

2008

Women's support group

Carmen R. Ramirez
California State University, Monterey Bay

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CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
Department of Health, Human Services, & Public Policy
Collaborative Health and Human Services

Capstone Women's Support Group



Carmen R. Ramírez

CHHS 400B: Senior Capstone

Instructor Adrienne Saxton

May 16, 2008

"You must be the change you want to see in the world"
~Mahatma Gandhi

Acknowledgements

A BIG THANK YOU!!

To my Lord Jesus for giving the strength and determination to fulfill my dreams.

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Judy Daansen and Tom Berg, Children's Behavioral Health Mentors

CHHS Department's Faculty Staff

My Family, especially to my mother Soledad and daughter Victoria

To all my classmates, for their collaboration completing school projects.



Especial Dedication to

all the women in the world who have been victims of domestic violence.



Jayalakshmi was burned by her husband who claimed she was cheating on him with another man. The acid thrown on her face has changed her life. Now she is a leading activist in the Campaign and Struggle Against Acid Attacks on Women (CSAAAW) in Bangalore, India

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Women's Support Group

Field Placement Agencies Description

My senior field placement was at the Monterey County Department of Health, Behavioral Health Division, Children's Mental Health. Their office is located on 1000 S. Main St., Suite 210B, Salinas. Their mission is *to provide intensive community based culturally sensitive treatment and rehabilitation services that build upon the strengths of individuals and families with psychiatric disabilities and enable them to function at their optimum capability in the least restrictive, clinically appropriate level of care.*

Children's Mental Health offers psychotherapy to children and their families who have been victims of abuse or have suffered severe neglect and trauma. Children and their families are referred for services by recommendation of the Family Judge and arranged by the family social worker.

The other agency that was crucial for the implementation of my capstone project is the Alisal Community Family Resource Center. Healthy Start is located on 1441 Del Monte Ave., in Salinas. Their *mission is for community members, parents, children, schools, public and non-profit agencies, and business to empower each other to ensure that families are healthy and self-sufficient, and that children have strong affiliations to their school and achieve school success.*

Introduction/History of Problem

Domestic violence (DV) is a pattern of coercive behavior in which one person attempts to control another through threats or actual use of tactics, which may include any or all of the following: physical, sexual, verbal and psychological, economic, and legal abuse.

DV is widespread and occurs among all socioeconomic groups. In a national survey of over 6,000 American families, it was estimated that between 53% and 70% of male batterers (i.e., they assaulted

their wives) also frequently abused their children (Straus & Gelles, 1990). Other research suggests that women who have been hit by their husbands were twice as likely as other women to abuse a child (CWP, 1999).

Domestic abuse occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate or harm the other. It occurs in all cultures; people of all races, ethnicities, religions, and classes can be perpetrators of domestic violence. Domestic violence is perpetrated by, and on, both men and women, and occurs in same-sex and opposite-sex relationships.

Why is this a Problem? (description)

The effects of Domestic Violence In Families

In the past two decades, there has been growing recognition of the prevalence of DV in society. Moreover, it has become apparent that some individuals are at greater risk for victimization than others. DV has adverse effects on individuals, families, and society in general.

Over 3 million children are at risk of exposure to parental violence each year (Carlson, 1994). Children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate 15 times the national average (McKay, 1999). Approximately, 45% to 70% of battered women in shelters have reported the presence of child abuse in their home (Meichenbaum, 1994).

Studies show that child abuse occurs in 30 to 60 percent of family violence cases that involve families with children. (J.L. Edleson, 1999.) About two-thirds of abused children are being parented by battered women (McKay, 1994). Of the abused children, they are three times more likely to have been abused by their fathers. DV isolates the person being abused and can rob inner strength, feelings of self-worth and the ability to make personal choices. Often, people experiencing abuse begin to feel

responsible for the abuse. It is not a momentary loss of temper or the abuse of drugs and alcohol, The abuser chooses to use tactics of violence repeatedly to gain power and control.

◆ **The effects of Domestic Violence in Children and Adolescents**

Exposure to DV traumatizes children and can destroy their ability to feel safe in the world as well as cause them to feel responsible for the abuse.

Child abuse and domestic violence are linked in a number of important ways that have serious consequences for the safety of children. But with effective intervention and a coordinated response to child abuse and domestic violence, battered women advocates, child protective workers, judges and community members can help keep families safer.

Each year an estimated 3.3 million children are exposed to violence against their mothers or female caretakers by family members. (American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family, 1999) In homes where domestic violence occurs, children are at high risk for suffering physical abuse themselves. Regardless of whether children are physically abused, the emotional effects of witnessing domestic violence are very similar to the psychological trauma of being a victim of child abuse.

Also, domestic violence occurs may "indirectly" receive injuries. They may be hurt when household items are thrown or weapons are used. Infants may be injured if being held by the mother when the batterer strikes out and older children may be hurt while trying to protect their mother.

In addition, Children in homes where domestic violence occurs may experience cognitive or language problems, developmental delay, stress-related physical ailments (such as headaches, ulcers, and rashes), and hearing and speech problems. Other psychological effects include fear of abandonment, low self-esteem, and social isolation, difficulty interacting with peers and adults, and guilt for not being able to stop the abuse or for loving the abuser.

