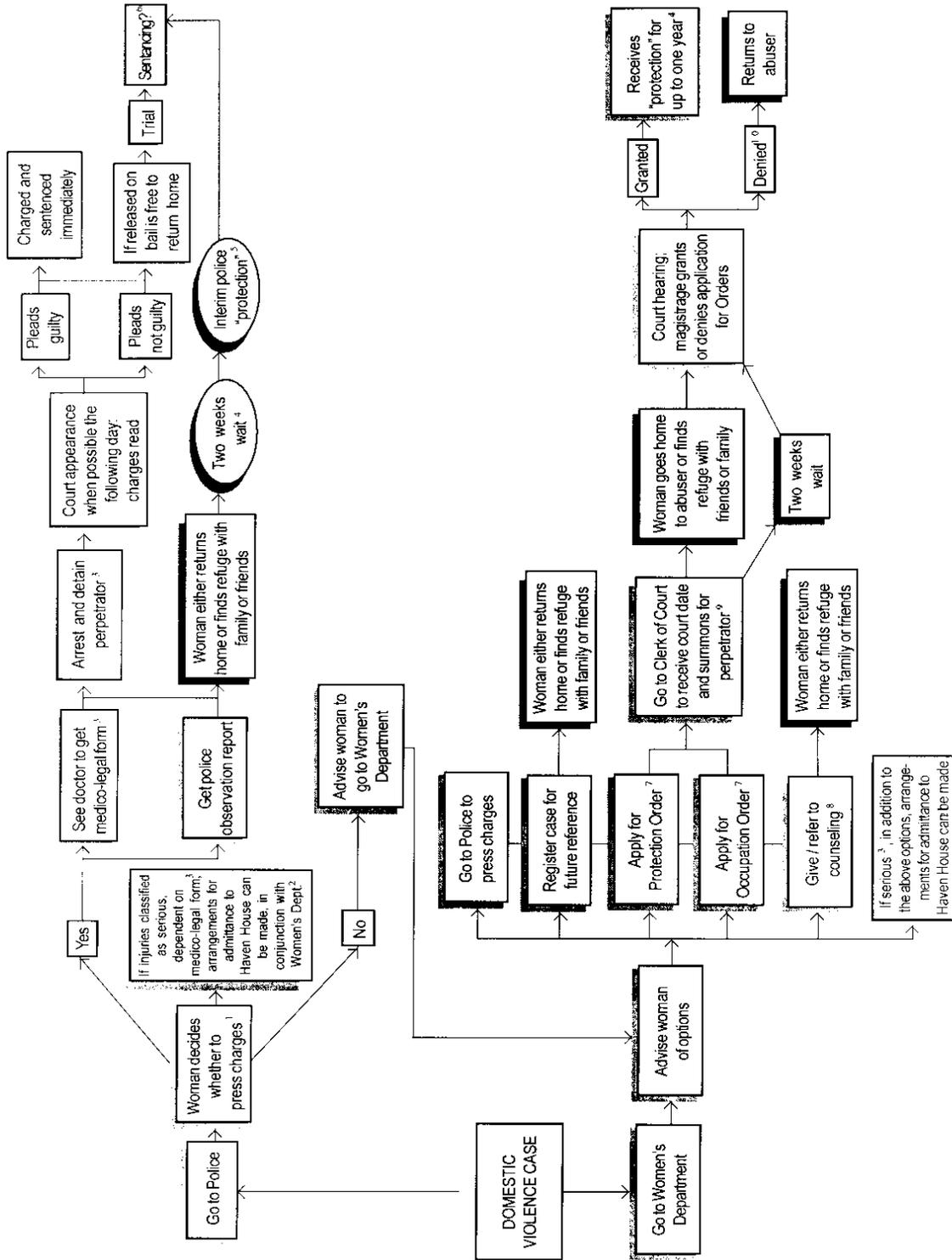
LEGAL

&

MEDICAL

PROCEDURES

Existing Domestic Violence Referral and Reporting System



The lack of adequate legal protection, legal assistance and protective facilities in Belize contributes to the high rate of domestic violence in society. There are three police Domestic Violence Units in the Cayo district, and one Women's Department, part of Human Development (the Belizean equivalent of social services), based in San Ignacio. These are the only two governmental institutions that deal with family



issues and domestic violence; they serve the entire Cayo district of 52,564 people (according to the 2001 census). Both institutions are understaffed. Since there is only one officer in each of the Domestic Violence Units there is no twenty-four hour, let alone seven days a week, service. Likewise, the Women's Department is operated by one person who works normal office hours five days a week.

The 1992 Domestic Violence Act of Belize defines domestic violence as: “The abuse of any member of a family by any other family member.” Victims of domestic violence can be someone involved in an intimate relationship, any family member or a dependent of someone in a family. Under the 1992 Domestic Violence Act of Belize, the following people can apply for help under this act:

- **Spouses:** Legally married husbands and wives; common-law husbands and wives; Ex-husbands and wives (including common-law); persons who have produced a child
- **Children:** A child of a union (common-law or legal); a step-child; an adopted child; a child being brought up in the home
- **Dependents:** A person who is over eighteen years of age who, because of physical or mental disability, relies on another person for his/her welfare
- **Parents:** a natural parent or grandparent; a step-parent or step-grandparent; an adoptive parent or grandparent; a guardian; any person who has actual custody of a child

Under the 1992 Domestic Violence Act, these people also have the option to press specific charges of abuse, to apply for legal protection from their abuser, to log a report of domestic violence (for future reference and evidence should the matter be taken to court) and/or to receive counseling (though this service is limited). However, in general women are uninformed about their legal rights and therefore do not report domestic violence. A woman will often drop the charges or application for protection at a later date (estimated at ninety nine percent by the San Ignacio Domestic Violence Unit officer). This is due to a variety of reasons, namely, she is intimidated by the legal process; she is punished by the abuser for involving the law; she is persuaded by the abuser to drop charges; she does not want to split the family up.

LEGAL OPTIONS

To get a Protection and/or Occupation Order the woman must prove abuse, fear, and the presence of mental or physical injury. This is not to say that if she cannot prove these three things, that her situation is not dangerous, only that she will have to pursue a course of action that doesn't rely on the judicial system.

If a request for protection is successfully brought against the perpetrator the court can issue a restraining order, either a Protection Order or/and an Occupation Order, under the 1992 Domestic Violence Act. It is possible to issue both types of orders or to issue either for a longer time-period than the usual 12-month



duration if the magistrate deems it necessary for adequate protection. Most restraining orders are personalized to the woman's needs and her particular situation.

