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**FAMILY VIOLENCE IN CHILE:
A QUALITATIVE STUDY
OF INTERDISCIPLINARY TEAMS' PERSPECTIVES**

**A Dissertation Presented
by
GONZALO BACIGALUPE**

**Submitted to the Graduate School of the
University of Massachusetts Amherst
in partial fulfillment of the
requirements for the degree of
DOCTOR OF EDUCATION**

February 1995

School of Education

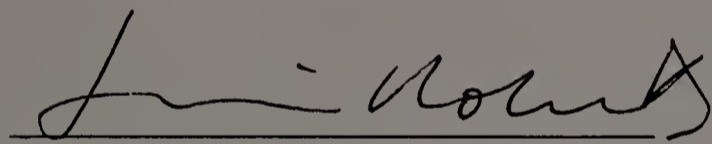
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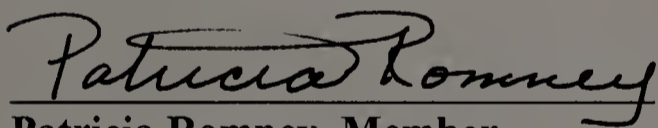
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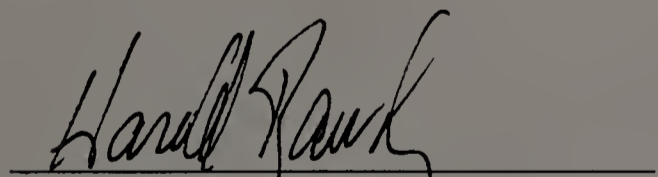
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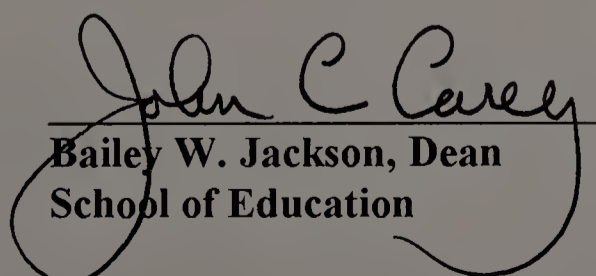
Janine Roberts, Chair



Patricia Romney, Member



Harold Raush, Member



**Bailey W. Jackson, Dean
School of Education**

**To those who will make violence in the home something of the past
and the ones who are making the efforts now.**

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First, I want to acknowledge Antonieta Bolomey for her support, understanding, and encouragement during this study. Besides her continuous support, she reminded me of how significant my research could be and that it would have an end. Her friends at the Center for International Education were also a web of support for both of us. My daughter, Bethania, made clear that life is more than writing and thinking in front of a computer. Her terrible accident, at the beginning of the writing, made me feel the pain that trauma brings, even if people are supportive and loving.

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I due special recognition to the time and enthusiasm provided by the Chilean teams from the Centro de Atención de Violencia Doméstica in Santiago, the Centro Julieta

Kirkwood in Conchalí, the Clínica Psicológica Universidad de la Frontera in Temuco, and Nuestra Casa in La Florida. They were all generous and understanding of my requests and willing to open up for the interviews. I hope the reading invigorates your work. Thanks! Other wonderful persons facilitated the work there too. At SERNAM, Clotilde Silva, Valeria Ambrosio, and my colleague and friend, Loreto Ditzel, were extremely helpful to obtain information and access to the teams in Santiago. Soledad Larraín, former deputy Women's Minister, provided me with an unedited version of her epidemiological research on family violence. My former colleague and professor in Chile, Cecilia Avendaño, aided me in obtaining information about her ongoing research on gender violence. During the time I did fieldwork, my cousins in-law, Arturo and Silvia Apablaza, provided a warm home to stay while in Chile. Their daughter, Andrea, and her fiancée obtained the transcripts from the sessions in Congress discussed in Chapter II. My in-laws, Rolando and María Antonieta, were also part of the network that provided help during that time.

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ABSTRACT
FAMILY VIOLENCE IN CHILE:
A QUALITATIVE STUDY
OF INTERDISCIPLINARY TEAMS' PERSPECTIVES
FEBRUARY 1995
GONZALO BACIGALUPE, B.A.,
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Directed by: Professor Janine Roberts

Family violence, particularly the battering and abuse by men of women and children, has taken on different meanings over time in various cultures. This study looked at how therapeutic teams in Chile, working to intervene in cycles of violence, understand and define family violence in the 1990's. Using a qualitative and collaborative methodology, this research analyzed family violence discourses by looking at practitioners' personal, professional, and political ideas about physical and sexual abuse within the home. First, the literature about family violence in Chile was reviewed, as well as the political and legal issues that affect clinicians working in this area. Then, four interdisciplinary teams were interviewed with a reflecting team format. Three major themes emerged in the interviews with the teams. One theme was how family violence is defined including individualistic, societal, gender-sensitive, and systemic explanations, and the problems confronted in this task. Family violence was primarily defined as a political problem that is experienced as a private matter mostly by women and children. A second theme was the recursive relation that exists among the teams' interventions to care for their clients and the teams evolving definitions of their clients. A third theme was the process by which the personal lives of the practitioners are affected by stories of family violence and trauma. Clients' experiences often reminded practitioners of their own

vulnerability and potential for vicarious traumatization. The conclusion integrates these findings and outlines implications for research, training, and policy including: the potential of the reflecting team technique as a research tool, the need to include clients in further collaborative research and for gender based participatory research, the development of a curriculum to train practitioners that includes the exploration of personal experiences of family violence and how to confront vicarious traumatization, and the further development of a sound legal framework to confront family violence.

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CHAPTER 1
CONCEPTUAL FRAMEWORK:
FAMILY VIOLENCE AS A PUBLIC PROBLEM

1.1. Statement of the Problem: Building Discourses After the Silence

In Chile, family violence started to be recognized as a problem by human service professionals at the beginning of this decade. Public awareness on the topic began after the defeat of the military dictatorship that ruled the country from 1973 to 1990. A recent survey of women from all social classes in Santiago--the capital--showed that Chile suffers from widespread family violence. Preliminary data (n=1000) reveals that more than a quarter (26%) of Chilean women were subjected to familial physical violence, and a third of the women reports psychological violence (Larrain, 1992). These results reflect international trends of gender and family violence (Bachman, 1994; Dobash & Dobash, 1992; Finkelhor & Korbin, 1988; Schuler, 1992). In countries that are not involved in a civil war, statistically, "the real danger of personal attack *is in the home*. Offenders are not strangers climbing through windows, but loved ones, family members." (Straus & Gelles, 1988, p. 18)

Several factors contributed to an increased awareness of this issue. First was the creation of the National Women's Secretariat (SERNAM). This new governmental group created the women's rights regional information centers which made an important contribution educating women and the general public on the subject.¹ A second factor was the new role that grassroots mental health organizations have played in strengthening a

¹ Chile is divided in 13 regions, SERNAM created one center for each region.

democratic civil society. In their new role, these organizations use human rights discourses to report the abuse of children and women within the family. Finally, a third factor was the professional influence of those who, in exile in Western Europe or North America, became aware of the problem.

Notwithstanding the high level of violence within the household, the Chilean legislature does not contemplate legal rights that could ameliorate the victimization of women and children by other family members. Laws that benefit and protect women and children in other countries do not exist or are very restrictive in Chilean law. Divorce is not allowed in Chile. Nonetheless, the governmental coalition of Christian-Democrats and Socialists promised in its 1989 campaign that the family violence issue was going to be discussed at the executive level, the same coalition promised something similar in 1993. The same cannot be said for women's rights to abortion, which is illegal under any circumstances. No public discussion or change on the legislation can be expected. Psychosocial discourses are invisible to the policy-making processes that bring forth new legislation, since they have had no priority in any political party, nor any organized social movement. At the present, reporting laws to protect children from physical abuse are under study. Sexual abuse and the battering of women are emerging as issues in the public agenda, e.g., the media. This public attention is important because it may in the long term impact the legislature to create and reform laws that can prevent family violence and protect survivors of family violence.

Delivery of services by teams for clients affected by family violence were sponsored by governmental institutions at the start of the democratic transition in 1990. Some services provided before then by non governmental organizations (NGOs) have continued their work. However, they reach a very small percentage of the population. In Chile today, few resources are available for families and professionals working with

violence, thus making their work harder. For instance, practitioners lack specific protocols to intervene in cases of family violence. In the face of limited possibilities to provide legal and social assistance to abused clients, professionals working on family violence issues are quickly overwhelmed (Gonzalez, 1992). For instance, the police pay little attention to women and children victimized by husbands and fathers, and there are no safe institutional shelters for children or women. All practitioners in this field are constrained by a lack of legal, professional and financial resources. Even the ones committed to carrying out this work lack a fluid discussion to enrich their work. As a result, ethical and accountability factors are difficult to assess, as are the criteria for expertise in the emerging family violence field in Chile.

There has been an increasing recognition that family violence in its diverse forms exists virtually everywhere in the world (Finkelhor & Korbin, 1988; Schuler, 1992). Researchers in the U.S., however, found considerable variation in the behaviors defined as abuse across professional groups and nowhere are there clear-cut definitions of what is encompassed by family violence. Definitions varied by race, social class, and occupation (Facundo, 1992; Giovannoni & Becerra, 1979). Definitions that have prevailed in the literature show that abuse is essentially any act considered deviant or harmful by a group large enough or with sufficient political power to enforce the definition (Gelles & Straus, 1988).

Definitions of family violence arise within a social, political, and legal framework. These definitions affect therapists making complex decisions to balance personal and professional dilemmas about therapy and social control. Even though systemic therapists have made enormous efforts to create a position of neutrality, the therapist or community of therapists who try to move above moral orders are in an untenable position. If it is in conversations that we coordinate actions and collectively create social realities, then

reality can be "negotiable" and we will act upon the stories and definitions we invent. Accordingly, moral notions emerge from social practices making claims of neutrality another ideological stance (MacKinnon & Miller, 1987).

To explore professionals' definitions is crucial because professionals act upon them, although an important element to study is how the contact with clients has impacted upon the providers, a matter that became an important piece of this research. People carry about a set of words which serve to justify their actions, their beliefs, and their lives (Rorty, 1989). In that sense, multiple meanings flow from professional practices. These meanings have implications for the context of those practices and for how others construct them. In this inquiry, interdisciplinary family violence teams were interviewed to explore their definitions of family violence. However, in inquiring about their definitions of family violence and how they take care of their clients, it became salient how the interviewees' work affected their lives.

1.2. Purpose of the Study: Chilean Professional Teams Describing Family Violence

Family violence is not a transparent reality ready for discovery; it is defined in a struggle of multiple perspectives. Family violence, abuse, and trauma are more than scientific or clinical terms; they are political, moral, and ethical constructs. In that regard, due to the political character of family violence definitions, it is central for practitioners struggling with these issues to become policy-making actors in a matter that directly affects their efficiency and results. A first step is to clarify these discourses as the therapists' systems of possibilities that empower them as political actors in behalf of their clients. This is because their power emerges from their capacity to define reality and to involve others in it.

This is a study of discourses underlying treatment and preventive actions to both stop and overcome the consequences of family violence. It is a collaborative inquiry that analyzes the values attached to family violence definitions and the stories told by family violence teams' practitioners about their own work. These discourses reflect the individual selves of the participants, the teams' shared perspectives and conflicts, the social and historical context in which the teams are located, and the interacting nature of all these factors in a country emerging from its own traumatic past.

What Chilean professionals know about family violence depends on their social practices and contexts. This socially constituted knowledge affects their practices and social discourses, and therefore it may affect the policy-making process. The questions that follow represent the specific dilemmas I explored and which emerged in this inquiry as part of a qualitative analysis. Each of these group of questions represents also the themes analyzed in the report of the findings (Chapters IV to VI).

1. What do Chilean therapeutic teams define as violence in a family? What are the leading theories and concepts developed in the field internationally, which the interviewees are using? What perspectives exist within the teams about family violence? What do those perspectives reveal about the problem? How do systemic ideas affect therapists' discourses about family violence? If systemic ideas guide therapists' work, do those ideas reflect traditional family therapy concepts and/or their recent critique by feminist and/or social constructionist authors?
2. How do therapists define the witnesses of family violence, the perpetrators and/or the victims? How do these descriptions relate with the care provided to these same persons? How conscious or aware are therapists about their own assumptions

about family violence guiding their work? How explicit are their own discourses about family violence interventions? What are the problems in designing interventions?

3. How does the engagement in preventing and treating family violence affect the people who confront family violence survivors? Therefore, what are the professional and personal challenges therapists experience when they become involved in creating solutions to family violence problems?

The responses to the questions above are not simple, nor will the research provide finished responses, but the findings are oriented to a better understanding of these questions. In this study, I also reflect on how the history of institutionalized violence in Chile may have affected the context in which the teams' ideas evolve.

1.3. Significance of the Study: Posing Questions and Giving Voices to the Long Silences

Literature about family violence in Chile is limited, although several teams are working with clients affected by it. This study should contribute to an assessment of how professionals understand, name and treat family violence. Through this exploratory research, governmental and non governmental organizations (NGOs) can be better informed about how therapeutic teams understand this "social problem that affects especially the women, but also the children and elderly" (SERNAM, 1991, p. 9). The teams themselves may use this report as a tool to discuss their work with others and to implement actions that can lead to a larger public support for their work. The report itself could also provide them with a tool to evaluate their work internally.