Many children in homes where domestic violence occurs have difficulties in school, including problems with concentration, poor academic performance, difficulty with peer interactions, and more absences from school. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulties, concentration problems, generalized anxiety, and physical complaints (such as headaches) are all common. Younger children do not understand the meaning of the abuse they observe and tend to believe that they “must have done something wrong.” Self-blame can precipitate feelings of guilt, worry, and anxiety; they often feel responsible for the abuse. Constant anxiety (that another beating will occur) and stress-related disorders.

Unlike younger children, the pre-adolescent child typically has greater ability to externalize negative emotions. In addition to symptoms commonly seen with childhood anxiety (such as sleep problems, eating disturbance, nightmares), victims in this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting. It is also common to observe temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence, and attempts to gain attention through hitting, kicking, or choking peers and/or family members. Girls are more likely to exhibit withdrawal and run the risk of being “missed” as a child in need of support.

Adolescents are at risk of academic failure, school drop-out, delinquency, substance abuse, and difficulties in their own relationships. Boys who witness domestic violence are more likely to batter their female partners as adults than boys raised in nonviolent homes. There is no evidence, however, that girls who witness their mothers' abuse have a higher risk of being battered as adults.

◆ **The effects of Domestic Violence at Work**

Domestic violence does not only affect families and children, it is also a safety and health issue with medical, emotional, personal, economic, and professional consequences. Approximately 2 million women are assaulted each year, 75 percent by intimate partners. Many victims of DV are employed and spend a majority of their time at work. Although DV usually occurs within the home, it carries over into the workplace in many ways. Studies have found that domestic violence victims experience impaired work performance and require more time off than employees who are not abused. Men can also be victims of intimate partner abuse, as well: more than 800,000 men are raped and/or assaulted by a partner and 1 in 1,000 men are victimized by a partner every year.

Victims of DV experience a broad range of emotional consequences, including depression, anxiety, and low self-esteem, all of which can adversely affect employee productivity. In addition, 75 percent of domestic violence victims face harassment from intimate partners while at work. Acts of DV infrequently occur at the worksite, though harassment from abusers does occur. Despite relative isolation from the issue, employers understand the effects on victims and their organizations. Other identified problems resulting from DV include absenteeism, inability to focus, poor self-esteem, low productivity, and low morale. Most employers do not have specific DV policies despite the knowledge that it adversely affects the workplace.

Although there are barriers to addressing this issue, with proper guidance, employers can become involved by providing education to all employees about DV and how to access help. Offering resources through a confidential Employee Assistance Program (EAP) program as well as in employee materials. Collaborating with local DV organizations and law enforcement agencies to provide education and referrals to employees facing DV issues could help the victim remain safe at work and could help the employer reduce profits losses.

Project Description

In the past few months, there were several women who came to Alisal Healthy Start Family Resource Center inquiring about counseling and referral to services addressing the issue of domestic violence. This type of service was not available at Healthy Start and it was difficult to refer clients because there were very few agencies providing this service. Most agencies provided this service only to women and families who were referred by a the Department of Employment and Social Services or by someone authorized to do so. Another aspect of the problem is that the Women's Crisis Center closed down almost a year ago and there is no other agency that would provide free women's support. After determining the need of this program and the demand of it, I decided to create a program that would provide support to women who are dealing with DV issues and other issues related issues. The purpose of the support group is to provide support to women through education, awareness, referral, and mutual support.

I started by doing a survey at Healthy Start to find out how much information women knew regarding domestic violence. After creating and doing the survey with twenty five participants, I found out that only five women had a clear idea of the different types of abuse. Out of the twenty-five, only two knew that any type of abuse constituted a crime; and out of twenty-five participants all reported being directly affected by at least one type of abuse.

Next I researched as much information as possible to create a binder with a curriculum that included six different topics, and agenda and a sign-in sheet for each session. After preparing the binder, I researched for information on how to run a support group. I had never run a support group and needed to find out what I need to start the group. After looking at different models and formats on how to run the support group, I decided to create the best possible model that works best for our group.

Once the program was set up, I created a flyer to provide to different agencies letting them know about the support group; distributed flyers at some school sites, social workers, and other agencies that provide these type of services. During the first session, I reviewed the group's ground rules, and other important aspects related to confidentiality. The ground group rules include the following: Respect the opinions of others; Speak courteously; Listen actively; Confidentiality (every private issue discussed in the group should stay here); Put cell phones on silent; and Have fun. As I stated before, the group needed to have a purpose. Every group participant contributed in developing the group's purpose statement. The statement includes the following: I promise to love, respect, and protect myself, my children, and my family from violence and abuse.

Evaluation

After each participant completed the six week session program, each one of them completed an evaluation form. One of the problems I identified when trying to complete the evaluation, was that some of the participants did not know how to read and write. I had to ask some of the agency's staff members and volunteers to assist some participants complete their evaluations.

Participants stated in their evaluations that they have learned a lot regarding domestic violence issues and are able now to identify abuse issues around them and around their families. They felt more confident and stronger to end domestic violence at home. They also know where to go to ask for assistance and support in case there is a need.

They also stated that they can now guide and support other women who might be dealing with a domestic violence issue. In fact, one participant shared with the group how she advised and helped her neighbor go to a shelter home after she was injured by her husband and mother-in-law. She stated, "I feel so proud of my self because I was able to make a difference in other people's lives."

Recommendations

I would like to recommend that this support group continue for as long as possible. Most participants stated in the evaluations that were very grateful to the agency for providing this service. They also stated that they have learned a lot of valuable information and wish to continue participating in programs like this. Some participants also suggested that they would like to include other topics and services in the support group such as drop-in counseling and information regarding women's health.