If a woman presses charges it will take at least two weeks to reach the Family Court or the Magistrate's Court. In Cayo district the Magistrate Court turns into a Family Court every Friday, hearings will only be given at the Family Court. If the abuse is classified as grievous harm, dangerous harm or maim the case is dealt with as a criminal case and accordingly goes through the Supreme Court, the waiting time for court cases here can be between three and five months. Requests for Orders are only denied in the cases where a woman is harassed due to her approaching the alleged perpetrator (judgment: harassment would not occur without provocation) or when domestic violence is deemed a self-defensive act.

If the abuser is arrested and sentenced on a charge of domestic violence or if he violates his restraining order, he faces up to six months imprisonment or \$5,000 Bz maximum fine (or both). If it is a first offense, the abuser will probably be fined rather than imprisoned. In rare cases, the abuser might instead be referred to counseling. This is only used in cases where the abuser is a first-time offender and the level of past and potential harm is judged to have been or to be not very great.

However, if a women presses charges it will take at least two weeks to reach the Family Court or the Magistrate's Court. In Cayo district the Magistrate Court turns into a Family Court every Friday, hearings will only be given at the Family Court. In the mean time women are in danger of retaliation from the abuser, particularly if they must continue to live with the abuser. If the abuse is classified as grievous harm, dangerous harm or maim the case is dealt with as a criminal case and accordingly goes through the Supreme Court, the waiting time for court cases here can be between three and five months. Requests for Orders are only denied in the cases where a woman is harassed due to her approaching the alleged perpetrator (judgment: harassment would not occur without provocation) or when domestic violence is deemed a self defensive act.



BELIZE

SECOND SCHEDULE
DOMESTIC VIOLENCE, ACT 1992
(SECTION 11)

NOTICE OF PROCEEDINGS

IN THE BELIZE JUDICIAL DISTRICT

(- Complainant
(
Between (And
(
(
(- Respondent

TO:

An application under Section 8/Section 17 of the Domestic
Violence Act 1992 for a Protection Order/Interim Protection Order
has been made by

The application has been set down for hearing on
2002 at 9:00 o'clock in the forenoon at Belize Family Court.

If you do not appear at the hearing of the application, the court
may:-

- a) deal with the application in your absence, or
- b) issue a warrant for your arrest to be brought before the court.

CLERK OF COURT

BELIZE:

FIRST SCHEDULE

Domestic Violence Act, 1992
Application for Protection Order/Interim Protection Order

In the JUDICIAL DISTRICT

I
of
hereby apply under Section 8/Section 17 of the Domestic Violence Act, 1992 for a Protection Order/
Interim Protection Order to be made by the Magistrate of the District against
..... who is
and resides at
in respect of the following conduct:

.....
Applicant

A Protection Order...

- Has the abuser return personal property of the victim
- Has the abuser pay maintenance to a child or dependent
- Stops the abuser from:
 - Being at the home, work-place or neighborhood of the victim
 - Being in a certain named place where the victim goes
 - Being in a particular area or neighborhood
 - Speaking to, sending messages, harassing, behaving in an offensive manner towards, or sending messages to the victim
- Orders that the victim or any child receive counseling
- According to the simplified Domestic Violence Act, the Protection Order also grants the victim the sole right to live in the household residence



DOMESTIC VIOLENCE ACT - 1992
(Section 23 & 24)

APPLICATION FOR OCCUPATION ORDER/INTERIM OCCUPATION ORDER

In the JUDICIAL DISTRICT

I

of

hereby apply under Section 23/Section 24 of the Domestic Violence Act, 1992 for an Occupation Order/Interim Occupation Order to be made by the Belize Family Court against

who is

and who reside at

in respect of premises situated at

and I undertake to prove at the hearing of this application that the order is necessary for the protection of

for is in the best interest of the child/children named

APPLICANT

BELEZE

BEFORE THE JUDICIAL DISTRICT

SECTION 23 (A)

NOTICE OF PROCEEDINGS

IN THE JUDICIAL DISTRICT

AND

BEFORE THE

To

An application under Section 23/Section 24 of the Domestic Violence Act 1992 for an Occupation Order/Interim Occupation Order has been made by

A copy of the application is being served

The application has been served by

at 10:00 a.m. on the 10th day of the month of the year 2012. It is to be heard by the court on the 15th day of the month of the year 2012.

no

is a warrant for arrest to be forthwith before the court.

Clare M. Gomez

An Occupation Order...

- Grants the victim the sole right to live in the household residence
- Stops the abuser from living in the household residence
- Grants the victim the use of household furniture, appliances and other household effects e.g. bed, stove, refrigerator, tables, chairs, pots and pans etc.
- Where the residence is rented the court can order that the abuser continue to pay rent

Unfortunately, many abusers disobey Protection and Occupation Orders and continue to abuse their partner. Although the police are obliged to provide interim protection until the court date, this is difficult due to a lack of resources. If further incidences of violence are reported to the police then the abuser can be arrested and imprisoned without charge because he is breaking the law under the Protection or Occupation Order. However, women frequently do not report continued abuse because they fear that the police will not respond and that the abuser will only increase the abuse. Additionally, the majority of women are uneducated about the legal system and their rights under the Domestic Violence Act.

If the abuser is arrested and sentenced on a charge of domestic violence or if he violates his restraining order, he faces up to six months imprisonment or \$5,000 Bz maximum fine (or both). If it is a first offense, the abuser will probably be fined rather than imprisoned. In rare cases, the abuser might instead be referred to counseling. This is only used in cases where the abuser is a first-time offender and the level of past and potential harm is judged to have been or to be not very great.

PROTECTION & SHELTER

There is one shelter for women in Belize. The restraining orders are not enough to prevent an abuser from harming a woman if he is intent on doing so. No real protection can be provided without more shelters around the country. Currently it is rare to offer a safe-haven unless wounds are very severe or if past experience implies that continued abuse could be fatal. In other countries that offer a more



comprehensive support system for victims of domestic violence, the shelter is an integral part of the system. Not only do shelters provide security and protection for women, but they also serve as the basis for all other support services; including outreach, drop-in centers, counseling and telephone help-lines.