Several interdisciplinary therapeutic teams were created in the last few years to respond to the problem of family violence among specific Chilean communities. Their work is for the most part invisible to society. This denial and rejection may be explained by a general withdrawal by citizens from an active stance in the public arena. After the democratic government replaced the previous dictatorship, the media emphasized agreements about conflictive issues, e.g. television news coverage about the small role women play in the government. Conflicts were hidden because the transition authorities wanted to secure a climate of reconciliation without questioning enduring patriarchal and conservative values. Their fears have unfolded as part of traumatic memories of polarization and/or the fear of a new systemic breakdown each time a "radical" discourse emerges in the public arena, e.g. feminist ideas discussed on television (Munizaga, 1992). The teams, accordingly, lack support from many important institutions and they carry the stigma associated with the clients they serve. The stigma attached to the victims of violence is frequently connected with being deviant or marginal to mainstream society.

Teams are more capable than individual professionals of confronting dilemmas brought by traumatized clients. It cannot be reiterated too often that "no one can face trauma alone" (Herman, 1992, p. 153). Therapists in isolation are probably less efficient and suffer vicarious or secondary traumatization more frequently (Comas-Diaz & Padilla, 1990; McCann & Pearlman, 1990B, 1990C). Besides support, teams can provide a space to develop a reflective process that facilitates a "community of interventions" (T. Conran, personal communication, December 15, 1992). Practitioners generate a body of knowledge through their clinical and organizational practices. Accordingly, the team is a community of practitioners who "reflect-in-the-action" and "on-the-action" (Newbrough, 1993; Schon, 1983). The process of creating those discourses and the discourses themselves can be an important source of knowledge that clinicians and other

professionals can use to help themselves and other therapists dealing with family violence. No research has addressed the problem from this perspective in Chile.

Although family violence in Chile is considered a problem by the Women's Secretariat and women's NGOs (Caceres, Martinez & Rivera, 1993; Carcamo & Moltedo, 1991; ISIS Internacional, 1990), there is a lack of systematic research and professional literature about family violence. In that regard, an understanding of what mental health workers construe as knowledge is essential to create legal, ethical, and social criteria to prevent, treat and control family violence. Clients and communities should have access to what practitioners know and to what informs their therapeutic practices to make them accountable for their practices. At the moment, cross-cultural studies and international perspectives have added little to an understanding of how interdisciplinary teams in Chile and/or Latin America view family violence. A qualitative study that explores family violence as construed by teams has not been carried out in other Latin American countries, making the methodology in this study an heuristic tool in itself.

Studies in several industrialized countries have shown that particular forms of family violence decline in proportion to the public attention they receive (Gelles & Straus, 1988). This study contributes to efforts in bringing attention to the identification of family violence from the perspective of professional teams. Due to its exploratory nature, it identifies themes for further research, and it suggests curriculum changes in postgraduate and undergraduate studies to meet the demands of the field. Knowledge about how to ameliorate the effects of trauma should strengthen the policy-making process and empower therapists to influence social discourses and legislative initiatives. Chile, along with the rest of Latin America, has had a long history of violent practices--including familial violence--that demand description, analysis, criticism, and creative confrontation. This research is part of that larger project. If this inquiry succeeds, it will be because it

poses new questions, exposes myths, and gives voice to the silences that hide oppression in families.

1.4. Limitations of the Study

1.4.1. Limitations in the Sample

As an exploratory investigation, this research presents several limitations in design and sampling. For example, it will address only one aspect of the therapeutic system: the professionals. Thus, no conclusions can be drawn on therapeutic outcomes and the process as experienced by the clients. Second, a reflexive research methodology allowed the emergence of rich conversational data, rich in its quantity and quality. It cannot, however, be used to generalize about the frequency of a particular discourse, or about how all the professional teams in Chile confront an issue. Also, the data does not reflect the discourses of all the therapists working with clients traumatized by family violence.

The sample consists of three therapeutic teams, with a membership of five to twelve on each team, and four recognized experts in family violence who were willing to talk about their work efforts with family violence survivors. Although I contacted teams dealing explicitly with issues of family violence, the sample is limited due to geographical and financial considerations, and the teams predisposition to participate in research team interviews. For instance, one of the teams refused to participate formally in a team interview, but the team leader granted an individual interview².

² The team members were also willing to speak about the rationale for their decision which included their desire for internal evaluation of their practice until then. The author then attended one of their regular staff meetings in which the issue was discussed.

All teams are in urban areas serving mostly middle and low income families. Two of the teams are located in the capital, Santiago, and one team is in the fourth largest city, in the south, Temuco. These teams are a rich source of data, because their practices are more than the bringing forth of solutions for clients; their practices are the foundation of a theoretical knowledge that this inquiry intends to identify.

1.4.2. Researcher's Biases: *Yes, I Am One of Them Too*

There are diverse experiences that contravened a "neutral" stance in this research. Those experiences include being a Chilean (Latino)-male-psychologist working with clients affected by domestic violence in the USA, formerly with clients affected by institutionalized violence during the last years of Chilean dictatorship (Bacigalupe, 1990). From the positivistic perspective of quantitative oriented researchers, this experiential familiarity is problematic during data collection and analysis. However, it facilitated the conversations that I had with colleagues now working with cases of family violence in Chile. Firsthand experience and information that paralleled the experience of the participants in my own study became important resources to sensitize me to data collection and analysis. Also, a background in dealing with problematic issues in Chile may have also created a sense of connection about our work in this field. They may have felt that I was more able than other researchers to truly understand what they go through in this work. My stance implies a non-neutral stance in the perspective developed by feminist systemic perspectives and called elsewhere postsystemic therapies (Bacigalupe, 1992). From this point of view, the researcher becomes an "active participant in the construction of a culture" (Gergen, 1992, p. 27; Ellis & Flaherty, 1992; Fine, 1992).

As a researcher, I traveled to collect the data, and most of the early contacts consisted of phone and written communications. The interviews were conducted in Chile, but most of the data analysis was done in the USA. This strategy allowed a degree of cultural distancing and a higher probability of moving freely among the teams (Agar, 1986; Pollner & Emerson, 1983). If I were living in Chile, the teams could have been more distrustful, because they could have seen me as a threat. This threat originates in the notion that being an outsider would make me a neutral party in the institutional politics that have developed in their inner team work and in their participation in the larger system. Thus, the positive level of trust (Johnson, 1983) required by the open, semi-structured interview may have had a better chance to develop faster after my arrival as an external agent during data collection. On the other hand, as I mention above, this trust could also develop because I share the same culture and professional socialization as the interviewees, thus building an easier entrance and access.

Most of the participants defined me as an "expert" in the field because some of them knew my previous work on the subject. For this reason, some of them expected that I would consult with and provide them with information about issues emerging from this study. It was part of the methodological design to negotiate a sharing process in which they could also obtain "data" or "knowledge" from me as a researcher and practitioner working with traumatized clients. For instance, the teams were invited to write me and request the interview transcripts, and to discuss this report whenever I visit the country. Two of the teams contacted me to request transcripts and/or send new material for my analysis.

I invited the participants to process and analyze data after the interviews. Two teams responded with new ideas and suggestions. In that process, the "local knowledge" that emerged from the work with each team could be contrasted with the theoretical and

pragmatic understanding developed in my analysis. Developing theory through their participation enriched the teams and, as such, the research became an explicit form of intervention. Another form of counteracting biases in the fieldwork was to have the teams know in advance the assumptions on which this inquiry was based, such as the qualitative approach and methodological aspects of this research. Besides the strategies above, I incorporated triangulation techniques to overcome my own biases during data collection, analysis, and writing, issues I outline in Chapter III.

The data analysis process made me question and recall my own process of traumatization in the past. Although these traumatic processes can be traced back to my idiosyncratic experiences in a particular family, they do specially reflect the experiences of myself as a historic subject who lived most of his young adult years under a military dictatorship. I have struggled, then, with how I make sense of many aspects of the interviewees telling, since part of my past experiences occurred in a shared history. This common sense or taken-for-granted realities about their lives are also shared aspects of the lives of a Chilean generation, myself included. I truly believe then, that what the reader is witnessing is not just the analysis of hundreds of pages of transcripts about some people out in the field, but of myself as the author's account also. As I wrote the last pages of this inquiry, I realized that the written results of this research as well as other Chilean accounts are part of a larger therapeutic process in which traumatic experiences are becoming integrated into the whole process of recovering and recreating new lives.

1.5. Definition of Terms

1.5.1. Family Violence

Family violence is an extremely difficult concept to define. The first part of the concept, family, is already a "structuring idea" (Dallos & McLaughlin, 1993). That is, family is a concept that helps organize responses by the larger social system, but it lacks an adequate social scientific definition. I view family as "a socially constructed object, a product of decidedly public actions and interactions" (Gubrium & Holstein, 1990, p. 12). From this socio-constructionist perspective, then, I will define family as a group of people who consider themselves a family; and/or a group of people the family violence teams consider a family.

Gelles (1988) discusses the definitional problems and views violence as a continuum "beginning with slaps, grabs, and spanking, and extending up to murder" (1988, p. 54). I define family violence, in a very general sense, as a pattern that any family member defines as abusive and that puts members of the family in danger. Then, family violence is both a real threat to the psychological and/or physical survival of family members and a social construct that is defined in the course of communications between individuals, families, professionals, experts, politicians, the media, etc.. Family violence includes all forms of child abuse, and the victimization of women through battering and rape. This research did not approach other forms of victimization like sibling abuse, victimization of the elderly, courtship victimization, and ritualistic abuse. These forms of victimization were not addressed by the interviewees. Domestic violence and child abuse were also used in this research as terms to name particular forms of family violence, e.g. domestic violence will usually refer to the battering of women. The context in which

family violence is defined includes specific practices and theories, and both are constitutive of larger discourses.

Feminist family therapists (Avis, 1992; Bograd, 1992; James & MacKinnon, 1990) criticize family systems approaches to battering since they obscure the fact that it is primarily men who abuse women and children. Family systems formulations have resulted in therapists blaming the victim because the whole family is seen "as equally" responsible for the abuse.

1.5.2. Trauma

Psychological trauma is an affliction of the powerless. "At the moment of trauma, the victim is rendered helpless by overwhelming force Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning" (Herman, 1992, p. 33). A salient aspect of a traumatic event is its power to provoke helplessness and terror. "Traumatic reactions occur when action is of not avail. When neither resistance nor escape is possible" (Herman, 1992, p. 34). Intrusion, hyperarousal, and constriction are central reactions after a traumatic event. It also elicits a loss of meaning, and since the traumatized individual or family loses trust in the world, the links between individual and community are lost. Ruth (1993) establishes a important difference that most of studies about trauma do not highlight--including Herman's groundbreaking study and other well-known trauma specialists (Figley, 1988; Figley & Erickson, 1990; Lindy, 1988; McCann & Pearlman, 1990A; van der Kolk, 1987).

"Trauma is not a unitary phenomenon, ultimately the same regardless of its cause (domestic or public, war or rape) and regardless of the culture of the perpetrator or the victim. Cultural categories enter the flow of argument peripherally, if at all.

The evidence does not convince. ..., I see a world of difference between people whose trauma occurs against a backdrop of secure identity, a somewhere-remembered non traumatic past, with love and the basics in good-enough provision before trauma struck, and those who have never known anything but assault, deprivation, and unmet need." (Ruth, 1993, p. 19).

The accounts of trauma survivors become the trauma story. It is this story, to which the interviewees bear witness as part of their roles as listeners and helpers. These stories of traumatic events can, in turn, traumatize the ones who surround the victims or survivors. Therefore, the listeners can have affective, somatic, cognitive, and interpersonal reactions similar to the ones being experienced by the ones originally exposed to the traumatic event (McCann & Pearlman, 1990B; Lindy & Wilson, 1994). This process is called secondary or vicarious traumatization, burnout being "the terminal stage" of these reactions (Hartman & Jackson, 1994). In clinical psychology, these reactions have been called countertransference reactions which can be trauma specific (Maroda, 1991).

1.5.3. Discourses

Discourses are the linguistic practices which in particular historical periods allow certain kinds of social relationships to emerge, while many others are silenced or forgotten. Discourses in therapy, therefore, articulate the prevailing ideologies in therapeutic practices. Discursive structures are essentially expressions of faith and truism that reflect fundamental knowledge structures. They define the practices and conceptual formulations in a particular historical, social, and political context. A discourse provides us with "not just a way of seeing but a way of constructing seeing" (Edwards, 1991, p. 523).

The term "family," for instance is part of a particular discourse for describing human relations in or out of the household. A family discourse includes various models

and theories of domesticity. In other words, it "is not just a mode of communication but also assigns meaning to the actions we take on behalf of social ties designated familial" (Gubrium & Holstein, 1990, p. 14). In the case of family violence discourses, I agree with historian Linda Gordon's conclusions after a throughout research of child abuse records:

Family violence has been historically and politically constructed. I make this claim in a double sense. First, the very definition of what constitutes unacceptable domestic violence, and appropriate responses to it, developed and then varied according to political moods and the force of certain political movements. Second, violence among family members arises from family conflicts which are not only historically influenced but political in themselves, in the sense of that word as having to do with power relations. Family violence usually arises out of power struggles in which individuals are contesting real resources and benefits. These contests arise not only from personal aspirations but also from changing social norms and conditions. (Gordon, 1988, p. 3)

1.5.4 Identities

Personal, professional, organizational, and social identities are historically constructed. A politics of identity, then, is "a politics based on the particular life experiences of people who seek to be in control of their own identities and subjectivity and who claim that socially dominant groups have denied them this opportunity" (Sampson, 1993, p.1219). This thrust for control of their own identities means to establish a voice that can name their needs, life conditions, and own subjectivity. If forming an identity is an evolving process, then the participants and the researcher of this inquiry created for themselves new identities as the research evolved. In that sense, the stories of family violence, the practices and the theories, all intersect with the professional and personal identities of each participant. This definition of identity provides a framework to understand this inquiry in the tradition of a local theory rather than a grand theory--to advance the interviewees' identity politics and their clients'.