Major Learning Outcomes

My capstone project addresses five of the Collaborative Health and Human Services Major Learning Outcomes.

MLO: 1 Collaboration - I worked with other agencies to implement my project and linked families with other agencies to look for services as needed. I worked collaboratively with the two different agencies, parents, social workers, and staff members to create the program and provide this service. I completely understand and embrace the importance of working collaboratively to better serve families and community members

MLO 7: Leadership - I took the initiative of developing, creating, and facilitating the support group. I created a complete plan to continue with the support group indefinitely. I also took the initiative to invite members from other agencies such as the Health Department, One stop Career Center to come and present to the groups other important topics that provide education, awareness, and support.

MLO 8: Personal & Professional Communication - I now have the ability to clearly communicate and convey valuable information to participants. I have had the experience of presenting information in Power Point format to some of my classmates and professors at CSUMB. I have also co-facilitated parenting classes at Alisal Healthy Start with parent educators from the Salinas Adult School. In my opinion, I think I have the

skills and ability to be able to present and deliver information in a professional way. During this project, I facilitated six sessions in the support group.

MLO 9: Personal and Professional Development - I have developed the abilities necessary to plan, prepare, and execute the support group. I have improved very much in my communication and speech abilities. I have developed more confidence in delivering a presentation in public.

MLO 10: Personal & Professional Ethics - Maintaining and keeping the confidentiality of all participants is extremely important for the success of the support group. Every participant should feel comfortable and assured that their personal information is protected and that it should not be shared with any one without previous consent.

Aspects of my capstone project can be directly linked to the California State University, Monterey Bay vision statement. Part of the vision of CSUMB is to serve the diverse people of California, especially the working class and the historically undereducated and low-income populations. I believe that bringing awareness and education to families in the social services system will improve the quality of life of Monterey County residents who come from multicultural and multilingual backgrounds.

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Domestic Violence Survey

Participant #: _____

Gender: Male Female

Ethnicity: Caucasian African Hispanic/Latino Asian Other

Please answer the following questions; simply mark yes or no.

1. Do you know what domestic violence is? Yes No
2. Do you know the definition of abuse? Yes No
3. Do you know the different types of abuse? Yes No
4. Do you know someone who has been a victim of abuse? Yes No
5. Is any type of abuse a crime? Yes No
6. Do you know who or where to report an abuse problem? Yes No
7. Do you know of an agency that assists victims of domestic violence in your community? Yes No

Thank you very much for your participations in completing this survey.

Encuesta Sobre La Violencia Domestica

Participante #: _____

Sexo: Masculino Femenino

Grupo étnico: Blanco Africano Hispano/Latino Asiático Otro

Por favor conteste las siguientes preguntas; simplemente marque si o no.

1. ¿Sabe usted lo que significa violencia doméstica? Si No
2. ¿Sabe la definición de abuso? Si No
3. ¿Sabe usted los diferentes tipos de abuso? Si No
4. ¿Conoce usted a alguien que ha sido victima de violencia? Si No
5. ¿Es cualquier tipo de abuso un crimen? Si No
6. ¿Sabe Ud. con quien y donde reportar un problema de abuso? Si No
7. ¿Sabe Ud. de alguna agencia en su comunidad que provee apoyo a victimas de violencia domestica? Si No

Muchas gracias por su participación en completar esta encuesta.

Women Support Group Evaluation Form

Thank you for taking the time to complete this evaluation. We appreciate your feedback and will be used to improve this support group.

Gracias por tomarse el tiempo de completar esta evaluación. Sus recomendaciones y sugerencias son bienvenidas y serán usadas para mejorar el grupo de apoyo.

1. Please rate the **overall sessions** based on the following:
Por favor evalúe las **sesiones en general** basado en los siguientes puntos:

Overall Session / Sesiones en General	Low Bajo				High Alto
Usefulness of topics presented to the participants: Lo útil de los temas presentados a los(as) participantes:	1	2	3	4	5
Opportunities to discuss and ask questions: Oportunidades para discutir y hacer preguntas:	1	2	3	4	5
Overall effectiveness of the topics: Efectividad en general de los temas presentados:	1	2	3	4	5
I would definitely recommend this support group to other women: Definitivamente recomendaría este grupo de apoyo a otras mujeres:	1	2	3	4	5

2. Please rate **presenter** based on the following:
Por favor evalúe al/la presentador(a) basado en lo siguiente:

Presenter / Presentador(a)	Low Bajo				High Alto
Carmen Ramírez' knowledge of the subject El conocimiento de Carmen respecto a los temas que presentó	1	2	3	4	5
Carmen Ramírez' ability to communicate: La habilidad de Carmen para comunicarse:	1	2	3	4	5
Carmen Ramirez' ability to respond to questions: La habilidad de Carmen para responder a sus preguntas	1	2	3	4	5

Please use the following space for any specific comments you may have about the facilitator's strengths or areas for improvement:

Favor de usar el espacio a continuación para comentarios específicos referente a las áreas fuertes y débiles del presentador(a) o áreas que hay que mejorar:

3. Please consider how your skills and knowledge have developed over this support group. How much do you agree with each of the following statements before the support group and after?
(1 = strongly disagree, 5 = strongly agree)

Favor de evaluar cómo sus destrezas y conocimientos se evaluaron o mejoraron a través de participar en este grupo de apoyo. ¿Cuanto está de acuerdo con las siguientes afirmaciones?