The only women's shelter, Haven House, in the country is located in Belize City (Belize district) roughly two and a half hours from San Ignacio (Cayo district) by bus. For most women outside of the Belize district a move from their home would present a huge upheaval, particularly for rural women who have never lived in the city and usually have a large number of dependent children (it is not unusual for families in villages to have between eight and fifteen children, in towns the average is about five). According to statistics obtained from the women's shelter Haven House, only six percent of people using the facility in 1997, and from 1999 to 2001, were from the Cayo district and thirteen percent were from three of the other six districts. The low utilization of the shelter by districts other than Belize indicates that there is so much need for it's services in the city that there is not enough room to accommodate those from other districts, and that consequently women in other districts do not receive an equal level of service. If the available space in the Haven House facility were divided equally between women from each of the six districts, four women from each district and just one child between these women could use the shelter if it was operating at it's full capacity of twenty five spaces. Clearly, this shelter is unable to serve all the women and children that need to use it.

When women report domestic violence to the Women's Department, the officer there can only log the report and advise them of their options). Consequently, most women are sent back to the abuser if family or friends cannot/ will not help, unless the case is considered to be life threatening in nature, in which case a referral to Haven House would be made (the above statistics illustrate the rarity of this). There is currently no non-governmental organization that either the Women's Department or the police can collaborate with to provide for women who need emergency shelter, except for Haven House. Provisions need to be made for women's protection, particularly in the waiting period between the reporting of a domestic violence case and it's court hearing. The waiting period is two weeks if classified as a domestic violence case, where harm is not dangerous, or between three and five months if classified as a criminal case, where harm is dangerous.

Rural women, in particular, are at risk. Because many men are employed through seasonal farm work, women in domestic violent situations can be trapped at home for long periods of time with their abuser when he is out of work. Further, transportation to and from some villages can be limited, unreliable and sometimes non-existent, for example when roads are flooded during the wet season. Some women can be isolated and will not see a neighbor for days, in which time evidence of abuse will have faded. It is much harder for women from the villages to get away from work at home to go to the nearest town to report domestic violence, and because of the limited service there is no guarantee that the Domestic Violence Unit police officer or the WDO in San Ignacio will be available to log the report or press charges. Most villages are served by one community telephone, which further hampers the reporting of domestic violence. Simply, there is not the same level of service for rural women as for town women, limited though that may be.



MINISTRY OF HEALTH

The Ministry of Health provides the following services to potential victims of Domestic Violence:

1. *Screening*

- Used to determine if an individual who seeks medical attention at a facility is experiencing abuse/violence and provide an appropriate response.
- The health professional may ask the following questions: Have you ever been in an abusive or violent situation at home? Have you been affected by abuse or violence in your home? Are you presently experiencing abuse or violence in your home?
- Done in a confidential, safe, private, and supportive environment.
- Others may be present at the request of the client, provided that their presence is not going to skew the accuracy of the assessment or put the client at further risk.
- The health professional conducting the interview will inform the client of his/her rights and options in a non-judgmental and sensitive manner.
- Usually conducted by a nurse.
- There are five categories of harm that are used to determine the seriousness of the crime and injury and will affect the police's reaction to the case. They are (in order of increasing seriousness): harm, wounding, grievous harm, dangerous harm, maiming. The following are copies of the forms that a woman will be filling out if she is examined at the hospital or files a report of domestic violence with the police:



MINISTRY OF HEALTH (MOH), BELIZE
NATIONAL HEALTH INFORMATION SYSTEM
DOMESTIC VIOLENCE REGISTRATION FORM
 (For Alleged Domestic Violence and Child Abuse)

01- 09755

USE THIS FORM TO REGISTER DOMESTIC VIOLENCE CASES. THANKS FOR YOUR COOPERATION WITH THE DOMESTIC VIOLENCE SURVEILLANCE SYSTEM. Please fill in or write answers as appropriate. Note guidelines for use on the back. Provide original form to the patient and advise her/him to take this form to any other place consulted. Send second copy to the MOH District Information Unit. Keep third copy in the client's record "in strict medical confidence"

HEALTH CENTER: _____

A. GENERAL INFORMATION CLIENT / PATIENT RECORD		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		NATIONALITY
REGISTRATION DATE: D / M / Y	SURNAME: _____	DATE OF BIRTH: D / M / Y		
REGISTRATION ID: _____	NAMES: _____	AGE: _____	PHONE NO. _____	
RESIDENCE STREET: _____		SCHOOL NAME: _____		
RESIDENCE TOWN: _____	RESIDENCE DISTRICT: _____	EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO	GRADE: _____	
OCCUPATION: _____			EMERGENCY CONTACT: _____	
SCHOOLING LEVEL: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Unknown			ADDRESS: _____	
CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			RELATION: _____ PHONE: _____	
ETHNICITY RACE: <input type="checkbox"/> Creole <input type="checkbox"/> East Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Maya <input type="checkbox"/> Ketchi			<input type="checkbox"/> Father/Mother <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other/Unknown	
RELIGION: <input type="checkbox"/> Nazarene <input type="checkbox"/> Anglican <input type="checkbox"/> Catholic <input type="checkbox"/> Methodist <input type="checkbox"/> Other				
PREGNANT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A				
B. GENERAL INFORMATION ON INCIDENT				
INCIDENT OCCURRENCE: <input type="checkbox"/> First Reported Incident <input type="checkbox"/> Repeated Incident				
DATE OF INCIDENT: D / M / Y		TYPE OF VIOLENCE: <input type="checkbox"/> Sexual <input type="checkbox"/> Psychological <input type="checkbox"/> Physical <input type="checkbox"/> Other		
MODE OF INJURY: <input type="checkbox"/> Physical Force <input type="checkbox"/> Fire Arm <input type="checkbox"/> Sharp Instrument <input type="checkbox"/> Other				
C. INFORMATION ON THE INFORMANT (if different from the client)				
NAME: _____	AGE: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
ADDRESS: _____		REGISTRATION ID: _____		
RELATIONSHIP TO THE CLIENT: <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> X-Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Other				
D. INFORMATION ON ALLEGED AGGRESSOR		E. INFORMATION ON DOMESTIC VIOLENCE		
NAME: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	INFORMATION PROVIDED: <input type="checkbox"/> Information that abuse is a crime <input type="checkbox"/> Domestic violence bill <input type="checkbox"/> Telephone numbers of shelters and hotlines/advocates <input type="checkbox"/> Legal AID <input type="checkbox"/> Penalties/structure on DV		
ADDRESS: _____	REGISTRATION ID: _____	REFERRALS: <input type="checkbox"/> Medical Follow up <input type="checkbox"/> Haven House <input type="checkbox"/> Family Court <input type="checkbox"/> Social Worker <input type="checkbox"/> Magistrate <input type="checkbox"/> Women's Department <input type="checkbox"/> Other <input type="checkbox"/> Police <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Psychiatric Nurse <input type="checkbox"/> Legal Aid		
RESIDENCE VILLAGE/TOWN: _____	DISTRICT: _____			
RELATIONSHIP TO THE CLIENT: <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Neighbor <input type="checkbox"/> X-Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Other	OCCUPATION: _____			
ANTICIPATED: <input type="checkbox"/> Drug Use <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Repeat Injuries <input type="checkbox"/> Other	CRIMINAL RECORD: _____			
F. ATTENDED BY				
NAME: _____	POST: _____	INSTITUTION: _____		

BELIZE POLICE FORCE
MEDICO-LEGAL REPORT.