1.5.5. Reflecting Team

The "reflecting team" concept was developed by Tom Andersen and others in Tromsø, Norway (Andersen, 1987, 1990). In this systemic therapy format, a family meets with a therapist while a team of other professionals observes the session from behind a one-way mirror. After a while, the team is observed by the family and the therapist, commenting on what their ideas about the interview. The family is then asked to comment on the team's comments. Reflecting teams differ from other team formats "in that there is no orchestration of dialogue or orientation of team members. When called upon by index therapists for comments, team members offer their speculations without the benefit of prior discussion." (Smith, Yoshioka, & Winton, 1993, p. 28). The reflecting team format has also "extended the 'conversation' model for therapy in the direction of a less hierarchical and genuinely recursive dialogue" (Hoffman, 1988). In this format, a "both/and" thinking, rather than "either/or," makes it difficult for competitive exchanges to take place. Reflecting teams encourage spontaneous ideas and a positive group context, minimize competitive interaction, rely on tentative language, and do not attempt to arrive at a consensus.

The original ideas which Andersen and his team developed have been expanded into various domains such as supervision and training (Davidson & Lussardi, 1990; Prest, Darden, & Keller, 1990; Shilts, Rudes, & Madigan, 1993), consultation (Caesar & Roberts, 1991; Lax, 1991; Roberts, Caesar, Perryclear, & Phillips, 1989; Lipchik, 1992), and clinical work with children (Lax, 1990), adolescents (Lussardi & Miller, 1991) and couples (Miller & Lax, 1988).

1.6. Outline of the Chapters

This dissertation consists of seven chapters. Chapter I presents the framework for the qualitative inquiry. The study introduces the problem of family violence in Chile from a political and professional perspective. A link between practices and definitions is explored as the basis for exploring professional discourses about family violence in Chile. This chapter also addresses the limitations of the study considering the researcher biases. These biases are in part the basis for the choice of a qualitative and participatory stance of this research. Operational definitions of key terms are provided, including the scope of the subject of this inquiry: family violence, trauma, discourses, and identities. The first chapter also describes the reflecting team technique that forms the basis for the methodological intervention in this dissertation.

Chapter II is a review of the literature on family violence in Chile. First, prevalence studies on child abuse and gender violence are presented as a starting point for the literature review. An analysis of the research themes addressed by Chilean authors including the potential links between state terrorism and family violence is also included. Then, an outline of the written Chilean literature about family violence interventions is considered. Finally, the chapter covers an analysis of the legal and policy aspects that affect family violence interventions, and the politically conflictive agendas in defining a law that confronts family violence.

Chapter III presents an in-depth description of the research methodology. First, the rationale for the qualitative research methodology is described. Secondly, a definition of the intricate process of collecting and analyzing the data is outlined. A reflective research team interview was designed for the purpose of collecting the data and starting the data

analysis. The participants of the research and the teams are presented and a description of the teams is provided.

The next three chapters present the results of the data analysis. Chapter IV explores how the teams define family violence. In the first section, the difficulties and processes involved in carrying out this task on the part of the teams are described. The next four sections explore the categories used by the teams to define family violence: individualistic, gender-sensitive, societal, and systemic. The last section of this chapter is about the potential of integrating gender-sensitive and systemic perspectives as an evolving task for the teams. In the conclusion to the chapter, a table shows the categories that emerged in the analysis of the transcripts.

Chapter V describes how the teams take care of their clients. In taking care of them, the interviewees constructed or characterized their clients within various criteria: statistical-descriptive and depending on the clients' expectation about the teams. Second, the chapter explores the goals and the practices that involve caring for their clients including the involvement of larger systems. Finally, an analysis of how the caring for others changes the teams' perspective about their clients, and as a result, their own approach to the caring process, is included.

Chapter VI addresses a theme that the research proposal did not initially focus on, but it emerged with force in the interviews. This is how interviewees react to their clients' stories of family violence. Part of the analysis shows the interviewees' engagement in the teams, and how violence is also part of their personal lives. Finally, the process of burnout and vicarious traumatization, and how the teams react to the stories of violence as told by their clients, are described.

Chapter VII summarizes the findings, outlines the problems with the research methodology, and offers suggestions for further research. An analysis of the personal, professional, and political issues involved in researching the problem of family violence in Chile, is included at the end of the final chapter.

CHAPTER 2
LITERATURE REVIEW:
FAMILY VIOLENCE IN CHILE

2.1. Introduction

In this chapter, I review and critique the literature on family violence in Chile including exploratory, empirical, and qualitative research studies, and transcripts from the family violence legislation put forth in the Chilean House of Representatives. This literature review is divided into five sections. In the first, I analyze the few prevalence studies available which tend to provide rough statistics of family violence in Chile. Second, I review prevalent themes within the literature about child abuse and domestic violence. I then explore the issues of intervention by professionals in their accounts of prevention and treatment. In the fourth section, I explore the legal aspects of the problem, and the initiatives under consideration in Chile. In the conclusion, I discuss the problems researchers and practitioners confront in studying the subject of family violence in Chile, especially in terms of how the literature might better inform them in future work.

To develop this literature review, I relied on numerous sources including non-governmental and governmental agencies. For that purpose, I contacted institutions that have published about family violence or related issues like family interventions in Chile. This review includes a thorough search of recent Chilean unpublished theses by graduating psychologists. These theses are about child abuse and domestic violence. I did not find any that address the problems of family violence in general, although I was informed that some graduate students are starting to write about the subject. Little funding currently exists for research in this field in Chile. A difficulty I confronted as I collected the literature was that

most of the literature about family violence is information disseminated in numerous places and forms. Some of the studies were part of presentations in symposia and professional association meetings. Most of the studies are unpublished or few copies exist, and some institutions do not make available their statistics and research results.

2.2. The Prevalence of Family Violence in Chile

Chilean child abuse studies in psychology, pediatric, and social work academic journals rely on North American literature for background, and most originate in academic settings or the pediatric/legal establishment. Literature about battered women is more broad, and tends to emerge from non-governmental organizations and grassroots efforts, rather than academic settings. This literature includes studies and literature from the U.S., but it is also informed by studies from Argentina, Canada, and England. The child abuse literature is generally more descriptive and less grounded in the practice of aiding children or preventing family violence. In this body of literature, blame tends to be attributed to mothers for the abuse and for not protecting the children. Male authors predominate in the field of child abuse.

In comparison, the domestic violence literature tends to be based on intervention efforts by women-practitioners who report on their own work experiences. In the case of child abuse and domestic violence, most prevalence studies use small samples from low-income communities, or people who have already been assessed as victims or survivors. Thus, these research biases have reinforced some of the myths about family violence as a syndrome of poverty.

2.2.1. Child Abuse Prevalence Studies

The International Society for Prevention of Child Abuse and Neglect, in comparing policy and research developments across nations, documented the scope of the child abuse problem in various countries (Daro et al., 1992). The ISPCAN assessment of the Chilean status in regard to child abuse and neglect showed that there were no prevalence or incidence studies to compare child abuse and neglect in Chile with other countries. The report mentioned that no official child abuse policy has been established. A central registry for reports of abuse or a central registry for fatalities caused by abuse does not exist. The reporting system is voluntary, and public awareness is low about the extent of child abuse, its causes, and forms of prevention. Most of the concerns about child abuse and neglect in Chile are in regard to issues of abandonment of children. Finally, the most significant barrier to prevention is the lack of public support for initiatives that would prevent child abuse. Most of the Latin America countries presented a similar picture in regard to child abuse and neglect issues. However, Brazil and Costa Rica had a better record.

Since prevalence studies of the general population do not exist, I have relied on other studies from which to infer the extent of child abuse in Chile. Adriasola (1988) interviewed forensic physicians in two municipalities of Santiago. She found that medical and legal records in a hospital setting did not provide information to assess the prevalence of child abuse fatalities or injuries. She also concluded that the majority of the child abuse cases are not reported by the community as a result of many factors: distrust of the legal system and the action they may undertake; fear of aggression by the abusive adult; fear in the family that if the perpetrator is put in jail they could lose economic resources; and, "low self-esteem of the women to oppose the battering."¹ Supporting Adriasola's analysis,

¹ These comments about blaming the victims, specially women are common in the literature. They are phrases that are specially prevalent in the literature on child abuse as I will comment later in this chapter.

Dahse (1983) reported that 35% of the low-income families' children under six years old are punished with physical violence, and 23.3% experience a double-standard, namely while the mother punishes the children, someone else in the family criticizes the mother for her actions.

The Chilean Ministry of Justice reported that 700 child physical abuse cases were found in 1979, this amounted to 2.2% of the 32,530 juvenile court cases that year (Behar, 1989). In a later research, Adriasola (1988) reported higher figures: 150 children died every year due to situations of violence, 700 children die due to unknown causes, 4,000 children are seriously injured by physical abuse, and out of 5,000 rapes or attempted rape, seventy percent are under fifteen years of age. This implies a 2.25% rate of reported life threatening child abuse, considering that Chile has approximately 4,000,000 children under fifteen years of age.

Caceres & Kirby (1990) studied the professional response in the judicial and health systems to the problem of child abuse in low-income families. They interviewed psychologists, social workers, psychiatrists, physicians, and two juvenile court judges. Some of the experts they interviewed provided them with statistics that are difficult to evaluate because they represent various samples from diverse clinical populations, rather than samples from a general population. Official statistics produced by the National Institute for Statistics, and provided by the experts interviewed, showed that in 1983: 277 children under fifteen were homicide victims. The intentionality of the homicide was not known, nor whether it occurred within the family context. Out of that group, 130 children under five were murdered by adults in their families. In the accounts provided by the police, 700 infants died due to unknown causes in their homes. Other statistical data showed that the report of child abuse is low and located primarily in low income municipalities. Caceres and Kirby (1990) did not address the fact that the interviewees

were carried on with professionals working only with low income families in which case the abuse is reported directly to public agencies. No private practitioners were interviewed, nor were professionals that access the general population.

The Society for the Assaulted Child², using statistics from hospital services throughout Chile, reported that fifty thousand children were abused yearly (Behar, 1989). Later in 1993, this group provided a higher number: 110,000 children were physically abused in their families (Sarasa, 1993). In 80% of the cases, women are responsible for the aggression towards their children, although when men victimize their children, the results are more brutal and more damaging to the children. This group believes the problem affects families of all social status. The same report mentions that more than a thousand cases of sexual abuse are reported each year to the police, and that the amount of children abandoned by their families in one year is 15,578. Considering the population numbers of Chileans, approximately 91,000 children under fifteen years of age would be affected by physical and sexual abuse (2.25% of the population). This estimate is similar to statistics of parental child battering in the United States (Straus & Gelles, 1986), and cross-culturally (Finkelhor & Korbin, 1988).

2.2.2. Prevalence Studies on Gender Violence in the Family

Gender violence includes all forms of physical, psychological, and sexual abuse against women. While there are few studies in Chile explicitly examining gender violence, the pattern of gender violence there bears a remarkable similarity to that of advanced industrialized societies. "In the Third World..., its manifestations may be culturally

² La Sociedad del Niño Agredido, private organization that provides services to children who have been abused. Its members are mental health workers, physicians, and former law enforcement agents.

specific, but gender specific violence cuts across national boundaries, ideologies, classes, races and ethnic groups" (Carrillo, 1991, p. 22).

The first domestic violence exploratory survey considered a sample of 222 low-income women, average age of 34 years, in seven cities of Chile. Eighty percent of the women reported that they suffered domestic violence in the 1987-1988 period; 62.2% of the interviewees responded that they were currently being abused (Molledo, Silva, Orellana, Tarifeño, & Poblete, 1989). Adriasola, Camus, & Bustos (1988) studied seven-hundred cases of family violence reported to the courts in two municipalities of Santiago. In their analysis, 74% of the women were beaten by their mates at least weekly.

Guerra (1990; 1993) studied the medical records of public emergency care units and police stations for the month of December in 1990. The study involved two public emergency rooms of Santiago and four police stations. The review included 272 cases in the emergency rooms and 65 reports in the police stations. She reviewed 45,000 records in the emergency room and all the records for that month from the police stations. She estimated that only 20% of the women attended in the emergency room reported the battering after they have been physically abused by their mates. Only 15% of the women who reported the battering to the police charged the aggressor in court, and a smaller amount continued with the proceedings. In 85% of the cases the abuser was a male living with the battered woman, and the aggression increased during the weekends and increased noticeably near a holiday celebration (e.g., Christmas). The violence tended to occur between 12 and 8 PM, and the victims are 15 to 70 years old. She estimated that 60% of Santiago's women have suffered some form of physical abuse, and 800,000 women in Chile would have been battered at some point in their lives. This is 17% of the total population.

Larrain (in press) offers the first systematic effort and empirical study of the problem of family violence. Her research is based on a sample of women from different social classes, and who have a stable mate living at home (n = 1,000). Her study used a modified version of the interview schedule created by Gelles and Straus (1988) and the Conflict Tactics scales (Straus, 1979; Straus, Gelles, & Steinmetz, 1980). The interviews were done face-to-face by women over 30 years old trained in the use of these instruments, during a period of ten weeks in 1992.

Larrain's study concluded that in Santiago 26.2% of the surveyed women are regular victims of physical violence; 97.6% of them have been beaten with fists and kicks; 39.8% beaten with objects, and 10% threatened with or victimized with weapons. Of her sample, 20.9% have been victims of sexual abuse by their mates and 4.3% were burned with open fire or a hot object; 33.5 % of all the women reported psychological victimization. Domestic violence was present in each of the different income levels. However, physical violence was found more frequently in the lower and middle income families (33.9% and 23.1% respectively) while psychological violence was higher in the higher income levels (35.4%). Less than 17% of the women reports the abuse to authorities, and 10.1% reported it once. The majority of the women suffered the violence before (7%) or during the first year of living together (35.5%) with their mates, and 22% reported the violence starting in the second or third year. The frequency of the violence ranged from everyday (7.7%), twice a week (9.9%), once a week (19.0%), twice a month (8.5%), once a month (10.6%), and once a year or more (44.3%).