(1 = estoy completamente en desacuerdo, 5 = Estoy completamente de acuerdo)

Before the Support Group Antes de atender el grupo de apoyo	Statement/Comentarios	After the Support Group Después de atender el grupo de apoyo
	I fully understand what domestic violence is: Completamente entiendo lo que es la violencia domestica:	
	I know the different types of abuse and its definitions: Estoy familiarizada con los diferentes tipos de abuso y sus definiciones:	
	I know and completely understand the violence cycle: Conozco y entiendo el ciclo de violencia:	
	I know the effects of domestic violence on children: Conozco y entiendo como la violencia domestica afecta a los niños:	
	I know how domestic violence affects families: Conozco y entiendo como la violencia domestica afecta a las familias:	
	I know and understand the Power & Control Wheel and the Equality Wheel: Conozco y entiendo la Rueda de Poder y Control y la Rueda de Igualdad:	
	I know and understand the difference between a Healthy Relationship and an Abusive Relationship Conozco y entiendo la diferencia entre una Relación Sana y una Relación Enfermiza	

Please complete the following questions. **Por favor complete las siguientes preguntas.**

1. From all the topics presented, which did you like best?

De todos los temas o actividades del grupo, ¿cuál le gusto más?

2. From all the topics presented, which one benefited you best?

De todos los temas o actividades del grupo, ¿cuál les ayudo más?

3. Would you like to suggest a topic that has not been discussed?

¿Hay algún tema del que no hayamos hablado de que le gustaría hablar?

4. What changes can we make to improve the effectiveness of the group?

¿Qué cambios podemos hacer para mejorar el grupo?

other types of abuse. Verbal Abuse **is not recognized** and is poorly understood by the therapeutic community. Verbal Abuse is comprised of any of the following:

- **Accusing / Blaming**
Accusing and blaming another for ones own outbursts, expressions of anger, bad moods, mistakes, and failures.
Example: *"If you weren't so lazy, forgetful, sloppy, and inattentive, I wouldn't get so mad!"*
- **Covert / Subtle**
Seemingly sincere, expressed in a loving and concerned manner, but placing all blame and fault on the other person in an excusive or condescending manner.
Example: *"It's OK, we have problems talking to each other because you really aren't capable of understanding the whole picture. I'll just compensate for that."*
- **Denial**
The inability to admit and take responsibility for ones actions and words concurrent with accusations and blame directed at the one abused.
Examples: *"I never said that, you can't get anything straight", "You're lying, making that all up to make me look bad", "Where did you get that crazy idea?"*
- **Discounting / Dismissiveness**
Denigration and/or denial of the experience, skills, maturity, and abilities of another, often marked by distortion and/or fabrication.
Examples: *"You call that art? Even a chimpanzee could do better than that!", "You so dumb you couldn't even add up two and two and get four!"*
- **Judgmental Criticism**
Criticism that goes beyond neutral and/or constructive verbal correction of erroneous actions; comprised in part of ridicule, name calling, denigration, and/or humiliation.
Examples: *"What are you, stupid? Can't you ever do anything right?", "You didn't even finish college, you're just a quitter and a failure"*
- **Humiliation**
Public or private intentional shaming and embarrassment of any kind.
Example: *"oh, you need to be tolerant of him, he doesn't know any better"*
- **Manipulation**
Appealing to and/or using another's sense of responsibility or obligation to achieve a personal goal.
Example: *"If you really loved me, you would..."*
- **Name Calling / Epithets**
All name calling, and epithets directed at another are abusive.

- **Ridicule**
Making fun of and otherwise "putting down" another person or group based on their appearance, gender, competency, beliefs, ethnicity, culture, or religion.
Example: "He will never amount to anything because he is just a <_____>"
- **Teasing / Joking**
Humor at the expense of another, comprised of humiliation, dismissiveness, exaggeration, and/or fabrication.

Mental / Emotional Abuse

Mental and emotional abuse includes a large component of verbal abuse, as well as the following.

- **Control**
Complete control of any or all aspects of another's life; including where and when one goes; what one reads, listens to, or views; how one dresses; control of bank accounts and spending; refusal to share money, food, and transportation.
- **Disregard/Dismissal**
Dismissal and/or complete disregard of one's feelings, opinions, abilities, and skills. Refusal to socialize and/or spend time with one. Withholding of approval and/or acknowledgement.
- **Harassment/Jealousy**
Harassment and/or accusations about imagined affairs, spending habits, clothing styles, friends and/or acquaintances, coworkers, and personal activities.
- **Manipulation**
Use of lies contradictions to keep one off-balance and confused; to maneuver and otherwise force or trick one into doing "favors".
- **Threats**
Threatened to hurt one's, family members, friends, or pets. Threats to destroy personal belongings, or to take control of personal assets (car, finances, clothing, etc.). Threatening to use a weapon or an object to harm and/or kill.
- **Violence**
Destruction of personal belongings, furniture, appliances. Punching holes in walls. Harming or killing pets. Physically throwing one out of the home and/or preventing entry into the home.

Physical Abuse

The non-consensual infliction of pain and bodily harm to another.