To M.O.
 Name
 is sent to you herewith under escort of
 for examination and report as to injuries received.

(A)
FOR POLICE USE ONLY
PARTICULARS OF INJURIES OBSERVED BY THE POLICE

Signed
 Rank & Number

(B)
FOR USE BY MEDICAL OFFICER ONLY
DETAILED PARTICULARS OF INJURIES FOUND INCLUDING THOSE LISTED

Whether injuries come within definition mentioned below

AT (A) Whether admitted to ward

See overleaf

HARM
 WOUNDING
 CRUELOUS HARM
 DANGEROUS HARM
 MAIM

Whether Surgery performed and by whom.

M.O. Name in (Block Capital)

2. Documentation

- The Domestic Violence Registration Form must be completed (in triplicate) for official documentation and record of alleged domestic violence and child abuse.
- This form may be obtained at any of the following ministries: Health, Human Development and Women, National Security, and the Attorney General.
- The professional conducting the interview must be objective and clear.
- The three copies are dealt with in the following manner: the original is given to the client, the second copy is sent to the district MOH Information Unit, the third copy is kept in the client's file.

3. Assessment/Attention

- The client will be assessed for both emotional and physical injuries.

4. Counseling

- The client will be ensured of confidentiality and support, any necessary resources (i.e. telephone, pamphlets, psychiatric evaluation) will be provided.
- Protect the victim (stopping the abuse, removing the victim from the abusive situation, using legal resources for protection).

- Empower the victim (helping her recover her own capacity for decision-making and problem-solving and take control of her situation).
- Heal the victim (letting her grieve, reducing shame, fear, and self-blame, rebuilding self-esteem).
- Prevent future violence (helping the victim to identify and avoid situations of potential or high risk).

5. *Health Education*

- Providing information on the types and consequences of family violence.
- Publicizing the unacceptability of domestic violence, and the resources that are available if they do need help.

6. *Referral*

- To be made at the health professional's discretion.
- Can include: other hospitals, other health care providers, police domestic violence unit, social workers, or family court.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) are a significant concern for anyone who has any non-consensual or unsafe sexual contact. STDs are not only uncomfortable but also dangerous, and potentially life threatening. Because STDs take several weeks or months to become detectable, the period of uncertainty that all survivors must face before being tested for these diseases can be an extremely anxious one. Finally, the stigma associated with these illnesses is a further source of shame and guilt for a survivor who has or is worried that she might have an STD. As a counselor, you should be aware of these issues when discussing STDs with a survivor. Because many STDs are both dangerous and difficult for the patient to detect, it is important for a survivor to get tested and treated for these diseases. The decision to get tested and treated for STDs can be a small way for a survivor to begin to take control of her situation and reestablish a sense of autonomy. The following is a list of eight of the most common STDs:

1. HIV/ AIDS:

HIV is a sexually transmitted virus that causes AIDS. AIDS affects its victims by destroying their immune systems, leaving them unable to ward off other disease and infection. These other illnesses generally sicken and kill the patient.

- *Transmission:* HIV can be contracted through contact of open skin or mucus membranes with an infected person's bodily fluids (blood, mucus, semen). Transmission is most common with exposure through oral, anal, or vaginal sex. Casual contact with infected persons—such as touching or kissing—is considered to be safe. The correct use of condoms during sexual intercourse can prevent the transmission of HIV.

- *Symptoms / Detection:* Some people develop symptoms shortly after being infected. On average, it takes more than 10 years. There are several stages of HIV disease. The first symptom of HIV disease is often swollen lymph glands in the throat, armpit, or groin. Other early symptoms include slight fever, headaches, fatigue, muscle aches, and swollen glands. They may only last for a few weeks. Then there are usually no symptoms for many years.
- *Emergence of AIDS:* HIV eventually causes AIDS, which is characterized by the development of multiple opportunistic infections such as Kaposi's sarcoma, lymphoma and cervical cancer. The HIV antibody test is used to detect HIV. It takes the body several months to begin making the antibodies that this test detects. An individual who is concerned about HIV should wait about six months after possible exposure before being tested. A follow up test six month after this initial one is also recommended.
- *Treatment:* There is no known treatment for HIV or AIDS. Anti-viral medication, such as AZT, has been extremely effective in warding off the symptoms of AIDS and allowing the immune system to continue functioning. These treatments also slow the process by which HIV becomes AIDS.

2. Chlamydia

Chlamydia is a sexually transmitted infection caused by the chlamydia trachomatis bacteria, which can infect the penis, vagina, cervix, anus, urethra, or eye. It is curable.

- *Transmission:* Chlamydia is transmitted through vaginal, anal, or oral intercourse. Even an asymptomatic partner can transmit it. A condom can prevent the transmission of this disease.
- *Symptoms / Detection:* Usually, chlamydia has no symptoms. Up to 85 percent of women and 40 percent of men with chlamydia have no symptoms. Most people are not aware that they have the infection. When symptoms do occur, they may begin in as little as 5-10 days after infection. When women have symptoms, they may experience bleeding between menstrual periods, vaginal bleeding after intercourse, abdominal pain, painful intercourse, low-grade fever, painful urination, the urge to urinate more than usual, cervical inflammation, abnormal vaginal discharge, mucopurulent cervicitis (MPC) — a yellowish discharge from the cervix that may have a foul odor. When men have symptoms, they may experience, pus or watery or milky discharge from the penis, pain or burning feeling while urinating, swollen or tender testicles. These symptoms are like the symptoms of gonorrhea. They are called nongonococcal urethritis (NGU). Men often don't take these symptoms seriously because the symptoms may appear only early in the day and can be very mild. In women and men, chlamydia may cause the rectum to itch and bleed. It can also result in a discharge and diarrhea. If it infects the eyes, chlamydia may cause redness, itching, and a discharge.
- *Treatment:* Antibiotics effectively cure chlamydia.