While Larrain's survey provides data from a large sample, several problems exist concerning the responses the women gave to the interviewers who visited the subjects' homes. Gelles and Straus (1988), who developed the family violence survey on which Larrain's study was based, wrote about these limitations, which are particularly important

in the case of the Chilean study because the interviews were face-to-face rather than by phone. A major limitation is that this kind of survey only reveals what people are willing to disclose.

Survey research is not a study of behavior; it provides us information on what people say to us about their behavior. As good as our Conflict Tactics Scales and our other measures are, they are not perfect. At no time do we believe that everyone we interview tells us all. The most bizarre and humiliating events experienced by the most victimized individuals are typically not accessible in surveys. For this type of information, clinical studies or in-depth interviews with a limited number of individuals offer the most detailed and useful data. (Gelles & Straus, 1988, p. 211)

Nevertheless, Larrain's study is a groundbreaking research about the problem of gender violence in Chile. It is a study that researchers and policy makers can use to design programs and evaluate the impact of family violence interventions.

Avendaño & Vergara (1992) studied the prevalence of "sexual violence"--rape and sexual abuse--in Chile through an analysis of judicial, forensic, and statistics from law enforcement agencies. The inquiry also included an analysis of a particular newspaper during a whole year. The authors believe that one of the first obstacles for a researcher is the lack of a centralized register of cases of sexual abuse.

Avendaño & Vergara studied information available through the judicial system for a period of five years (1985-1989). They also included information provided by law enforcement agencies for 1990. To estimate the prevalence of sexual violence in 1991 and 1992, they analyzed a newspaper that is known for detailed reports about violent crimes. They noticed an annual increase in reports of sexual violence from 1985 to 1992. The cases of rape stayed constant, but the cases of sexual abuse increased significantly. The authors believe that the behavior of survivors has been changing, namely that they are more willing to report the sexual abuse to the police or the courts. They also concluded

that the police reports published in the newspaper are not "precisely the ones that are more common, but the ones that have a greater impact in the public or are more sensational" (Avendaño & Vergara, 1992, p.44).

Avendaño & Vergara's data show that between 1985 and 1989, 19,168 cases of sexual violence were reported to the courts in Chile. This means that an average of approximately 3,835 cases of sexual violent acts is reported yearly. They estimate that 75-80% of sexual violence crimes are not reported, thus, approximately 20,000 cases of sexual violence occur yearly in Chile. Frez, Galvez, & Selnias (1993) arrive at the same estimates, though their sources are unclear. Avendaño & Vergara (1992) found that the attack usually involves a threat, or a physical aggression; 50% of the victims are between the ages of 11 and 20, and in 10% of the cases they are less than ten years old. In most cases, the perpetrator is known by the victim (71.8%); and, he is usually a young adult (20 to 40 years old). No cases of sexual violence in this study revealed abuse by a woman.

At the moment, there is no comprehensive epidemiological study of the full array of family violence dimensions in Chile. Studies of family violence prevalence are a new research development in Chile. Two studies (Avendaño & Vergara, 1992; Larrain, in press) are the two most serious research efforts to establish the first reliable data to determine the extent of family violence in Chile. The studies explored in this section have influenced programs in the government and in non-governmental organizations. The exploratory character of most of the prevalence studies provides an array of possible sources of data for further research: face to face interviews with the general population, content analysis of newspaper clips, quantitative and qualitative analysis of medical, police, and court records, and case studies emerging from clinical records.

2.3. Themes Within Research on Family Violence

In the assessment and treatment of family violence, what are the assumptions that dominate current research? What are the agendas of those who have written about family violence? As I have mentioned earlier, child abuse studies are differentiated from studies about the victimization of women, the latter usually referred to as domestic violence. In the last part of this section, I also explore some of the concepts used in analyzing the violence emerging from state terrorism, and how they intersect with the discourses about family violence

Many observations about child abuse in Chile were first included in larger inquiries by non-governmental organizations and professionals who were exploring the consequences of the dictatorship's authoritarian measures and the resulting economic hardship experienced by low-income families. At the same time, other studies on child abuse started appearing during the late eighties and early nineties conducted by graduating master level students; these students were influenced by the research child abuse in the middle seventies and eighties from the United States. Studies about the victimization of women came later as part of efforts by women's grassroots organizations and later through the support of the Ministry of Women. I will be teasing out themes from these three general sources to track the development of family violence dimensions that Chilean researchers and practitioners have been studying.

2.3.1. Themes Appearing in the Literature on Child Abuse

Several well-known Chilean studies of low-income families provide clues into the issue of child abuse in the 1970s and mid-1980s. These inquiries correspond to qualitative

research studies that were written at this time when academic censorship imposed by the dictatorship made speaking out on social issues difficult. A study by Martinic (1979) was one of the first to examine low-income families after the dictatorship was imposed in 1973. In relationship to the issue of family violence, he wrote that the father is the one who pays attention to discipline and punishment, and the mother plays a more affective role. Skewes (1984, 1985) wrote about the socialization in families living in shanty towns. One of the components of such socialization included "the application of punishment that did not have any relationship with the child's behavior, and the motivation for the punishment is not at all connected with the wrongdoing of a child" (Skewes, 1984, p. 310). The children are socialized to be obedient and non-critical and to accept physical and other forms of abusive punishment as normal. The family structure was defined as authoritarian, with sexism as a component of this authoritarian dynamic (Bacigalupe, 1986).

Skewes (1985) also described the "unusual amount" of verbal violence and a continuous witnessing of battering of the mother by the father. Other observations included the description of frequent hits on the head of the children, abuse that mothers and fathers were responsible for. Both Martinic and Skewes wrote that this form of socialization inducts children into a culture of obedience.

Another study at that time (Barrientos & Sutulov, 1983), indicated that it is the mother who delivers more physical punishment as part of being afraid of the husband's violence, and as a way of hiding problems with the children. For these authors, the risk factors included the composition of the family (large number of members), restricted privacy at home, living arrangements in which many people not related or belonging to the family share the same space, low levels of formal education, high unemployment, lack of good nutrition, and reliance on emergency rooms for all health needs.

Solar (1991) arrived at similar conclusions in a study of juvenile court records. In this study, a high correlation between children abandonment and child abuse was found. In almost half of the cases where the child was brought to the juvenile court after running away from home, there was some form of abuse by the parents. She wrote that the parental disciplinary role is focused in the mother, and that she has difficulties in assuming this role, because she is overwhelmed by her other tasks in the family. According to Solar, the mother is most effective during the child's first years, but later she experiences more and more difficulties as the child begins relating with the outside world. In her conclusion, she reported that the child starts to "take care of himself...", some children start to go out alone at an early age, they are even authorized to start working early in their childhood years" (Solar, 1991, p. 38). She proposed an intergenerational analysis to explain this problem, that is, the parents did not feel protected as children and felt themselves expelled from their homes. Another factor she mentions is the high tolerance of abusive behavior in Chilean society, and a social ambivalence towards sexual abuse.

Caceres & Kirby (1990) also focused on child abuse within low income families. They distinguished four factors that cause child abuse: individual characteristics of the child that make the child vulnerable to abuse, individual characteristics of the father; the family structure and dynamics; and, the social, cultural and economic environment in which they live.

Similarly, in a Chilean academic psychology journal, Haz (1992) reviewed almost fifty studies about child abuse, most of them written by U.S. authors and from the mid-1970s and 1980s. Of these, only three of them were studies carried on by Chilean authors. She distinguished two general factors affecting child abuse: the family "micro-system," and the "micro-system relationship with the social context." The first factor pertains to

parental styles, socialization processes, biological, cognitive, and affective dimensions of the family, characteristics of the children, parent-child interaction, and the family organization. The second factor refers to the economics and cross-cultural circumstances. In her paper, she does not include a critical analysis of how race, class, and gender may be important in the study of child abuse.

Carrasco & Rozas (1991) found that in 95% of the cases of child and juvenile prostitution in Temuco, the children's family life included high degrees of violence and hostility. In this research sample, families were characterized as extremely poor, fathers described as absent, and the mother as "a more meaningful maternal figure, but more distant and elusive in the affective dimension, and a little bit more aggressive and dominant. Thus, she is an authoritarian figure, though she is submissive to the men's behavior and his conduct" (Carrasco & Rozas, 1991, p. 30). However, since no clear guidelines exist about avoiding physical punishment, the problem of physical punishment may indiscriminately affect all children present in the family. Two well-known Chilean psychologists, Aron & Sarquis (1978), defined punishment as means for instructing children. They defined punishment as "the painful or unpleasant consequence that follows a behavior and which results in the decrease or elimination of that behavior." In this study, the distinction between child physical abuse and punishment is ambiguous. They go on to explain the problems that punishment can cause for the child and the outcomes the parents expect from such a procedure, but they do not explicitly condemn physical punishment as a legitimate approach to children's discipline.

Behar (1989) approaches the issue of the consequences of child abuse using the literature from U.S. (e.g., Gelles & Cornell, 1985; Kinard, 1982; Schmidt & Kempe, 1975) and concludes that the extent of child abuse is determined by the impact of the experience on the child, which is mediated by various factors: the child's characteristics

and history, relationship with the abuser, frequency and intensity of the abuse, the emotional context of the abuse, and the presence of an available protective adult.

Caceres and Kirby (1992) categorized the consequences of child abuse by looking at four dimensions: the child (school problems, physical handicap, and long term emotional consequences); the father (legal, emotional and economic); a disruption of the family unity; and at the social level (social violence, drug abuse, vagrancy, violent adult, and damaged adult). In addition, Maureria (1992) described one particular group of children who is at unusual risk: Chilean's handicapped children who live in a context that is restrictive and associated with patterns of neglect due to a lack of resources and family education.

2.3.2. Gender Violence

Carcamo and Moltedo (1991) edited the first Chilean book dealing with the issue of gender violence based on the proceedings of the first international meeting on domestic violence in 1990. Speakers came from Canada, Argentina, Uruguay and Chile, but in their introductory comments they did not mention one of the most influential speakers at that meeting, Charlotte Bunch from the Center for Women's Global Leadership in New Jersey. Bunch (1990a, 1991) has conceptualized violence against women as a human rights issue, and her ideas have had great influence in the way the problem is construed by grassroots women's movement and many practitioners. Bunch (1990b), herself, recognizes that feminist discourse on human rights can draw on third world perspectives that are often not well known in the West. Therefore, it is possible that her ideas intersect well with the experiences Chilean authors had have about domestic violence.

In "Mujer y Violencia Domestica [Woman and Domestic Violence]" (Carcamo & Moltedo, 1991), various approaches were explored and several groups wrote about their experiences in confronting the problem of domestic violence. Besides the article written by Bunch, there are three other theoretical papers out of which an ideological orientation towards gender violence becomes apparent. Caceres & Orge (1991) discuss the significance of the human rights rhetoric in fostering alliances among different groups, since it proposes a widely accepted ideological framework. Caceres (1991) analyzes the subordination of women in the traditional family and the notions of private and public spaces; she also criticizes mainstream discourses that propose to support one form of family structure--a heterosexual married couple and their children--over other variations. Sharim (1991) uses the learned helplessness hypothesis (Seligman, 1975) to describe the violent dynamics in low-income families. Her approach leaps into an interpretation of domestic violence as part of a process in which disenfranchised women learn to expect oppression and exclusion as constitutive of their lives.

A study by Gonzalez & Schindler (1987) is another example of a perspective that emphasizes the individual intrapsychic traits versus the social and cultural. They started with the goal of finding specific psychological differences between women who were battered by their mates, and the ones who were not, by using a personality test. But, the results pointed out to sociocultural factors, rather than psychological traits. Observations about the social class of the battered women and the isolation from a supportive network, were more relevant than a specific psychological trait.

Inquiries that explore the women's perspective emphasize social experiences rather than psychological constructs. For instance, Santelices (1991) studied the life stories of sixteen low and middle income battered women to analyze how a violent relationship is constructed and how the women get out of it. Her conclusions are interesting since she

not only explored the dynamics as they affect women from low income status, but she also interviewed an equal number of middle class women.

The women from low-income families told Santelices that they did not have a history of victimization when they were children; they were not physically abused by their parents. Only a couple of them were physically abused. Nevertheless, they all spoke about a period in their lives in which they felt very sad and distressed; when they left their parental home. None of them was taught about physical abuse as an unacceptable behavior. They all felt unloved and not listened to during their upbringing. In fact, they all felt compelled to leave the parental house due to their fathers' authoritarianism. Their mothers are described as indecisive and absent. These women described the violence they experienced as part of a pattern of subordination by their husbands and mates. When the authority of the males was broken, and the women left the home or questioned the violence, the males promised them that they were going to transform their aggressive behavior.

The women all expected the violence would end at some time. So their first response was to wait for a change rather than do something specific to change it. If there was no change, the women felt guilty, and internalized the male belief system that condones abusive behavior towards women. The women in their extended families urged them to "be better mothers and wives, so that the aggressive behavior changes" (Santelices, 1991, p. 177). At the beginning of the couple's relationship, some of the women questioned their husbands, but soon the fear made those confrontations impossible. The welfare of their children also made the women desist from leaving the relationship, "they feel committed to their role as mothers over any other consideration" (Santelices, 1991, p. 79). Associated with this was the feeling that the economic resources provided by their husbands created another form of subordination.