- **Binding**
Tying, chaining, manacling, taping, or in any other way using physical restraints on another to restrict movement. **No exceptions.**

- **Burning**
The infliction of burns of any kind - via cigarettes, open flame, hot objects, immersion in hot or boiling water, and forced exposure to the direct sun - is abuse. **No exceptions.**
- **Hitting, Striking**
Physically hitting, striking, slapping, or pushing another as an expression of frustration, impatience, dislike, anger, or fear; throwing an object at or using an object to hit another.
Exceptions: Only when to prevent bodily or life-threatening harm to another, such as a child reaching for a hot skillet.
- **Imprisonment**
Locking another in a closet or room, confining another to a dwelling, controlling when and where another goes and who they visit.
Exceptions: Grounding a minor for a specific - and reasonable - amount of time, not allowing a minor to associate with **known** abusive/criminal peers and/or adults.
- **Pushing/Pulling/Shoving**
Physical displacement of another by pulling hair, clothing, and bodily parts; or shoving another by direct contact or by shoving an object into or at another.
Exceptions: Only when to prevent bodily or life-threatening harm to another, such as pulling a child back from going into traffic, or tackling a person unaware of an oncoming vehicle.

Source: <http://www.recovery-man.com/abusive/abusive.htm>

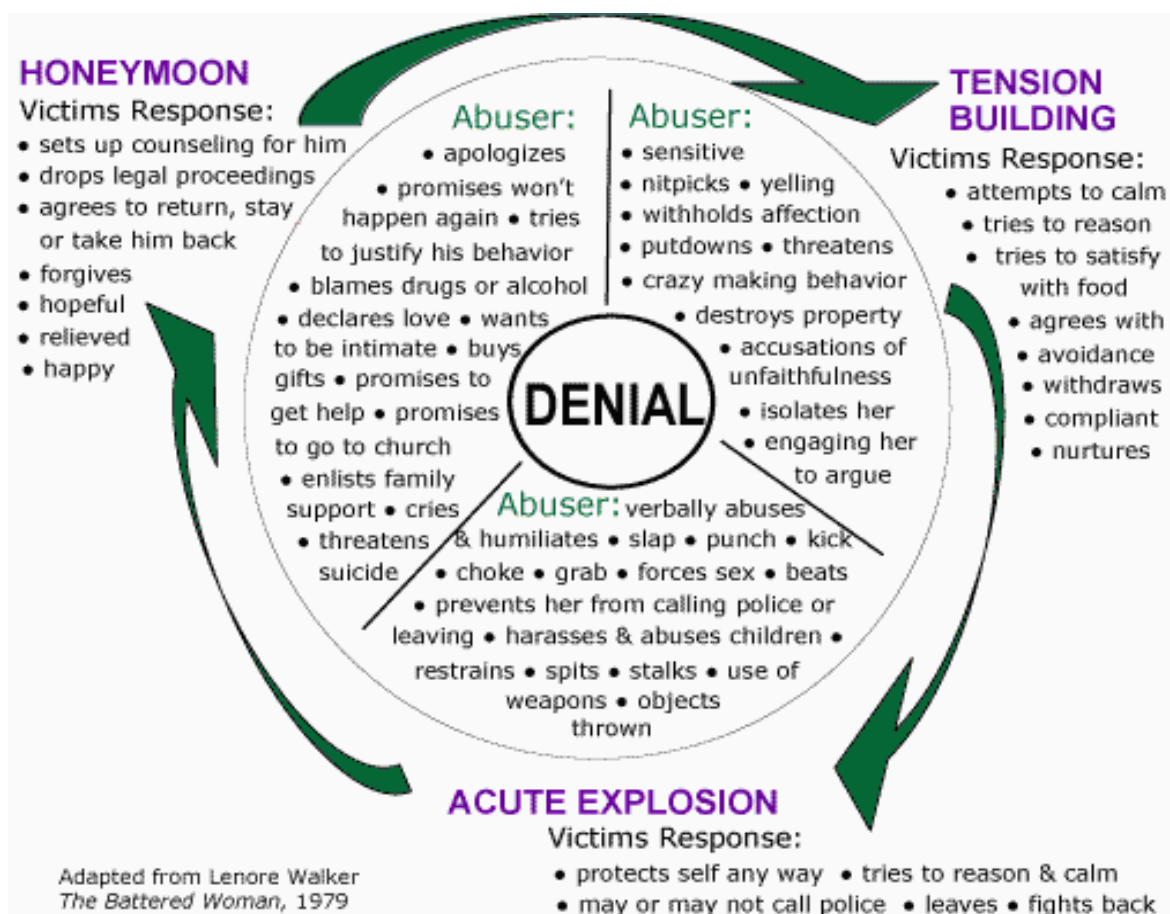
Week Two

Cycle of Violence

Domestic Violence can follow a pattern known as the Cycle of Violence. This cycle of abuse consists of three phases: the tension building phase, the acute battering incident, and the affectionate, remorseful, loving honeymoon stage.

The longer this cycle continues without intervention, the more frequently the couple will cycle and the more severe the abuse will become.

The abuser exerts the Cycle of Violence and **Power and Control** to prevent domestic violence victims from leaving.



Stage 1 Tension Building

Domestic violence victims in this stage often describe feeling as if they are walking on eggshells when describing the building tension and anxiety.

There is a level of uncertainty as to what behavior to expect from their abuser. This tension is experienced by all members in the household.

Victims often believe they can still diffuse or calm their partner by using techniques that have been successful in the past.

When these coping techniques fail, the tension becomes unbearable and the couple moves into stage 2.

Stage 2 Acute Explosion

All of the built up tension in stage 1 escalates into an explosion. The assault may be verbal and humiliating, attacking the victim's self esteem and self worth or it may be physical.