3. Gonorrhea

Gonorrhea is a very common STD that is most prevalent among persons 15-19 years of age. It is also called “the clap,” “the drip,” or “a dose.” It is a bacterial infection, which is curable.

- *Transmission:* Gonorrhea is transmitted through vaginal, anal, or oral intercourse. It can also be transmitted through an asymptomatic partner.
- *Symptoms:* Men have a creamy, puss-like discharge from the penis and pain in urination within 2-21 days of infection. Women usually have no symptoms, but they may have pain in urination, abdominal pain or a low-grade fever. Gonorrhea may also affect the throat through oral intercourse, or the rectum through anal intercourse. Left untreated, Gonorrhea can cause PID, tubal damage (which can complicate pregnancy), arthritis, and dermatitis. It can also be transmitted to infants at birth.
- *Detection:* Gonorrhea can be detected by a cell culture, an enzyme test, or a polymerase test.
- *Treatment:* Gonorrhea is treated with antibiotics.

4. Genital Warts / HPV

Also known as condylomas, genital warts are one kind of lesion produced by the human papilloma virus (HPV), a family of at least 70 strains of viruses, about one third of which cause genital problems in both men and women.

- *Transmission:* HPV is transmitted through direct contact with the lesions (usually through genital, oral or anal contact). Once contracted, HPV is never eliminated from the body; the virus remains latent, controlled by the immune system.
- *Symptoms:* Usually within 4-6 weeks of infection, a local irritation or itching on, in, and around the genital occurs, followed by soft, flat, irregularly-surfaced growths called warts. Warts can appear on the shaft or head of a man’s penis or in a woman’s vulva or cervix. They may not be visible to the naked eye but if they are, they look like small hard spots or have a fleshy cauliflower-like appearance. Warts are extremely persistent and highly contagious. The types of HPV that cause genital warts do not cause cancer, but it is possible to have more than one HPV infection at a time.
- *Detection:* HPV is often diagnosed upon visual examination of an infected area or through a Pap smear in women. Pap tests are essential for women whether or not they have warts. It is very difficult to detect HPV in a person who has no physical symptoms.



- *Treatment:* Treatments for genital warts include topical application of various medicines, cryotherapy, or laser surgery. Most people are cleared of warts by the first series of treatments. Warts recur for some people, however, during several months after treatment — especially if they smoke cigarettes, and some people continue to have recurrences after long periods of time.

5. Hepatitis B

The Hepatitis B Virus (HBV) is found in bodily fluid and excretions; concentrations in blood and semen are the most contagious.

- *Transmission:* HBV is transmitted through sexual intercourse or needle sharing with infected individuals. HBV can also be spread through oral sex and kissing. Individuals who have been vaccinated for Hepatitis B are not at risk of contracting the virus.
- *Symptoms:* Many cases of HBV are asymptomatic. Early symptoms may include nausea, general malaise, fever, and loss of appetite. Symptoms can last several days to several weeks. In the later stages, dark urine or jaundice (yellowing of the skin) may appear. HBV can result in the hardening of the liver and cancer. Very serious cases of HBV are sometimes fatal. HBV is a virus, and infected individuals typically carry it for their lifetimes.
- *Detection:* Serologic testing diagnoses HBV.
- *Treatment:* There is no specific treatment for Hepatitis B. Adequate diet and fluid intake, rest and decreased alcohol consumption usually help symptoms.

6. Herpes

Herpes is an infection caused by two different but closely related viruses — herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2). Both are easy to catch. They have similar symptoms, and can occur on different parts of the body.

- *Transmission:* Herpes is transmitted through direct skin-to-skin contact. Unlike other STDs, it can be transmitted by direct contact, from the sight of infection to the sight of contact (that is, orally, genitally, or through oral-genital or oral-anal contact). The risk of transmission of HSV exists during asymptomatic as well as symptomatic episodes. Condoms are not totally protective against HSV.
- *Symptoms:* Herpes can appear as cold sores around the mouth (oral herpes) or small, painful blisters on the genital, cervix, or anus (genital herpes). The lesions may be tender and itchy. An episode of herpes includes sores, fever, headache, muscle aches, difficulty in urinating, and swollen glands. Symptoms can recur at any time and are usually triggered by stress.
- *Detection:* Herpes is diagnosed through a cell culture taken from new sores.

- *Treatment:* There is no cure for HSV. A clinician may prescribe acyclovir, famciclovir, or valacyclovir. They may speed up the healing of sores and weaken the virus.

7. Pubic Lice

Pubic lice are neither bacterial nor viral. Also called “crabs,” “crab lice,” or “cooties,” pubic lice are tiny, grayish ectoparasites that breed in the pubic hair and cause intense itching. The pubic louse attaches itself to the skin around the genitals and lays eggs (nits) on the pubic hair shafts. These nits can live for one day unattached to humans.

- *Transmission:* Usually transmitted through contaminated underwear, sleeping bags, sheets or towels.
- *Symptoms:* The primary symptom is intense itching in the pubic hair zone. Occasionally the lice will migrate to the chest, scalp, or underarms.
- *Detection:* Crabs are diagnosed by a simple physical examination.
- *Treatment:* Treatment in the form of creams and shampoos are available with or without examination. All clothes and bedding should be washed in hot water with a scabicide or be commercially dry-cleaned.

8. Pelvic Inflammatory Disease

Pelvic Inflammatory Disease (PID) is an infection of the fallopian tubes accompanied by fever, abdominal pain, and excessive vaginal discharge. PID only affects women.

- *Transmission:* PID is usually caused by untreated chlamydia or gonorrhea infections. It may “simmer” for years and then manifest itself.
- *Symptoms:* PID may be asymptomatic, but is usually characterized by severe to moderate abdominal pain, fever, chills, and possibly bowel symptoms. It may mimic appendicitis, ureteral stones, twisted or ruptured ovarian cysts, and other lower abdominal conditions. PID can lead to infertility, ectopic pregnancy, chronic pain, and even death.
- *Detection:* PID can be detected through blood cultures and endometrial biopsy.
- *Treatment:* PID can be treated and cured with antibiotics.