The decision to leave the relationship or to do something more drastic, was predicated by the complete lack of commitment which the men demonstrated at some point in the relationship. The support and validation came from outside the relationship, e.g., in a work setting. Little actions that provided the women with a sense of trust in themselves started to accumulate and gave them the capacity to "disobey" their mates and to become more assertive. An important event in that process occurred when they were able to tell others their story: "From the moment they were able to make public the husband's violence, they were able to find other voices that criticized them too." (Santelices, 1991, p. 186)

The middle class women reported their experiences in a different way. They have all "processed their memories with more intensity" (Santelices, 1991, p. 189). There is also more variation in their childhood experiences: some felt that their childhood was fairly happy and with few conflicts, others felt very lonely during their upbringing, and a couple of them felt that their family was very aggressive. The ones who lived in a "happy family" described homes in which they were overprotected, and where the mother always had the authority and tried to impose particular choices about the future. None of the interviewees in this study was beaten by their parents, nor did they witness their mothers being battered. But, they all felt restricted and compelled to act upon their parents' wishes rather than their own. They were "good girls."

The middle class women experienced the emotional abuse with pain and they compared it with the physical abuse. They believed that the abuse started because they were not meeting their husband's expectations. Thus, their mates appeared as expecting a traditional women's role, making the women postpone any project or wishes of their own. During the first period of the violence, they all felt like "girls," but they were also sure that

their specific behavior was not provoking their husband's aggression. Santelices concluded that "these women were victimized by their husbands because they were different, and because they manifested their own needs, needs that were different from their husbands" (1991, p. 202). Also, for these women in comparison with women with a low income status, rather than contesting the authority of the male, the important motive was the challenge of the authority per se. The way out of the victimization was facilitated by the generation of their own income that allowed them to sustain themselves, to be able to manage their money, and the psychological support that helped them to revalidate their confrontations with their husbands.

Larrain (in press), in her prevalence study, concluded that the problem of domestic violence is multifaceted. However, the most important risk factor is the victimization of the perpetrator during his childhood. Another important finding in this study is who the battered women request help from, and who seems to be more helpful. When seeking help, 31.7% of the abused women consulted their own relatives, 20.7% sought out their mate's relatives, 14.1% went to friends, and only 8% sought out legal counseling. But they considered that the most useful help came from their mate's relatives and legal professionals. Few of them (22.0%) consult medical or mental health staff.

Quiroz (1993) proposes that machismo is the underlying element in the violence exerted against women. Machismo is an ideology that affects everybody--an expression of power that provides benefits for one group over others. She compares it with racism and classism because it sustains inequality--the power of men over women. According to Quiroz, the physical violence inside the home is an expression of a greater social violence against women in society. This ideology immobilizes women who complain, ridiculing their attempts at fighting back. Machismo is characterized by expressions like: "Women like to be beaten, she must have done something if she is beaten; the male who loves you

is the one who hits you." Machismo ideology can also construe that men are violent because they are "crazy, alcoholic, uneducated, poor, or from undeveloped countries." These later expressions make the problem become an issue that affects only some individuals and not others, and makes unequal gender arrangements invisible.

Ideas about machismo can lead to family violence preventive measures in which practitioners work with women to change their strongly held beliefs about gender roles. The study by Larrain (in press) may pose a challenge to the notion that the women's beliefs about relationships with males can be a good predictor of being free from abuse. The women in the study appeared much more assertive than the usual description of battered women in the Chilean literature. Most of them did not share the typical myths about exploited women, e.g. "who hits you, loves you." Only 27.8% of the women believe that they should obey their husbands, and only 14.1% believe that the important decisions should be made by men.

Avendaño & Vergara (1992), who studied sexual violence in Chile, paid attention to the social, cultural, and political dimensions of sexual abuse. They reported that the majority of the cases of sexual abuse are caused by men who know their victim, and that it is a social problem rather than a problem that reflects a family dysfunction. Second, since few of the cases of sexual abuse are reported, there are social, cultural and institutional obstacles which keep violence silent. Therefore, society becomes an accomplice to the abusive men and reiterates the abuse by not attending to the survivors' needs. These aspects are rarely studied in the therapeutic literature, but it has been touched upon by practitioners dealing with the issue from a feminist perspective.

2.3.3. State Terrorism and Narratives of Family Violence

From the first days of the dictatorship, even under the threats, we did not stay silent, among them the psychologists. We protested against the effects of the state violence, the torture, the exile, the jail, the unemployment, of a sick society.... Yet in the middle of so much authoritarianism, and other forms of violence, we were not aware of the daily violence, the one present at the time of the dictatorship, but still present today, the one inside the family, in those 'private' spaces where we expect to find protection and support. (Larrain, 1990, p. 117)

Chile was under the rule of a military dictatorship between 1973 and 1990. In 1973, a military coup removed the president who had been democratically elected by the Chilean people. From 1973, political violence in the form of state terrorism dominated the lives of the country. Thousands of people disappeared, were exiled, incarcerated, isolated in far to reach communities, and censored. The economic situation deteriorated with high levels of unemployment that official statistics did not show. The economic "miracle" perceived by outsiders did not reflect the dire degrees of impoverishment or marginality of a majority of people. Non-governmental agencies and grassroots organizations were created in an effort to ameliorate these problems. Human rights organizations also sprung up during those years, building networks powerful enough to provide aid, including mental health, to survivors of political repression. Therapists, then, who worked with these clients were to become "political analysts" to predict possible future contexts that might affect their clients and themselves (Bacigalupe, 1990). The clinician political profile was as important as its capacity to provide professional help (Agger & Jensen, 1994). Important aspects of the therapeutic dialogue with families were subjected to a complex level of secrecy.

Thus, therapeutic alternatives during treatment can become limited by political realities. For instance, from a therapeutic standpoint, there may be issues important to discuss, but which might introduce dangerous information into the family, such as revealing data that it may be dangerous for children to know. Such a highly unpredictable and unsafe political and economic situation makes it very difficult to

provide a stable, protected and trustworthy therapeutic context which attempts to operate from a non-violent stance. (Bacigalupe, 1990, p. 32)

In that political context, Chilean practitioners who were addressing issues of trauma due to political violence were far from actively addressing issues of family violence. The writings from that period--including articles written outside Chile--refer only to the violence exerted from outside the family (usually against one of the parents), and its traumatic impact (Becker & Lira, 1989; Cienfuegos & Monelli, 1983; Colectivo Chileno de Trabajo Psicosocial, 1982, 1983; FASIC, 1987; Lira, Weinstein, Dominguez, Kovalskys, Morales, & Pollarolo, 1984; Padilla & Comas-Diaz, 1986, 1987; Perez, 1984; Politzer, 1985; Ritterman, 1991). Hence, little mention of the effects of political violence on family dynamics and the violence within the family was studied during the dictatorship period.

More recent studies done by U.S. authors continue to neglect the issue of family violence as a relevant concern in the context of Chilean state terrorism. Schirmer (1993), in a study about the violation of human rights of children in Chile, neglects addressing child abuse in the family as a relevant issue. Another study, from the same collection, defines child abuse as "a matter of individual aberration" in comparison with torture of children which is "instead state-sanctioned violence for political purposes" (Nightingale & Wurf, 1993, p. 145). In the later case, the author construe child abuse in the family an individual concern rather than as a cultural and social problem. However, in the international literature about human rights, child abuse in any context is defined as a violation of children's human rights (Wilcox & Naimark, 1991).

The women's grassroots movements were also under a lot of pressure during the dictatorship to respond to the violence emerging from the state rather than the one they were themselves witnessing at home. A well-known grassroots activist wrote about this:

It was difficult to work on this issue. After living so many years under the dictatorship's violence, we were inclined to blame the state terrorism, and we had a hard time recognizing the daily violence we were living in our own marriage and family. I believe that it was a hard thing for the women to look inside our lives. It was easier to look outside rather than ourselves and to recognize the violence we lived everyday. We, the women in the organizations, know this, we have shared this. (Silva, 1991, p. 76)

The legacy of human rights' workers is that it may not be difficult for practitioners to connect the issues of family violence with solutions incorporating their social and political dimensions. The experience of these professionals is an important contribution for the development of treatment and prevention strategies for victims of family violence. For instance the Chilean Minister of Health is supporting an initiative in which health professionals all over the country attend to the needs of people who suffer due to political violence. These same professionals will also address issues of family violence within the public health system (R. Dominguez, personal communication, July 14, 1993).

Finally, the creation of the first family therapy training institutes in 1983 did not necessarily help in providing sound guidelines to approach issues of child abuse, or the problems of battered women. The strictly systemic orthodoxy of these institutes was fed by the recently developed ideas of constructivism (Maturana, 1984), and the English and North American family therapy literature did not help trainees to approach issues of family violence from a gender sensitive perspective. It was not unusual to "positively connote" a clearly abusive behavior by a parent or sibling over a child; or, to ask: "What did the child do to provoke the parent's behavior?" The victimization of women was seen as part of an interaction in which both partners were equally accountable. Therapy sessions with a

single member of the family were forbidden, and sessions with the absence of a family member were not carried forward. When students approached family violence in their papers, they were censored and ridiculed because they were not "really systemic."

In sum, the conditions imposed by the military dictatorship prevented any in-depth analysis of family violence for two decades, putting Chilean practitioners at a disadvantage. Also, in the emerging family therapy field during the mid-1980s, trainees were discouraged from confronting family violence. However, the experiences in grassroots organizing, the creation of services for family violence victims, and the work in human rights organizations may provide an important advantage to family violence practitioners.

2.4. Family Violence Interventions

In the first part of this section, I explore these ideas as they have been developed by Chilean practitioners and community activists, since these practitioners are the primary source of literature on preventive intervention. A second body of literature on intervention comes from psychological and legal sources. These interventions can have various formats like individual attention, family work, and group work. The group of professionals that work together in the field provide a combination of these services, and they also rely on the community for referrals and resources. The perspectives that empower women through self-support groups seem popular within the domestic violence teams. The systemic perspective is used more often in the context of child abuse.

2.4.1. Prevention and Community Interventions

Preventing family violence involves the media to inform the community about discrimination against women. Thus, Larrain (1990) proposed the education of mass media workers. Another preventive measure is to educate any "social agent that comes into contact with battered women--teachers, judges, psychologists, law enforcement agents, and social workers" (Larrain, 1990, p. 123). Third, she proposed to support grassroots women's movements to foster women's autonomy and self-esteem. Finally, her belief is that treatment of victims of family violence will be preventing future events of abuse since "it stops the cycle of violence" (Larrain, 1990, p. 123). To achieve some of these goals it would be necessary to change the law and a series of social programs to support these initiatives.

According to Rivera (1993), a community psychology approach is the answer to the high demand for services by survivors of domestic violence. She named the actions developed in Chile to confront the problem: direct psychological, social, and legal attention; training of specialized personnel and community facilitators; and the actions of women's grassroots organizations. These actions, developed since the mid-eighties without governmental support, have shown some of the potential problems that need to be resolved. First, the existing family violence teams could be seen as traditional outpatient sites where the women resolve their particular situation. But this approach would isolate the teams from the community, because the problem is not clearly worked out as a social problem. Second, Rivera stated that the demand for service could increase at such a rate that the system of attention could collapse. An example provided by Raurich (1993) in this regard is the burnout of teams and professionals. This is specially true if the amount of resources does not increase as more cases of domestic violence are reported. Rivera also reported that the community people who have been trained to collaborate in creating

solutions can become isolated if no system is created to support them and validate their work. Finally, Rivera concluded that the legacy of institutions created under the former dictatorship will provoke serious friction between those that want to provide services and the ones who own local power.

Rivera (1993) proposed, as a solution to some of these problems, to design a community approach to family violence that minimizes the need for direct treatment services. For that reason, she emphasized the training and organization of community people who can provide support and orientation in the community. She also prioritized the creation of stronger women's organizations to take over many of the tasks of prevention, and to coordinate efforts into lobbying in Congress. She also proposed the creation of local shelters, to provide crisis oriented services and respite for the women and children, as a relatively cheap and empowering alternative.

All these alternatives are headed towards decreasing the amount of direct attention given to the women, to detection over treatment, which is a process that has not been the experience of actual services. This proposal is also based on the idea that most of the women do not look for help in institutions unless they are local and they feel connected with their particular neighborhood and communities. In this regard, Ahumada & Arancibia (1993) and Santa Cruz & Pumarino (1993) reported that the Minister of Women's programs already include training of police officers, health service professionals, judges, and court personnel. These trainings should facilitate early detection and the creation of network of providers that may make treatment by specialized personnel not the first priority for every potential family violence situation.

Kirby and Caceres (1992), asked child abuse professionals to list to kind of activities they carried on, some responded more than one activity. The results show that

80% of the social workers involved in child abuse work reported that they worked in prevention, and 80% of them worked in case management; 90% of the psychologists mentioned that they did treatment, and 40% of them were dedicated to prevention. Psychiatrists mentioned that all of them do treatment and 40 % of them work in prevention too. The work of these professionals was mostly focused on the child and secondarily on their parents. Most of them worked from a behavioral perspective or the medical model, and few used a systemic perspective.

Olmedo (1993) wrote about her experience as a trained community woman who works with battered women on an individual level in her own community. Some of the skills these community women learnt through their training were: to join with the women, to help recollect her history and its relationship with the violence, to interpret, to name and reinterpret the violence and the survivorship process, to confront myths, and to support women in understanding facts in other ways. Some of the activities these community facilitators developed were to provide women with an organized history of themselves, to explain the cycle of violence and escalation, to talk about the person who exerts the abuse without judging, to make the women accountable for protecting herself from further abuse, to show each woman what she has done to change her situation, to help her recognize that the violence is a social problem, and help her to reconsider her own needs and emotions, and to also work on solutions. In follow-up sessions, these facilitators delved deep into the experience of the survivors after trust has developed. In later stages, then, the women reviewed how the abuse is manifest, as well as feelings of shame, guilt, and anger. They also touched on issues of self-esteem, a changed concept of violence, as well as looked at other solutions, made commitments about the future, and dealt with the legal ramifications.