The police may or may not be called.

Stage 3 Honeymoon

This is the hopeful stage for the victim also described as being the honeymoon stage due to the behavior by both parties.

Following stage 2, the abuser often will exhibit loving and attentive behavior towards the victim in hopes of forgiveness. The abuser may even try to justify his abusive behavior by blaming the victim for the abuse.

It is common for the victim to falsely believe the abuse is her fault as well. The abuser's promises to change often encourage the victim to have hope and to stay in the relationship as the victim mostly wants the abuse to end, not necessarily the relationship entirely.

Denial of abuse and minimizing of abuser's behavior is common in both people. Without education on domestic abuse and support, the victim may find it difficult to free herself from the abuse.

Week Three

Family Violence Prevention

**Resource and Referral Handbook
for the
County of San Mateo**

Facts about Family Violence

Family violence is an escalating pattern of abuse where one partner in an intimate relationship controls the other through force, intimidation, or the threat of violence. Abuse comes in many forms:

- **Physical** - kicking, punching, shoving, slapping, pushing, and any other acts, which hurt your body.
- **Sexual** - calling you vulgar names, criticizing your body parts or sensuality, forced or pressured sexual acts, including rape. Sexual assault by a person known to the victim, including a spouse, is a crime.
- **Emotional** - assaults against your self-esteem.
- **Verbal** - name-calling, threats, put-downs.
- **Psychological** - causing you to feel as if you are "going crazy."
- **Spiritual** - attacking your spiritual or religious beliefs.
- **Financial** - controlling and manipulating you by threatening your economic status and basic needs.
- **Homophobic** - threatening to "out" you to people who do not know your sexual orientation.
- **Immigration** - using your immigration status and fear of deportation to control you.
- **Destructive Acts** - actual or threatened assault of your property or pets to scare you.

"No one deserves abuse"

Family violence is one of the nation's best kept secrets. Myths and misunderstandings abound. Knowing the facts is an important step toward breaking the cycle of violence.

Fact: Almost four million women are beaten in their homes every year by their male partners. Although the first violent incident may not be severe, once battering begins, it tends to increase in severity and frequency, sometimes leading to permanent injury or death. What may begin as an occasional slap or shove will turn into a push down the stairs, a punch in the face, or a kick in the stomach.

Fact: Battering is not about anger or losing control; it is an intentional choice that is focused on maintaining power and control in the relationship. Batterers manage not to beat their bosses or terrorize their friends when they are angry.

Fact: The batterer is responsible for the violence - not the victim. People are beaten for breaking an egg yolk while fixing breakfast, for wearing their hair a certain way, for dressing too nicely or not nicely enough, for cooking the wrong meal, or for any other number of excuses. These incidents do not warrant or provoke violence. Even when you disagree, you do not deserve to be beaten. People who are battered do not want to be beaten.

"You are not responsible for the violence"

Fact: Violence does occur in same sex relationships, and the issues of power and control are similar to those found in heterosexual relationships. Homophobia allows people to trivialize the violence in same sex relationships and compounds the effects of the violence for the victim.

Fact: Substance abuse is involved in about half of all family violence incidents. Although drugs or alcohol may lower a person's self-control, they do not cause violence. Batterers often use drugs or alcohol as an excuse or permission to batter and to avoid responsibility for their abuse.

Fact: Because violence inflicted by a person's intimate partner is treated much differently than violence inflicted by a stranger, batterers are not always arrested. Traditionally, police have been more likely to file a report when the offender is a stranger, rather than an intimate partner.

Fact: Battering crosses all economic, educational, ethnic, sexual orientation, age, and racial lines in equal proportions. There is no "typical" victim.

Fact: Batterers generally lead "normal" lives except for their unwillingness to stop their violent and controlling behavior in their intimate relationships. Batterers do not batter because they are crazy or mentally ill.

"You are not alone"

People stay with abusive partners for many different reasons. By understanding these reasons, you can explore your options for living a violence-free life and avoid feelings of guilt and isolation.

Common Reasons for Staying with Abusive Partners:

- You fear you will be beaten more severely. Your batterer has threatened to find and kill or harm you, your children, or your family.
- You depend on the batterer for shelter, food, and/or other necessities.

- You have no one to talk to who understands and believes you.
- You believe your children need two parents, and you do not want to raise them alone.
- You want to keep the family together and live up to your religious commitment to remain with your partner.
- You fear that you will not be able to take care of yourself and your children alone.
- You want to stand by your partner and be loyal to the relationship.
- Your partner has threatened to commit suicide if you leave.
- You believe that things will get better.
- You believe that no one else will love you.
- You fear your family and friends will be ashamed of you.
- You feel ashamed, embarrassed, and humiliated and do not want anyone to know what is happening. You think others will believe that you are "low class" or stupid for staying as long as you already have.
- You believe that you need to be in a relationship to feel like a complete person.
- You fear that you will be deported or that your children will be taken out of the country.
- If you are in a same sex relationship, you fear that you will be "outed" or that no one will believe you.
- Your job is to make the relationship work, and if it does not work, you are to blame.
- If you stay, you can "save" the batterer and help him/her get better.