SECTION 6

RESOURCES



PHONE NUMBERS/ADDRESSES:

Alcoholics Anonymous

224-4971

119 Freetown Rd./St. Thomas St., Belize City

BFLA

824-2648

Church Street, San Ignacio

BFLA

802-3095

Belmopan Hospital, Belmopan

BFLA

203-1018

The Old Hospital, Eve Street, Belize City

Belize Organization for Women & Development

223-4491

38 Freetown Rd., Belize City

Cayo Community Development & Cooperation

824-2209

Third Street, San Ignacio

Community Counseling Centre

223-2716/2948

Community Health and Development

824-2246

San Ignacio

Family Court

227-4114/4107

Commercial Centre, Belize City

Family Services

227-2057

Cor. King and Tiger Streets, Belize City

Haven House

223-5777 ext. 223

c/o Angelus Press, 10 Queen St., P.O. Box 1757, Belize City

HECOPAB

824-3129

San Ignacio Hospital, San Ignacio

Ministry of Human Development/Department of Human Services

227-2057

2nd Floor, Commercial Centre, Belize City

Ministry of Human Development/Department of Human Services

822-2161/2684

East Block, Belmopan

Human Development/Department of Human Services

824-2098

Cor. Victoria and Messiah, San Ignacio

Ministry of Health

227-1101

epidunit@moh.org.bz

Corner of Vernon & Woods Street, Belize City

National Committee for Family and Children

227-1069/1070

18 Albert Street – West, Belize City

National Organization for the Prevention of Child Abuse and Neglect

207-8834

Eve Street, Belize City

National Women's Commission

023-4284

25 Gabourel Lane, P.O. Box 1155, Belize City

Police, Domestic Violence Unit

823-2038

Benque

Police, Domestic Violence Unit

824-2022

San Ignacio

Psychiatric Clinic

224-4012



Red Cross
824-4804/2807
Cor. Joseph Andrews Blvd. & Fourth Street, San Ignacio

Women's Department
824-2098

Busman Arnold Building, Cor. Victoria & Messiah, San Ignacio

Women's Department
227-7397/3888
womensdept@btl.net
26 Albert Street, Belize City

SUGGESTED READING:

Beattie, Melody. *Codependent No More*. New York: Harper Collins Publishers, 1987.

Berry, Dawn Bradley. *The Domestic Violence Sourcebook*. Los Angeles, CA: RGA Publishing Group, Inc., 1995.

Cameron, Sara. *From Girls to Women—Growing Up Healthy in Belize*. Belize City, Belize, March, 1997.

Centella, Teresita Ramellini and Peluffo, Sylvia Mesa. *Sentir, Pensar y Enfrentar La Violencia Intrafamiliar, No. 4*. San Jose, Costa Rica, 1997.

Jaffe, Peter; Leman, Nancy; Sandler, Jack; and Wolfe, David. *Working Together to End Domestic Violence*. Tampa, Florida: Mancorp Publishing Inc., 1996.

MacKenzie, Liz. *On Our Feet, Taking Steps to Challenge Women's Oppression*. Western Cape, South Africa: CACE Publications

Manzanares, Myrna. *Student Assistance Program Training Manual*. Belize City, Belize: Pride Belize, 1995.

Schlossberg, Nancy. *Counseling Adults in Transition*. New York: Springer Publishing Company, 1984.

Shoman, Lisa. *The Legal Situation of Women in Belize*. Belize City, Belize: Pan American Health Organization, September 22, 1991.

The Women's Agenda 1998. *Empowering Belizean Women for the Third Millennium*. Belize City, Belize, 1998.



SECTION 7

COUNSELING

TIPS



BEFORE YOU START COUNSELING...

Before you start counseling you need to take some time to understand yourself and your own prejudices. Everyone has prejudices and biases that they must address in order to be a neutral and supportive counselor. Some of the possible issues that you will face as a counselor are...

- Domestic Violence
- Incest
- Sexual Assault
- Rape
- Sexual Harassment
- Child Abuse
- STDs, HIV/AIDS
- Birth-control, condoms
- Drug/Alcohol use/abuse
- Pre-marital sex

Take a few hours and really think about your personal history with these issues. Perhaps some of these areas have been a part of your life, or the life of someone you know. When a story comes to mind, go over it in detail with yourself, or talk to someone else about it, so that you are not surprised if counseling someone else triggers this memory. When counseling you do not want the session to be about you and your past, but about the past, present, and future of your counselee. Therefore it is **essential** that you deal with your own issues prior to beginning your role as a counselor.

WHAT A COUNSELEE SHOULD EXPECT OF YOU:

- To listen without interruption and judgment to her story
- To help her identify her feelings about the abuse, the abuser, and herself
- To understand and identify the extreme danger she has been in, and could face again
- To guide her in learning about her rights and resources available to her
- To get her to identify her own inner strength and courage
- To identify her power to live without violence and seek her own goals
- To help her understand that it is the abuser who is responsible for the violence
- To assist her in building her self-esteem and empowering herself

WHAT YOU CAN EXPECT FROM A COUNSELEE:

Trauma and shock of any kind, especially following abuse, affects people in different ways; some women may laugh and make jokes, while others may be hostile. Add to that, the fact that everyone has their own reaction and coping style, and it is easy to see that there are many different types of women you may come across in your counseling. The following is a list of some of the main types to help you in adapting. Please note that these are not set in stone and most women will not fit neatly into one category. These are meant to help you in your counseling, not limit you.

1. *Women who are very nervous.*

If a woman appears very nervous (e.g. tense, awkward, aggressive, or overly formal), adopt a relaxed and positive manner. Check on the woman's comfort and keep questions to safe, easy topics until she is more at ease.

2. *Women who talk very little.*

If the woman keeps to very brief, non-committal replies, resist the temptation to talk more yourself. Do not succumb to the temptation of making long speeches that end in a closed question. Instead, ask easy, open-ended questions, encouraging any replies received.

3. *Women who talk too much.*

Talking too much is often a sign of shock or trauma. In these circumstances, it may help to let her tell you her story, listening as intently as possible, making sure you have understood all she has said and repeating it back to her, asking if you have got it right.

4. *Women who exaggerate.*

Some women may persistently overstate their injuries and complaints. Resist the temptation to deflate her. Instead try to focus on her feelings and why she finds what is going on so damaging. For you as a counselor, it is not really all that important to verify the truth of her claims, only to deal with the sentiment behind them. Remember, not all injuries are visible ones.

5. *Women who are too calm.*

Some women might seem too detached and calm when describing the situation. This is likely due to shock, or may be her way of coping with the trauma. Thus she may have (intentionally or unintentionally) deadened her emotions, so that re-telling the incident is done in a way that is devoid of emotion and eerily matter-of-fact. Living in an abusive situation can also desensitize women to the awfulness of what is going on, as it becomes for them an everyday norm.