Training facilitators in domestic violence for community interventions emerged in many non-governmental organizations as part of educational projects tailored to poor Chilean neighborhoods. *La Casa de la Mujer La Morada* is an example of such a grassroots organization focusing on women's issues. Their training includes some of principles already developed above, but they emphasize a feminist perspective in the concepts taught to community women. Their training provides specific content about psychological, social, legal, and institutional interventions, and individual attention and group work with battered women (Martinez, 1993). Also, these organizations provide self-help groups that use some techniques borrowed from group psychotherapy and mind-body work (Alvarez, 1993; Gutierrez, 1993; Pumarino, 1993; Rioseco, Rojas, Santa Cruz, & Yañez, 1993)

Some of the literature proposes that community experiences can also become political. Silva (1991) wrote that the best strategy to confront family violence is the creation of women's social movements to build pressure on the societal level. To put the issue on the public agenda is Silva's top priority. The first survey in Chile about domestic violence was an example of achieving this goal, even in the context of the political changes in late 1988 (Molledo, Silva, Orellana, Tarifeño, & Poblete, 1989). These authors reported that to explore the issue of violence in the home became a painful process for many of the women they were in contact with. Even the most strong women in the Women's movement "discovered" that they were being abused at home, "women who have given all for people's struggle, but they were victims of violence at home, and they were not able to put it on the table." (Silva, 1991, p. 78)

Other domestic violence activists have had similar experiences, as they tried to involve women. Roma (1991) wrote that initially there was rejection of their efforts at having women talk about domestic violence. Many women felt that the "state violence had

priority." To overcome these problems, the *La Casa de la Mujer de Valparaiso* incorporated students and professionals from different agencies into their work. Also, this organization encouraged artistic expressions that dealt with issues of domestic violence. Finally, they developed partnership with other non-governmental organizations, and they started in 1989 to provide legal, social, and psychological services. Moreover, other non-governmental organizations have developed partnerships with other organizations like the churches to obtain their support, e.g., infrastructure. This is because, according to Gajardo (1993), an attorney working in one of these organizations: "to confront violence is central as part of efforts to democratize the country." (Gajardo 1993, p. 49)

Violence against children and women is primarily exerted by men. Though women physically abuse children, there is a higher tendency for men to provoke serious physical injuries to children, including death. None of the preventive measures described in the literature is explicitly designed to educate men about issues of family violence. Baloian (1993) has explored this subject, but from a therapeutic perspective, clearly feminist but not focused on the preventive aspects. The literature I have reviewed emphasizes work with women; much of it is designed to balance the lack of literature addressing women and children issues from a gender sensitive perspective. However, this tendency to leave men out of the proposals when the issue of prevention is analyzed may also show a bias against women, a common bias in the earlier child abuse literature (e.g. Helfer & Kempe, 1968). In that literature, women are made responsible for the changes rather than men. Writings about child abuse are biased in the sense of identifying women who may be at risk of abusing their children, but men are not mentioned. For instance, Alamos de Mena (1992) wrote in her conclusion a whole section about "mothers at high risk," in which she proposes to educate hospital personnel in detecting mothers who have a difficult time with their children during the pediatric visits. Men are not mentioned as participants in this process, nor as a support system.

In preventing family violence, grassroots and non-governmental organizations have been the sources of most accounts. They have been instrumental in making the problem a public issue. Mental health practitioners, lawyers, and social workers have included prevention aspects of their work, although many of these practitioners started doing family violence work as part of their grassroots activities rather than in their professional practices. The prevention of family violence incorporates feminist, popular education (Freire, 1970), participatory research (Bacigalupe, 1986), and community psychology ideas.

2.4.2. Mental Health, Legal, and Social Services

The recovery programs mentioned in the literature provide three forms of intervention after the victimization: mental health treatment, legal counseling, and social services. These various activities may be provided in combination with each other, at different stages in the process of a client requesting help, and frequently in combination with prevention goals, as stated above.

In regard to the tasks of social workers, the literature does not review specific case management services, however social work interventions are embedded in psychological and legal work. In the case of child abuse and neglect, the children who have been abused may be treated as part of the services given to children who are at social risk (Solar, 1991). On the other hand, social workers aid families in referring them for specific services in the municipalities or other agencies (Rioseco, Rojas, Santa Cruz, & Yañez, 1993).

Caceres & Kirby (1990) described interventions in cases of child abuse, but they did not define a protocol for how Chilean professionals might approach treatment of child abuse. In their research, they used foreign literature to design a form of ideal treatment for cases of abuse, but little attention was paid to the issue of how treatment is done in Chile. In the same way, Alamos de Mena (1992) who addresses child abuse from a systemic perspective, does not provide the reader clues to know if that kind of work is done in Chile, and if it is done, how. She wrote that no research has been done in Chile about child abuse due to "the obstacles placed by professionals who would perceive this kind of research as a risk to their professional work" (Alamos de Mena, 1992, p. 168). An exception to the lack of systematic approaches to the problems of abused children was presented by Gilchrist (1992). Gilchrist studied a Santiago hospital, serving lower-middle income class to critically poor families, employing scarce resources, in treatment of child sexual and physical abuse, negligence and abandonment. The author emphasized the need for a continuous coordination of pediatric and psychiatric services in order for intervention to be effective.

Alvarez (1991) reported on women telling others about their own victimization as the "first step" in the treatment process. This telling others makes "public and social" what it has been "private and intimate". In the first stage of the process, the women are provided with various form of psychological support on an individual and/or group level. Duarte (1993) and Quiroz, (1993) also reported this process of engaging with helpers, so that the women start to rename their problems from a broader perspective that includes the awareness of the problem as something that is occurring to others. This awareness emerges as the women know of other women living a similar situation.

Duarte (1993) pointed out that the psychological work is to help the survivors realize their own emotional and psychosocial needs, and to aid them in revising their set of

beliefs: "Woman should differentiate herself from him, of what he does and says." (Duarte, 1993, p. 62). From a psychotherapeutic perspective, Caceres (1993) stated that the clinician also helps the survivor to develop a sense of self, and how to take responsibility for her own acts too. Aguirre, a systemic psychiatrist emphasizes the issue of dealing with anger: "men and women have a hard time allowing women to express feelings of anger" (Aguirre, 1991, p. 59).

As I stated previously, support groups are an important aspect of the intervention. Support groups can range from being essentially a therapy group to an educational group where instructive aspects are more important; other groups satisfy the need to provide information to a large amount of survivors (Alvarez, 1993; Gutierrez, 1993; Pumarino, 1993; Santa Cruz & Prada, 1993). Groups provide spaces that are safe for the women to deepen their understanding of the problem, help them with resources to heal holistically, and promote consciousness to collectivize and externalize the experience. Some groups integrate corporal work to explore how the body has been affected by the abuse, to express emotions and affects, and to help construct a discourse for political action (Alvarez, 1993).

Pumarino (1993) wrote about how one of the SERNAM teams initiated a group that reviewed themes like "personal rights, actions against violence, violence cycle, machismo, feelings, self-esteem, isolation, sexuality" (1993, p. 98). The group allowed the flexibility for working on themes generated by participants. For instance, they included a meeting on legal issues and invited a lawyer to speak with them. At the beginning of the meeting, all the women had a turn to speak about their actual situation and how they were coping. Pumarino believes that a problem in that setting was that the women took more than an hour each to talk about themselves and "little was dedicated to the content of that particular session" (p. 99). She realized that the most important need was to have the

women be listened to, and that demand decreased as the group evolved. But this aspect was not constructed in the design. Also more women came as the group progressed and they could not wait for another group to start. As a result, they developed a support group, and later a more advanced therapy group. The support group was a more open format since the women decided when they would join and leave; the therapy group followed a more traditional format (Pumarino, 1993).

Systemic discourses have been particularly attractive for addressing family violence (Mendez, Coddou, Maturana, 1988). Although, these studies can be helpful in designing effective strategies that involve a network of providers (Alvarez & Olivari, 1993), the systemic analysis can trivialize the claims of victims and survivors. A systemic orthodoxy may allow abuse to happen as part of a form of extreme cultural relativism that may confuse the victim and immobilize the practitioner. The following excerpt, that shows some of the dimensions of this discourse, is from a conference with a well-known and respected Chilean psychiatrist and university professor.

We have to be loyal to the theoretical principle that the ones who define what is functional or dysfunctional in a family is the same family. Though we may have a negative emotional reaction, to the story of a woman from the working class world, who says that her husband can hit her whenever he wants because it 'means that he loves me,' we should be able to judge this declaration in its cultural context. The same applies in the case of physical punishment to educate children; the emotional impact that this behavior may have is different in different cultural contexts. (Montenegro, 1991, p. 69)

The systemic literature is not pure however, it presents contradictions and struggles among its proponents. A more integrative perspective, using a systemic approach and integrating the cycle of violence concept, is present in another literature review. Boetsch, Larrain, and Lopez (1990) developed an hypothesis and applied it to the case of a battered woman. For them, " there is a specific relational model for the couples

that constitute themselves in a violent pattern, it is a repetitive pattern that involves both members, transmitted through generations..., and it is validated by a social context" (p.49). Hence, the therapy consists first in the couple understanding the circular causality of the violence, "making clear that it is not the exclusive responsibility of any of the two." (Boetsch, Larrain, & Lopez, 1990, p. 66)

Azocar, Kuzmanic, & Lucar (1991) considered the concept of neutrality as a clinical tool for the clinician to maintain a binocular vision, but no clinical examples were provided. In their reflection, they considered the partners as: "two participants subjects. One assuming the role of receptor and the other of emissary of the injury.... So, there is no unilateral control of the situation" (p. 170). However, they also wrote that the lineal punctuation would be helpful to agree on a non-violence contract for the couple. Coincidentally, a sociologist presented a research with a focus group methodology in which men and women agree on assessing couple's violence as a responsibility of both partners (Silva, 1991).

Systemic authors such as Alamos de Mena (1992) and Alvarez & Olivari (1993) emphasized the contradictions that exist in social control interventions that are construed as traumatic as the violence itself. Thus, to keep the families together is considered a positive practice, and the possibility of separating the children from the family as a "past practice," only needed in cases of extreme abuse. In the case of child abuse, from a cybernetic perspective, family violence is defined as the loss of the coexistence in the family in which "all create and are trapped by the violence" (Alvarez & Olivari, 1993, p. 55). However, the same authors proposed a model of cooperation with the court that "validates the intervention in the private lives by the judicial agents to be able to implement therapeutic interventions." (Alvarez & Olivari, 1993, p. 57)

Speaking to an audience of family therapists, a systemic clinician spoke of the need to incorporate gender analysis into their therapeutic strategies: "we, as therapists, collaborate to perpetuate the invisible chain of daily violence, and because it is invisible, we live and reproduce the violence without being aware of it" (Aguirre, 1991, p. 54). This approach is unusual in the field of clinical psychology and systemic therapy. Aguirre continued: "As systemic therapists, we easily believe that we have resolved, at the personal level, the issue of prejudice and stereotypes, but if we review our own experience, we could find multiple examples in which that is not so simple, specially in regard to things we consider trivial." (1991, p. 57)

Another overlooked aspect by Chilean systemic therapists is the issue of how men can be abusive even during the time the family or couple attend therapy. Baloian (1993), who has written about his experiences with abusive men, reported that couples therapy has been of little success and is not advisable. This contraindication may be especially important when the issue of the children and/or woman's safety is not being taken into consideration within the classical form of systemic therapy.

Finally, an important component of work in family violence is legal counseling. Legal counseling is designed to use the existent laws and regulations that are indirectly linked with the well-being of women and children. Since the laws were designed as part of a system that is essentially patriarchal (Rioseco, 1993), attorneys have to use any laws that protect minors, the property of women, and criminal laws that might allow prosecution of the batterers.

Ulloa (1993) reports that an attorney or a paralegal in a family violence team provides a general orientation in regard to the law for the teams' clients in order for clients to understand the limitations of the actual law. Most of this orientation occurs in group

settings or is done by other team members who have become familiarized with aspects of the law that affect their clients. Belmar (1991) wrote that this orientation can consist of informing the women about the changes in the law; for instance, up until 1988, when a couple got married, the officer read a statement in which the newly married woman committed herself to "respect and obey and wishes of her husband." The same principle did not apply to the newly married man. Now the law allows either of the couple members to abandon the home if there is a rationale such as the safety of one member. Second, Ulloa (1993) described how attorneys can represent the victims in court to maintain or seek the exclusion of the husband from the home. This is possible through a complicated legal procedure, because a woman cannot force the court to generate a restraining order on her husband due to battering in Chile. Finally, an important aspect of the legal counseling is to provide the victim with support whenever she has to testify in court as a witness if the husband is being prosecuted. Ulloa & Lopez (1993) carried out a qualitative study in which they interviewed a sample of twenty women requesting aid from the court. They found that most judges trivialize women's complaints, and let the man be aggressive and abusive even in the court, retraumatizing the children and/or the women.

2.5. Chilean Laws and Legislative Initiatives

In this section, I discuss family violence in the context of the Chilean laws. First, I briefly describe some of the problems in the law regarding child abuse. I then explore the discussions of the family violence legislative initiative in the House of Representatives. These discussions are particularly relevant because they demonstrate the state of the political and policy discourses during the time of this study. This literature was particularly difficult to locate in Chile, and it is not an inclusive analysis of all the possible legal aspects that determine the prevention and control of family violence acts. Instead, I have chosen to

discuss those policy dimensions that provide a context for practitioners in the family violence field.