Week Four

Wheel of Power and Control



Using Emotional Abuse

- | | |
|--|--|
| <ul style="list-style-type: none"> • Puts you down. • Makes you feel bad about yourself. • Calls you names. | <ul style="list-style-type: none"> • Makes you feel guilty. • Makes you think you are crazy. • Plays mind games. • Humiliates you. |
|--|--|

Using Isolation

<ul style="list-style-type: none"> Controls what you do, whom you see and talk to, what you read, and where you go. 	<ul style="list-style-type: none"> Limits your outside involvement. Uses jealousy to justify actions.
<i>Denying, Blaming, Minimizing</i>	
<ul style="list-style-type: none"> Makes light of the abuse and does not take your concerns about it seriously. Says the abuse did not happen. 	<ul style="list-style-type: none"> Shifts responsibility for abusive behavior to other people or circumstances. Says you caused the abuse.
<i>Using Children</i>	
<ul style="list-style-type: none"> Makes you feel guilty about the children Uses the children to relay messages. 	<ul style="list-style-type: none"> Uses visitation to harass you. Threatens to take the children away.
<i>Using Male Privilege</i>	
<ul style="list-style-type: none"> Makes all the big decisions. Acts like "Master of the Castle" 	<ul style="list-style-type: none"> He is the one to define men's and women's roles. Treats you like a servant.
<i>Using Economic Abuse</i>	
<ul style="list-style-type: none"> Prevents you from getting or keeping a job. Makes you ask for money. Gives you an allowance. 	<ul style="list-style-type: none"> Takes your money. Does not let you know about or have access to family income.
<i>Using Coercion and Threats</i>	
<ul style="list-style-type: none"> Makes and/or carries out threats to do something to hurt you Threatens to "out" you. 	<ul style="list-style-type: none"> Threatens to leave you, to commit suicide, or to report you to welfare authorities. Makes you do illegal things.

Equality Wheel

The Equality Wheel . . .

Healthy relationships are based on the belief that two people in a relationship are partners with equal right to have their needs met and equal responsibility for the success of the partnership. In this equality belief system, violence is not an option because it violates the rights of one partner and jeopardizes the success of the relationship. The dignity of both partners is strengthened in a relationship that is based on equality.



Non-Threatening Behavior

- Talks and acts so that you feel safe and comfortable expressing yourself and doing things.

Respect

- Not judgmental when listening to you.
- Is emotionally affirming and understanding.
- Values your opinions.

Trust and Support

- Supports your goals in life.
- Respects your right to have your own feelings, friends, activities, and opinions

Honesty and Accountability

- Accepts responsibility for self.
- Acknowledges past use of violence.
- Admits being wrong.
- Communicates openly and truthfully.

Responsible Parenting

- Shares parental responsibilities.
- Is a positive, nonviolent role model for the children.

Shared Responsibility

- Mutual agreement on a fair distribution of work.
- Family decisions are made together.
-

Economic Partnership

- Money decisions are made together
- Both partners benefit from financial arrangements.

Negotiation and Fairness

- Seeks mutually satisfying resolutions to conflict.
- Accepts change.
- Willing to compromise



Ten Tips For Healthy Relationships

Healthy relationships bring happiness and health to our lives. Studies show that people with healthy relationships really do have more happiness and less stress. **There are basic ways to make relationships healthy**, even though each one is different—parents, siblings, friends, boyfriends, girlfriends, professors, roommates, and classmates.

Ten Tips for Healthy Relationships!

1. Keep expectations realistic. No one can be everything we might want him or her to be. Sometimes people disappoint us. It is not all-or-nothing, though. Healthy relationships mean accepting people as they are and not trying to change them!

2. Talk with each other. It cannot be said enough: communication is essential in healthy relationships! It means—

- **Take the time.** Really, be there.
- **Genuinely listen.** Do not plan what to say next while you are trying to listen. Do not interrupt.
- **Listen with your ears and your heart.** Sometimes people have emotional messages to share and weave it into their words.
- **Ask questions.** Ask if you think you may have missed the point. Ask friendly (and appropriate!) questions. Ask for opinions. Show your interest. Open the communication door.
- **Share information.** Studies show that sharing information especially helps relationships begin. Be generous in sharing yourself, but do not overwhelm others with too much too soon.

3. Be flexible. Most of us try to keep people and situations just the way we like them to be. It is natural to feel apprehensive, even sad or angry, when people or things change and we are not ready for it. Healthy relationships mean change and growth are allowed!

4. Take care of you. You probably hope those around you like you so you may try to please them. Do not forget to please yourself. Healthy relationships are mutual!

5. Be dependable. If you make plans with someone, follow through. If you have an assignment deadline, meet it. If you take on a responsibility, complete it. Healthy relationships are trustworthy!

6. Fight fair. Most relationships have some conflict. It only means you disagree about something, it does not have to mean you do not like each other! When you have a problem:

- **Negotiate a time to talk about it.** Do not have difficult conversations when you are very angry or tired. Ask, "When is a good time to talk about something that is bothering me?" Healthy relationships are based on respect and have room for both.
- **Do not criticize.** Attack the problem, not the other person. Open sensitive conversations with "I" statements; talk about how you struggle with the problem. Do not open with "you"

statements; avoid blaming the other person for your thoughts and feelings. Healthy relationships do not blame.