6. *Women who are very angry.*

Some women may be very angry about what has happened/is happening to them. They may take this anger out on you. If this happens try not to be alarmed or take this personally. It isn't you that they're angry at. They are most likely projecting their anger at their abuser/perpetrator, themselves, or society in general onto you. This is actually good, as it indicates that they consider you a safe target. If they feel secure enough to get angry with you without fear of retaliation, they may also let you in once their anger subsides. Encourage them to express their feelings, but try not to let things get too out of control.

7. *Women who are hysterical.*

There are many reactions to trauma and reawakening painful memories can be too much for some people. Always keep tissues handy during counseling sessions and let the counselee know that it's all right to cry. Her being willing to cry in front of you shows that she feels secure enough to



show how she is really feeling. Let her cry for as long as she needs to, reminding her gently that you are there to talk whenever she feels ready and that she should take her time.

8. *Women who are silent.*

Some women are unresponsive, or reply adequately but do not elaborate. Again, this can be due to shock or sustained abuse, both of which can have a silencing effect. Her partner may have threatened her in all sorts of ways to warn her off of speaking to anyone about what is going on. She may also be ambivalent about talking with you because of reservations about getting someone she loves/once loved/has children with/etc., in trouble. She may find it hard to articulate what has happened, or may not have come to speak to you voluntarily. Just be patient. If you take your time establishing rapport, eventually she will begin to trust you and open up. There's no rush.

9. *Women who don't act as you would expect.*

Some women simply do not act as we imagine they "should" or as we would imagine ourselves acting. Remember, everyone has their own style of coping with trauma and their own perspective. Just try to be as flexible, open, and non-judgmental as you can.

THE 3 KEY COUNSELING QUALITIES

- *Understanding*

In everyday life, our initial reaction to any statement is often immediate evaluation, and not a real effort to understand. You can communicate your understanding by carefully watching and listening to the counselee, mirroring her feelings, and by being verbally responsive.

- *Acceptance*

Try to help your counselee without putting down her opinions, feelings and values (no matter how different or unacceptable they may seem to you). Make sure she knows that you think that she's okay no matter what her past experiences are. If you respect the opinions and feelings of the counselee, she will begin to believe that she has the ability to solve her own problems.

- *Empowerment*

Though trying to actively "solve" your counselee's problems may be tempting, it is not an appropriate role, and will not help the individual to see her own self-worth or decision-making abilities. She needs to be actively involved in the formation or enactment of any solution. The bottom line is that she will only do what she feels ready to do. Let her know that you are there to support and help her in anything she wants to do, but that she will have to do it.



GOOD LISTENING SKILLS

- *Showing empathy*

The counselee may try to downplay or minimize the severity of her situation, but clearly it is important enough that she is talking to you about it, and this confidence should be taken seriously.

- *Remaining patient and calm*

These are difficult and often deeply disturbing issues for the counselee and perhaps you as well. It is vitally important that you remain tranquil so that the counselee does not have to worry about you and can instead concentrate on herself. If it takes her awhile to explain the details, don't get frustrated— you may be the first person she's ever told about any of this. It is your responsibility to maintain self-control.

- *Being sincere*

Your counselee will be able to tell when you're being genuine and when you aren't.

- *Asking for clarification*

If you are confused about something, ask for clarification as soon as possible, not only does this help you to understand better, but it also indicates to the counselee that you are listening

- *Asking open-ended questions*

This prompts the counselee to talk without pressuring her or indicating that she should be feeling or thinking a certain way. Use words like: when, where, what, who, which, how, and could. Try to avoid words like: is, are, and do.

- *Being okay with silence*

Attentively listening to another person's messages without verbal response leaves responsibility for problems clearly with the person who "owns" it. Silent pauses allow time for both you and the counselee to process her thoughts and feelings. Don't overuse pauses, however, the counselee did, of course, come to talk.

- *Having good body language*

Watch your body language! Little things like posture and eye contact can make a big difference. Feel awkward or unsure if your body language is positive or not? A good posture to take when counseling is sitting squarely with an open posture, while leaning slightly forward and keeping eye contact. Be careful with your eye contact, however, and make sure that the woman does not feel threatened, or like you're staring at her. Also, remember to ask before you touch. Don't assume that physical contact, even in the form of a gentle touch or hug, will be comforting to a victim. Many victims, especially within

the first weeks after an assault, prefer to avoid even simple touching even from those they love and trust.

- *Listening reflectively (very important!)*

When you hear conflicting or contrasting feelings in the counselee, let her know that you detect them. Often people are so caught up in their problems, that merely clarifying their feelings helps. Feeding back the counselee's own words for verification accomplishes a number of important things, such as:

- Retaining ownership of the problem for the counselee
- Making sure you and your counselee are on the same page as to what the situation is
- Showing that you are actually listening
- Helping the counselee to look at her situation from a removed, objective viewpoint

Some tips for good reflective listening: listen for feeling words, pay attention to non-verbal cues like tone of voice, silence, murmuring, and crying; use as many different feeling words as you can

BAD LISTENING SKILLS

- *Jumping to conclusions/Making assumptions*

Remember, ask questions if you need clarification. Try not to jump to conclusions by supplying and assuming details that the counselee hasn't provided you with.

- *Making unfeasible promises*

Never give false hope or false encouragement. Avoid comments such as "Cheer up, everything will be better soon." In reality, it is impossible to know if a situation will, in time, be better (or worse). Do, however, reassure the counselee that the problem is solvable.

- *Putting words in someone's mouth*

Try not to be too pushy with your own thoughts, it's key that the counselee feel that she is in control and that she want to enact the solution the two of you come up with.

- *Lecturing*

Listening is a process of helpful communication, not a lecture. Be prepared to become involved of the flow and intensity of the counselee's feelings. Counseling is not about projecting what you want onto the counselee but about helping the counselee achieve their own goals.

- *Judging/Blaming*

Your attitude should be one of care and acceptance of the counselee for what she is, realize that your own personal norms and values may be detrimental to finding an effective solution and establishing rapport.

- *Being self-righteous*

To be an effective listener, we must be humble and overcome our own arrogant belief that WE, the listener, are superior to whomever it is doing the talking. We must learn to accept thoughts, ideas, and concepts from others in order to best help them help themselves.

- *Personalizing*

It is often tempting to stop listening and start talking about ourselves. For example, “Oh yeah, that reminds me of the time...” or “You think that’s bad? Listen to this!” The counselee is there to talk about her problems not to listen to yours.