2.5.1. Status of the Law

Chile lacks a coordinated legal system to deal with the problem of child abuse, although the Chilean government has signed the United Nations Convention on the Rights of the Child. No clear definition exists in the law of what constitutes child abuse, nor does any specific legislation address the problem. This lack of legislation allows an aggression against a minor not to be considered an aggravating circumstance. Also, slow and bureaucratic judicial process discourage reporting child abuse, and no expeditious channels exist to report child abuse. On the other hand, it is difficult to prove the amount of damage provoked by the abuser, because the assessment of damage by the forensic authorities is done many days after the victimization. Finally, if there is a resolution, the court decision can emerge without considering social, medical or psychological evidence due to a lack of resources, time, and the long judicial proceedings.

A Chilean law created in 1967, to protect children, defines as a criminal act one "that affects the health, education or good habits of a minor, which will be subjected to reporting and judgment, *with the exception of an isolated punishment, or a frequent but justified punishment.*"³ The same body of laws considers reporting "dangerous situations" as a faculty any health agency or "stranger" has, but it does not mandate anybody to do so (Behar, 1989). The law makes a distinction between punishment as a "learning method," and abuse itself as an intentional and chronic act of violence. The issue of how the child is

³ Article 62 N 4 Letter A of the "Ley de Menores" 16.618, 1967.

affected by any of these "distinct acts" is not included in the law. The law explicitly allows parents "to correct and punish *moderately* their children [italics added]."⁴

In situations of domestic violence, the women may first report the battering at the police station. Valdes and Weinstein (1992) reported that the opinions of focus group composed of low-income women about this are mixed, for many women, the police do not support them and also harass them. For others, the police act as a protector since the police can exert fear in the man due to the repression he is subjected to under their authority. In general, the women agree that there is not enough institutional support and a lack of concern by the government. This lack of support for battered women legitimizes the violence and the power of men to batter their wives. The women expect that the judges will make men accountable and that they are a powerful authority to make the men understand that their battering will have very negative consequences (Valdes & Weinstein, 1992). As I stated before, the laws have not been defined to protect women. The legal initiatives discussed in the next section may lead towards the direction of counteracting this gender bias and discrimination in the Chilean law.

2.5.2. The Family Violence Legislative Initiatives

After the dictatorship was over in 1990, the democratically elected President created the Women's Ministry (SERNAM). In 1992, the government also created an interministerial commission to provide recommendations to the President about how to prevent family violence. This commission was chaired by socialist psychologist and Deputy Minister of SERNAM, Soledad Larrain; several representatives from other ministries participated, as well as a representative of the non-governmental organizations.

⁴ Código Civil Art. 233

This interministerial commission's goal was to start coordinating efforts in family violence interventions with the support of governmental agencies.

The family violence legislative, put forth by SERNAM and supported by a group of socialist members of the House, is intended to protect potential victims of violence in the family, and provide for the rehabilitation of the aggressor. The project proposes sanctions against any kind of abuse caused by a family member; it simplifies and makes the legal procedures briefer. The proof of violence can be brought as evidence and shown more quickly, and the testimony of relatives is also considered proof, as well as the testimony of medical staff outside the state-run forensic institute. The judge would be able to restrain people in order to ensure the safety of the victims, and would be able to aid the aggressor in receiving psychological attention, and take measures for the survival of the family. There are various legal measures to ensure that the abuser receives rehabilitation. The court can refer the person to agencies like SERNAM or SENAME⁵, so that they monitor and evaluate the results of the court actions. This legislative initiative is based, in part, upon two bodies of work: the international human rights declarations and conventions that create international obligations; and, Article Nine of the Chilean Constitution which guarantees the "right to live with physical and psychic integrity," and that all should be treated equally under the law.

Although the family legislative initiative has been going through the House of Representatives since September of 1990, it was not until the beginning of 1993 that the House of Representatives discussed it (Camara de Diputados, 1993, p. 3448). When the family violence initiative was presented in sessions, most of the representatives in the House agreed on the substance of the issues with few exceptions. They agreed on the need

⁵ Governmental agency in charge of children's welfare, the acronym means Minors National Service (Servicio Nacional de Menores).

for legislation on this problem though they argued from different ideological perspectives. The more conservative representatives talked about "family values," the need for keeping families together, and a major assumption was that the problem has not existed for a long time. In their discussions, family violence emerged as a dilemma of modern societies, and not as emerging from long standing unequal gender, economic, and political orders.

The more radical legislators mentioned the oppression of women and the need to connect the problem with other forms of violence, like rape. In spite of this, none of the representatives from the left-wing parties, nor the Christian Democratic Minister of SERNAM, linked the bill with the initiatives for new legislation on divorce. In that regard, at the policy level, the underlying assumption is that any family violence law that is approved should have as its most important goal the maintenance of the family united within the traditional family structure.

Despite disagreements about the family violence ideological meaning, the family violence initiative went through several modifications in 1993, and the representatives in Congress approved the final project for the Senate to study. However, a year later, the Congress has not discussed, nor approved the legislative initiative. In fact, during the 1990-1992 legislative periods, sixteen legislative initiatives benefiting women and directly linked with families' welfare were presented, and none of them were passed by the Congress into law.

An important fact is that the discussion of the family violence initiative in Congress did not last as long of a period of time as other laws have needed for approval. Even one of the right-wing representatives disagreed with the short amount of time dedicated to the discussion: "It's incredible, the previous initiative, the consumer defense project, was discussed in three sessions, and the family violence one is only talked about in a few hours

even in light of its clear relevance" (Camara de Diputados, 1993, p. 3459). It seems that a briefer discussion may have been beneficial for the representatives, and the executive governmental branch who expected the initiative's approval faster than usual in order to be approved by the Senate. The conservatives wanted to delimit many of the terms, but most of the House wanted it to be considered by the Senate as soon as possible.

Under the newly elected government (March 1994), the family violence initiatives may have a better chance to be approved by the Senate. A positive sign is that the former Ministry of Women (the one who pursued the family violence bill) was nominated as the Ministry of Justice in the newly elected government.

2. 6. Conclusions

Although the family violence literature in Chile is recent and exploratory, some tendencies exist. For instance, a clear division between the child abuse and gender violence literature is prevalent. Literature about gender violence is broader and tends to be more critical, it emerges from the work of practitioners and activists who strongly are identified with the people they serve. The child abuse writings are more descriptive and less grounded in the experience of aiding children. Child abuse literature emphasizes the psychosocial aspects of the family violence problem, underscoring a gender analysis. Thus, a central tendency in this latter literature is to blame mothers.

An important context to consider in reviewing the literature is how important political and social contexts are in the construction of theory and the practices that define the confrontation of domestic violence in Chile. Although studies on child abuse include economics and cross-cultural circumstances, they neglect a critical analysis of how race,

class, and gender may be important in the study of child abuse. Gender violence studies do not address race and ethnicity, although they carry on a critical gender analysis.

The exploratory character of most of the reviewed literature provides an array of possible sources of data for further research: face to face interviews with the general population, content analysis of newspaper clips, quantitative and qualitative analysis of medical, police, and court records, and case studies emerging from clinical records. The literature is difficult to compare due to the different data the researchers and practitioners use. Also, most of the studies use various samples from diverse clinical populations, rather than samples from the general population. However, Larrain's groundbreaking study is a step forward in studying the problem within the general population. While Larrain's survey provides data from a larger sample, there are some problems in regard to the face-to-face interview methodology in the Chilean cultural context. The results of that study are difficult to compare with surveys that use the same instrument but with respondents on the phone. Also, a major limitation is that a survey as this only reveals what people are willing to reveal, rather than the actual situation at home. Larrain's prevalence study, nonetheless, demonstrates the relevance of the problem in Chile and the need for more research in this area.

The Chilean literature has defined family violence using theoretical constructs developed in other countries, mostly the United States. Therefore, definitions about causes, consequences, and risk factors reflect some of that literature. This is more evident in the child abuse research themes than in the studies of gender violence. The prevalence of U.S. family violence literature in the child abuse writings in Chile may reflect an academic bias. In turn, gender violence authors are more influenced by their partners from South America, and feminist authors in the U.S.. In the latter case, some of these authors were connected with political struggles during the dictatorship years, and the work with

women organizing. Thus, the latter practitioners have an experience intersected by political and social activism. The child abuse practitioners, instead, come from the medical, psychological, and mainstream social work fields.

I have also stated that Chilean practitioners who have been addressing issues of trauma due to political violence have not in the past addressed issues of family violence. However, the legacy of human rights' workers and grassroots experiences is that these practitioners have a wealth of experience about trauma, and it may not be difficult for these practitioners to explore the social and political dimensions of family violence and trauma.

Finally, this chapter reviewed the history of the family violence legislative initiative in Congress, a bill still pending approval by the Senate. The discussion showed how the existence of a law is essential to prevent and intervene in cases of family violence, but it seems difficult to approve since the law may also question prevalent patriarchal beliefs and laws. This latter issue is implicit in the Congress discussions, and its invisible effects may delay the approval of the law. Or, the law that finally gets approved may neglect the needs of the people affected by family violence as well as the practitioners in charge of implementing it.

The challenge of future family violence research in Chile is to make research an instrument to support interventions attuned to the Chilean reality and in support of creating family violence laws. Therefore, more studies are needed to clarify in the public arena the significance of the problem. Another important line of research is to study the impact of actual interventions by practitioners, and more attention needs to be given to how the work in the field affects the practitioners involved. These actions should empower practitioners in developing consensus about what is needed and what can be done.

Research with interdisciplinary family violence teams can provide new tools of intervention for the family violence field. This research may also aid in developing a shared language to speak about family violence. A shared language will probably invigorate existent programs and facilitate the creation of new effective programs. For instance, this study may bridge dissociated categories like child abuse and domestic or gender violence. Finally, qualitative studies involving the research subjects as participants are necessary to explore the complexities of family violence that practitioners and interdisciplinary teams confront in their work.

CHAPTER 3
METHODOLOGY:
INTERVIEWING FAMILY VIOLENCE TEAMS

Grown-ups love figures. When you tell them that you have made a new friend, they never ask you any questions about essential matters. They never say to you "What does his voice sound like? What games does he love best? Does he collect butterflies?" Instead they demand: "How old is she? How many brothers has he? How much does he weigh? How much money does his father make?" Only from these figures they think they have learned anything about him.... They are like that. One must not hold it against them. Children should always show great forbearance towards grown-up people. But certainly, for us who understand life, figures are a matter of indifference.
Antoine de Saint-Exupery, The Little Prince

3.1. Approach to the Inquiry: Qualitative Research and Systemic Approaches

Since there is a limited amount of studies about Chilean therapeutic discourses on family violence, and a complex set of variables is to be considered, an exploratory, interpretative, reflexive, and qualitative research methodology is used. The main purpose of this research orientation is to gather information and to generate hypotheses for further investigation and evaluation. Qualitative research methods, however, are no longer a mere adjunct to the basic scientific methods of observation and experimentation (Kvale, 1992). Through methods like the qualitative research interview, a researcher can have privileged access to the interpretation of facts, the cultural values, and the intersubjective meaning that people ascribe to themselves and the world (Mishler, 1986).

Qualitative research is a methodology compatible with systems and post systemic approaches, indeed, the historical development of these approaches has evolved with the

use of qualitative inquiries. According to Hoffman (1981) the initial studies in systemic therapy, specially those that contributed to paradigmatic shifts, had a qualitative character (Bateson, 1958; 1972). Since then, the development of important theoretical concepts have been obtained through informal and formal qualitative research designs (Boscolo, Cecchin, Hoffman, Penn, 1987; de Shazer, 1985, 1988; Kaslow, 1990a, 1990b; Selvini, 1988; Sluzki & Ramson, 1976). The importance of qualitative research, in the field of systemic therapies, has been expressed clearly by Wynne (1988)--he emphasized the need for "exploratory, discovery-oriented, hypotheses-generating research, rather than primarily or exclusively confirmatory research" (p. 251). The use of qualitative research methodologies is also consistent with systemic and post systemic approaches if we take into consideration the concepts emphasized by both approaches. Systems thinkers and qualitative researchers emphasize social context, multiple perspectives, complexity, individual differences, circular "causality," and holism (Moon, Dillon, & Sprenkle, 1990; Gurman et al., 1986).

A qualitative approach can solve some of the problems and unfortunate consequences that positivist and empirical approaches (sample surveys and experimental designs) have had in the formulation of social science theories or the formulation of domestic violence policies (Dobash & Dobash, 1990; 1992). For instance, empirical surveys demonstrated that wives were almost as violent as husbands (Straus, 1992). Accordingly, in the late seventies, leading family violence researchers identified a "battered husband syndrome" (McNeely, & Mann, 1990; McNeely & Robinson-Simpson, 1987; Steinmetz, & Lucca, 1988; Stets, & Straus, 1990; Straus & Gelles, 1986). That research overlooked the various forms of battering, e.g., the battering of women has more deadly consequences than the battering of men, and the battering of men is of a low prevalence compared with the abuse of women. The use of an empirical approach and the use of surveys as data collection can trivialize the consequences and dramatic impact of violence

against women and children (Avis, 1994; Dobash & Dobash, 1992; Kurz, 1993). Thus, I have proposed that qualitative research aided me in exploring family violence team discourses in Chile, from multiple perspectives with all its complexity and diversity. This method allowed me also to consider the psychosocial, cultural and political contexts of the problem, avoiding simplistic and unidirectional explanations that can lead to more harm to the survivors of abuse or the family violence teams. Notwithstanding, this approach requires critical readers that can provide their own reading to contrast it with the results of my interpretative conclusions.