- **Do not assign feelings or motives.** Let others speak for themselves. Healthy relationships recognize each person's right to explain him or herself.
- **Stay with the topic.** Do not use a current concern as a reason to jump into everything that bothers you. Healthy relationships do not use ammunition from the past to fuel the present.
- **Say, "I'm sorry" when you are wrong.** It goes a long way in making things right again. Healthy relationships can admit mistakes.
- **Do not assume things.** When we feel close to someone, it is easy to think we know how he or she thinks and feels. We can be very wrong! Healthy relationships check things out.
- **Ask for help if you need it.** Talk with someone who can help you find resolution—like your RA, a counselor, a teacher, a minister or even parents. Check campus resources like Counseling Services at 532-6927. Healthy relationships are not afraid to ask for help.
- **There may not be a resolved ending.** Be prepared to compromise or to disagree about some things. Healthy relationships do not demand conformity or perfect agreement.
- **Do not hold grudges.** You do not have to accept anything and everything, but do not hold grudges—they just drain your energy. Studies show that the more we see the best in others, the better healthy relationships get. Healthy relationships do not hold on to past hurts and misunderstandings.
- **The goal is for everyone to be a winner.** Relationships with winners and losers do not last. Healthy relationships are between winners who seek answers to problems together.
- **You can leave a relationship.** You can choose to move out of a relationship. Studies tell us that loyalty is very important in good relationships, but healthy relationships are NOW, not some hoped-for future development.

7. Show your warmth. Studies tell us warmth is highly valued by most people in their relationships. Healthy relationships show emotional warmth!

8. Keep your life balanced. Other people help make our lives satisfying but they cannot create that satisfaction for us. Only you can fill your life. Do not overload on activities, but do use your time at college to try new things—clubs, volunteering, lectures, projects. You will have more opportunities to meet people and more to share with them. Healthy relationships are not dependent!

9. It is a process. Sometimes it looks like everyone else on campus or at work is confident and connected. Actually, most people feel just like you feel, wondering how to fit in and have good relationships. It takes time to meet people and get to know them...so, make "small talk"...respond to others...smile...keep trying. Healthy relationships can be learned and practiced and keep getting better!

10. Be yourself! It is much easier and much more fun to be you than to pretend to be something or someone else. Sooner or later, it catches up anyway. Healthy relationships are made of real people, not images!



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Kansas State University

*Written by Joyce Woodford
Counseling Services, Kansas State University
232 English/Counseling Services Building, Manhattan, Kansas 66506-6503*

<http://www.k-state.edu/counseling/topics/relationships/relatn.html>

Week Six

Healthy vs. Abusive Relationships

Here's What Healthy and Abusive Relationships Look Like

Sometimes abusive relationships are easy to identify; other times the abuse may take subtle forms. The examples shown here can help you identify traits of abusive and

healthy relationships. In general, abusive relationships have a serious power imbalance, with the abuser controlling or attempting to control most aspects of life. Healthy relationships share responsibility and decision-making tasks and reflect respect for all the people in the relationship, including children.

Healthy Relationships

Non-Threatening Behavior

- Talking and acting so that your partner feels safe and comfortable doing and saying things.

Respect

- Listening to your partner non-judgmentally.
- Being emotionally affirming and understanding.
- Valuing opinions.

Trust and Support

- Supporting your partner's goals in life.
- Respecting your partner's right to his or her own feelings, friends, activities and opinions.

Honesty and Accountability

- Accepting responsibility for self.
- Acknowledging past use of violence and / or emotionally abusive behavior, changing the behavior.
- Acknowledging infidelity, changing the behavior.
- Admitting being wrong when it is appropriate.
- Communicating openly and truthfully, acknowledging past abuse, seeking help for abusive relationship patterns.

Responsible Parenting

- Sharing parental responsibilities.
- Being a positive, non-violent role model for children.

Shared Responsibility

- Mutually agreeing on a fair distribution of work.
- Making family decisions together.

Abusive Relationships

Using Intimidation

- Making your partner afraid by using looks, actions, gestures.
- Smashing or destroying things.

- Destroying or confiscating your partner's property.
- Abusing pets as a display of power and control.
- Silent or overt raging.
- Displaying weapons or threatening their use.
- Making physical threats.

Using Emotional Abuse

- Putting your partner down.
- Making your partner feel bad about him or herself.
- Calling your partner names.
- Playing mind games.
- Interrogating your partner.
- Harassing or intimidating your partner.
- "Checking up on" your partner's activities or whereabouts.
- Humiliating your partner, whether through direct attacks or "jokes".
- Making your partner feel guilty.
- Shaming your partner.

Using Isolation

- Controlling what your partner does, who he or she sees and talks to, what he or she reads, where he or she goes.
- Limiting your partner's outside involvement.
- Demanding your partner remain home when you are not with them.
- Cutting your partner off from prior friends, activities, and social interaction.
- Using jealousy to justify your actions.

(Jealousy is the **primary** symptom of abusive relationships; it is also a core component of Love Addiction.)

Minimizing, Denying and Blame Shifting

- Making light of the abuse and not taking your partner's concerns about it seriously.
- Saying the abuse did not happen, or was not that bad.
- Shifting responsibility for your abusive behavior to your partner. (i.e.: I did it because you _____.)
- Saying your partner caused it.

Using Children

- Making your partner feel guilty about the children.
- Using the children to relay messages.
- Using visitation to harass your partner.
- Threatening to take the children away.

Using Male Privilege

- Treating your partner like a servant.
- Making all the big decisions.
- Acting like the "master of the castle."
- Being the one to define men's and women's or the relationship's roles.

Using Economic Abuse

- Preventing your partner from getting or keeping a job.
- Making your partner ask for money.
- Giving your partner an allowance.
- Taking your partner's money.
- Not letting your partner know about or have access to family income.

Source: http://www.recovery-man.com/abusive/healthy_abusive.htm