- *Interrupting*

Do not interrupt a counselee when she is speaking. It is essential that she feel comfortable saying anything that comes to mind. If you are afraid you’ll forget something you want to say, write it down to save until she’s finished.

STAGES OF A SESSION

The following are the five main stages of a session. This is not to say that each counselee’s case should be resolved in one session. In fact, this is almost never advisable. You should take your time with each counselee, progressing at a slow and steady pace through their situation, and making sure they feel as much at ease as is possible. These stages are merely the skeleton of the progression of a counseling relationship. Stages 1, 4, and 5, however, are essential to every counseling session. Suggestions of phrases to use are in italics below the bulleted point when appropriate.

1. Establishing Rapport

- Extend a friendly, accepting greeting

I’m glad you came to talk to me.

- Recognize and respond to the counselee’s feelings

What I hear you saying is... I’m picking up that you... Could it be that...? Do you feel a little...? Correct me if I’m wrong, but... Does it sound reasonable that...? ...is that what you mean? ... is that how you feel? This is what I think I hear you saying... Let me see if I understand... That sounds frustrating. You seem torn, part of you wants to...and part of you wants to... I’m not sure if I understand, do you mean that...?

- Convey caring and concern through your words, tone of voice, facial expressions, and body language
- Take your time easing into the problem to establish a solid base of trust and comfort
- Ask open-ended questions

How are you feeling about this now? How were you feeling during the attack?

- Allow your counselee to talk about whatever she wants

Take your time. We can talk about anything you like.

- Facilitate the flow of the conversation

Would you like to talk about what happened?

2. Clarification & Definition

- Explore the nature of the problem
- Encourage the counselee to be specific and personal
- Focus on how the counselee feels about what happened
- Discover what previous efforts the counselee has made to get help
- Paraphrase the counselee's answers and state them back to her
- Don't question the validity of her feelings, just accept them
- Assess the level of physical harm

Are you in any pain? Do you know of any injuries you may have?

- Assess the presence (or absence) of a support system

Have you told anyone else about this? What did they say when you told them?

3. Exploration of Alternatives

- Don't rush in with advice, only suggest your ideas after the counselee has expressed her own

What have you thought about doing? What ideas have you considered?

- Explore alternatives and resources

What information do you think you need?

- Don't push the counselee to take any action that she is not comfortable with

How do you feel about reporting this to the police? What about obtaining medical attention?

Would you like someone to go to the police/hospital with you?

- Let the counselee take control of the process of planning and executing whatever solution you decide on
- Weigh the pros and cons of each solution
- Make referrals if necessary

4. Termination

- Agree on a concrete plan of action to be completed before the next session (safety plan)
- Don't promise things you can't deliver
- Encourage the counselee to come see you again, make an appointment if possible
- Let the counselee do any evaluating of the session
- Always ask if there is anything else that the counselee wants to talk about, often there is another problem that may be more serious, shameful, or embarrassing than the problem you have just spent your time discussing
- Let the counselee be the one to end the session if possible
- Go back over the other stages and check the progress of the session, re-discuss any areas that seem vague or incompletely covered

5. Post-Session

Being a counselor is not necessarily an uplifting experience. Counseling can feel like a “thankless” job, and you may feel that you aren't really making an impact. You may feel helpless in the face of an apathetic legal and judicial system and centuries full of prejudice and myth. You may also feel that you've failed if the woman you are counseling doesn't succeed. As a counselor, you just have to accept that your actions may not cause immediate change, but that every little bit you do does make a difference. By standing up for the rights of victims of domestic violence you are changing the consciousness of your society, and that is a courageous, admirable, and difficult thing. However, because counseling is such a hard job, it is very important that you take care of yourself as well as the counselee. The following are some good ways to avoid feelings of futility and burnout:

- Talk with another counselor about the session and how you are feeling
- Reflect on how you handled the situation—both what you did well and the spots where you felt unsure
- Discuss with the other counselor how such a problem might be handled differently
- If there is no one else available to talk to, try writing down your thoughts instead



MISCELLANEOUS TIPS

The following are six statements that a battered woman needs to hear from you and from anyone she relies on for support:

1. This is not your fault. You are not to blame.
2. I am afraid for your safety and the safety of your children
3. The situation will only get worse.
4. I am here for you.
5. You deserve better than this.
6. You can change your life.

The following are a list of questions you can ask your counselee to assess the situation's danger level:

- Has the violence, danger, or brutality of the assaults escalated?
- Are there knives, guns, or other weapons at home?
- Does the perpetrator abuse alcohol or other drugs?
- Does the perpetrator assault you while intoxicated or high?
- Has the perpetrator threatened or attempted to kill you?
- Is the perpetrator assaultive during sex?
- Does the perpetrator follow you, monitor your whereabouts, and/or stalk you?
- Is the perpetrator jealous or paranoid?
- Is the perpetrator depressed or suicidal?
- Has the perpetrator experienced recent deaths or losses?
- Does the perpetrator have a history of assaulting other people or breaking the law?
- Was the perpetrator beaten as a child, or did he witness his mother being beaten?
- Are you still living with the perpetrator?

Dealing With Incest:

Incest often evokes responses of horror, disbelief, judgment, and denial in both the counselor and the counselee. Counselors need to recognize the intense pain that can be attached to dealing with this experience; however, they cannot afford to get “bogged down” in the pain. Counselors must attempt to hold a realistic perspective by acknowledging the topic and its often-painful consequences, but also by viewing the client as a whole person who has strength and survival skills and who can resolve the



experience. Counselors should also be careful not to treat the counselee as too “special.” In our desire to be helpful, sensitive, and accepting, we may isolate them even further, thereby reinforcing their sense of being different and alone. We may also steer them away from the incest experience because of our own discomfort or feelings of inadequacy as a counselor. Once again, this is another reason you must think about your reactions to these hard issues **before** you start counseling, not in the middle of a session.

Counseling Significant Others:

Significant others may be a friend, relative, partner, boyfriend, girlfriend, or spouse of the victim. They may be facing their own problems in coming to terms with the situation of the victim. Keep in mind that they may also be the actual victim masquerading as a significant other. The “my friend has a problem” line is not uncommon. Some issues that significant others may face are:

- Anger, desire for revenge
- Feelings of guilt or responsibility
- Feelings of disgust or frustration
- Feeling of fear, shock, or denial
- Not knowing how to help the victim or what to say to her

The best thing that you can do for a significant other is to educate them. Dispel their myths and stereotypes and teach them how to listen so that they can be there for their loved one in a constructive and helpful manner.