My approach purposely makes the case for a responsible and close relationship between researcher and participants to encourage curiosity and the exploration of ambiguous ideas. A collaborative investigative dialogue makes explicit the interventional nature of this line of research in which participants shape their understanding through conversation. I approach them from a "not-knowing" position, similar to some postmodern therapists' approach to their clients (Amundson, Stewart, & Valentine, 1993; Andersen, 1987, 1990, 1992; Anderson & Goolishian, 1992; Hoffman, 1992; Lowe, 1991; Madigan, 1991; Tomm, 1987, 1988). A not-knowing stance implies not taking anything for granted and tolerating confusion and ambiguity without moving to premature closure. Therefore, the experts in their own discourses are the interviewees. This expert knowledge is dynamic and generates context-dependent understandings. In consequence, the observations emerging out of our dialogue are inseparable from the teams' specific contexts and "know-how." (Flax, 1990, p. 38)

Finally, this inquiry stands for an emancipatory practice in which I attempt to counteract "colonialist" research practices that are frequent when a researcher enters the world of "others." In this post-colonial stance, the participants are informed about the goals of the research and its methodology, are active partners in making their voices, and

interpretations a central piece of this inquiry even after the "fieldwork" is over. This participation, indeed, started from early contacts with potential participants. For instance, the questions discussed in the statement of the problem surfaced in a previous contact with teams and conversations with therapists struggling with clients affected by family violence in Chile. Indeed, for this researcher, one of the most difficult tasks has been to balance my own interpretations with the participants' perspectives. That balance is difficult to achieve because the writer, myself, can at the moment of the final data analysis listen to the voices of the interviewees during the interviews and later during the reading of the transcripts, making the interpretations a reflective process that incorporates more ideas than the ones touched upon during the interviews with the teams. It is my goal to highlight their concerns, but it is also important to interpret their discourses in light of what I perceive is the overall context of the questions we addressed and the perspectives I can add to their's.

3.2. Data Collection and Analysis: *Listening, Transcribing, Analyzing, and Re-Reading*

Data collection and data analysis are interconnected to accomplish the conceptual density needed in a grounded theory approach (Charmaz, 1983; Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1990). A primary concern is to understand the participants and teams in context, through description and interpretation, rather than through measurement and predictive analysis. Understanding emerges "from an inductive analysis of open-ended, detailed, descriptive, and quotational data gathered through direct contact with the program and its participants" (Patton, 1990, p. 119). Thus, this inquiry delves into complex processes and relevant variables yet to be identified and studied (Glaser, 1973; Marshall & Rossman, 1989). To accomplish this task, it is necessary to pay special

attention to the kind of questions and techniques used in the team interviews during the fieldwork.

3.2.1. Data Collection

The principal source of data are the transcripts and my written observations¹ of reflexive interviews with four different therapeutic teams, and the participants' feedback about their own ideas. The interviews were inspired in part by a reflexive questioning and a "not-knowing" stance on the part the interviewer. This kind of questioning has been elaborated thoroughly in systemic therapy and is coherent with qualitative researchers' questioning formats (Moon, Dillon, & Sprenkle, 1990). The reflexive interview's main purpose is to elicit a dialogue in the sense of what Freire (1970) described as a dialogic process.

Reflexive questioning to foster discovery and curiosity were at the core of the interview. The interviews were intended to be collaborative conversations where everyone had a chance to speak, to be heard respectfully, and where space was made to resolve conflict among competing voices. The questions were designed to elicit connections between different life contexts and the complexity of the topic. They include the connection between the participants and their professional identities, the definition of the problem, the consciousness about the social and cultural ramifications of the problem, the

¹ See section 3.2.5. Procedures, Management and Recording Data for a description of written accounts and other data collection procedures that intersect with data analysis as required by grounded theory procedures.

impact of their oral and written discourses on what those participants privilege as relevant, and the work experience as a site of knowledge production.²

3.2.2. The Reflexive Team Research Interview

Following Andersen's (1987; 1991) and Hoffman's (1989, 1990) ideas about therapeutic or reflexive conversations, I designed for the interviews a modified version of the reflecting team format used in family therapy. This methodology generated a context for a wealth of narratives to emerge. It was attuned to the teams' composition (five to eleven members), and the power differentials that existed in the teams due to various professional roles and social class origin. For instance, in a traditional open interview format few participants respond to every question, creating a situation in which many talk, and only the more powerful voice their opinions. Equally important was how metaphors and stories charged with emotional features, non-verbal clues, and other less "academic" expressions had a better chance to surface within the reflexive format. A positive outcome of the reflexive format was the enormous amount of personal experiences that were shared during the interviews.

The interview was designed to open up rather than to inhibit alternative discourses, legitimizing the complexity of the problem and the plurality of voices that emerged in the teams. It was critical to clarify the format and expectations for the meeting so that participants could experience the interviews as a safe place to discuss their practices and discourses. I, therefore, encouraged their feedback about the interview format, and I was

² See Appendices A & B.

open to changing the format based on their ideas. In this way, I also demonstrated a genuine interest in their views.

Prior to the interview, I explained the rationale and advantage of this methodology and suggested specific references for those who did not know about the reflecting team family therapy applications. To facilitate a collaborative mood, I started by asking about how each of them became engaged in this inquiry, and agreed that I would ask new questions from my interview guide (Appendix A & B) to allow the conversation to continue if the group stopped developing their ideas. I also encouraged participants to trust the reflecting team methodology as a non-threatening approach to conversations.

Efforts were made to maintain a non-judgmental, caring, and empathic stance. Talking "about talking" was also a feature of the interview, because whenever a certain content started to repeat itself, the participants were invited to introduce different formulations, such as new descriptions, metaphors, contradictions, or ideas for action. As a researcher I discouraged escalation, though I paid attention to its occurrence because it could have been an indication of highly emotionally charged issues or that the methodology needed reviewing. Those issues may have also been a reflection of conflict with the larger system rather than just an indication of internal conflict. Nevertheless, in those circumstances I tried to refrain from supervising or problem-solving during the interviews; alternatively I invited the teams to write about the issues they wanted to have a consultation about on another date. I also suggested references to consult by themselves after the interview.

Although it was not explicit in the research protocol, as a researcher I introduced myself as being in a common professional field, that is, part of a group of people who may face similar dilemmas and ask similar questions.

I³ : I have a bunch of questions and it is not necessary that we follow in a particular order..., if anyone wants to say anything, you just say it. But I am going to introduce myself. My name is Gonzalo Bacigalupe, I'm a psychologist and have worked in this for about ten years, as a psychologist. The last five years, I have been working in the family violence field. The five years before that, I was working in issues about institutionalized violence, violence that comes from the outside, (...).⁴

The interviews with each team were divided into two periods of two to three hours each. For each of these periods, the team was divided in two subgroups: observed and observer. Each participant had the opportunity to be part of each subgroup. I interviewed the observed group first, following the interview guide. Then, I asked the observers (the reflecting team) to dialogue about the issues raised by the observed group. After their reflections, the group that was being interviewed continued their dialogue, and commented both on the reflection as well as on the new questions I posed them. This process was repeated if there was time to do so; that is, the reflecting team was called to reflect more than once each time. A brief evaluation with the whole group followed this process. During the second part, the reflecting team group became the observed group and the same technique was again employed, although adjustments were made in the questions, e.g. adding or eliminating questions that were already addressed by the interviewees when answering my first questions. At the end of the last phase, the whole group evaluated the conversation and discussed their further participation in the data analysis.

³ I = Interviewer

⁴ I: Tengo una montonera de preguntas y no es necesario que vayamos en el orden de... si cada uno tiene ganas de decir algo lo dice. Pero yo también me voy a presentar. Yo me llamo Gonzalo Bacigalupe, soy psicólogo y trabajo en esto hace como diez años ya, como psicólogo. Los últimos cinco años he estado metido en esta cosa de la violencia familiar. Los cinco años anteriores estuve trabajando en la violencia institucionalizada viniendo desde afuera, (...). [126] (File 1. Footnote 26)

Other features during the interview consisted of requests that interviewees not be judgmental, and that they not side with any one position in particular; it was made clear that no conclusive remarks were expected from the reflecting group. I also requested that the subgroups during the interview did not address the other group directly, but in the third person, a particularly useful feature of the reflecting format.

I shared the observations of several authors (Andersen, 1990; Anderson & Goolishian, 1988; Tomm, 1987, 1988) that reflecting conversations oscillate between descriptive, explanatory, and alternative (as if) affirmations. To encourage this, after one group has listened to the other, I asked general questions such as the following:

Was there anything said that you liked very much? Was there anything you disliked? Was there anything of particular interest? Anything of no interest at all? Was anything close to your own understanding or experience? What were the most difficult topics for you to respond to during the interview?

These are questions I asked after each reflecting phase, before I continued with the questions suggested in the interview guide.

Before the interview ended, I asked questions meant to empower the participants to develop their own research agenda and to focus again on their specific concerns. Those questions were as follows:

If you were researching this subject, what would you do? What questions would you ask? What responses would you expect? Let's assume I interview you in three months; which responses would probably change?

An example of this reflection is the one in which a team's interviewees said they found the interviews very useful as an intervention tool in providing them with new ways of communicating between themselves and evaluating their work in a new light. Some

excerpts from the Central team, highlighting the usefulness of the reflecting research interview, are as follows:

Jimena⁵: I learned how to look at our practice from a conceptual perspective, that's good.

Renata: I like this method. It would be nice to continue practicing it, it is a good way to get into asking yourself, it has questioned the intervention model, its impact, and where we are going.

Valeria: I said before that I learned a lot.

Marta: I learned about myself.

Carolina: At work sometimes you do not know about the others. I didn't know about Jimena's work before she came here. I like this method, it is an organized way of speaking.

Carmen: I like it because if all the questions were done with all responding, three or four would have spoken. In many opportunities in the past I wanted to talk, but because it was not possible I stayed quiet. When we are all together discussing something, everybody is responding to everybody without letting the other complete her idea. No one respects the other and you cannot get into the discussion.

Carolina: We don't have to defend ourselves.⁶

At the end of the interview, I encouraged each team member to write about any idea that did not emerge during the interview. This aspect of the research involved the more interested participants in this inquiry: the South team sent me an audio tape a couple

⁵ See Table 3.1. on p. 79 for a brief reference on the roles of each of the participants.

⁶ Jimena: Aprendí a mirar más la práctica desde un punto de vista más conceptual, eso es bueno.
Renata: Me gusta el metodo. Sería rico seguir practicándolo, es una buena manera, te hace meterte y volverte a preguntarte, porque me ha cuestionado el modelo de intervención, el impacto de la intervención, pa' donde vamos.

Valeria: Yo ya dije que había aprendido hartito.

Marta: Yo aprendí en terminos personales.

Carolina: Yo en la cosa del trabajo será que uno no conoce mucho a la gente. Por ejemplo yo no tenía idea del trabajo de la que había hecho la JIMENA antes de venir para aca. Me gusta este método, es más ordenadito para hablar.

Carmen: Me gusta el método porque será que esta conversacion, todas estas preguntas se hubieren hecho todos juntos, habrían hablado tres o cuatro personas. En muchas oportunidades he querido intervenir, pero como no se podía me quedaba calladita. Cuando se hace en conjunto, se da esto de rebatir lo que la otra esta diciendo antes de terminar. Así no se respeta lo que la otra está diciendo, y despues se puede entrar en discusión.

Carolina: Y no tenemos porque defendernos. [318-324] (318-324 is: Tape 3 Note 18 to Tape 3 Note 24).

of months later with their ideas about some of the questions I did not ask and new ideas that emerged later; and the North team requested the transcripts to work with as part of their evaluative process at the end of 1993. I also asked each team to discuss how I could help them to use the results of the analysis for the advancement of the team work, e.g. how new opportunities might be created for the purpose of evaluation and training.

As the interviews with different teams developed, I recorded categories⁷ and conceptual categories I was not aware of during the design of the questions. These emerging categories resulted in new or modified questions to clarify previous dilemmas or to add important missing information for the analysis. Hence, the data collection maintained close ties with the data analysis and they informed each other as the fieldwork evolved.

3.2.3. Participants and Teams

This inquiry focused in-depth on a relatively small sample of cases which were purposefully selected (Lincoln & Guba, 1985; Patton, 1990). The participants were teams who work preventing, and treating the effects of, family violence in the Central and Southern regions of Chile. They are from three municipalities in the Central region and one in the South. The teams included psychologists, family therapists and counselors, lawyers, community activists or popular educators, social workers, social work and psychology interns, and in one case a sociologist. In most teams there were one or two social workers, two or three psychologists and family therapists, and a lawyer. In some

⁷ **Category** is "a classification of concepts. This classification is discovered when concepts are compared one against another and appear to pertain to a similar phenomenon. Thus the concepts are grouped together under a higher order, more abstract concept called a category." (Strauss & Corbin, 1990, p. 61)

cases, one person came from another profession or was an activist or volunteer. In one team, the members were mostly psychologists (South). Although teams did not exclude men from being hired as members, most of the participants were women; in two teams all members were women (North and South). All the teams' supervisors were female psychologists or social workers. Each team had five to eleven members.

Some of the teams were contacted during an initial exploration in the field in November, 1992, at which time I consulted with them about clinical and organizational issues. These previous contacts influenced the interview design and the content of the questions, as well as helped to define the scope of the phenomena under study. The main criterion for inclusion in the sample was a team's participation in the prevention and treatment of family violence. The teams perceived this inquiry as part of their own team development in achieving other goals in the future. For example, the participants were interested in exploring the possibility of collaborating with this research as part of an emerging need to develop protocols, criteria, and norms for their work.

Each team works in a community center or shares space with other institutions in the community. Their clients come mostly from a lower middle-class or poor socioeconomic background. In contrast, the therapists all experience a middle-class or a lower middle-class life. The team members' salaries are low, they seem to follow the hierarchical socioeconomic stratification of other institutions, for instance, the team's lawyers earn higher salaries than social workers, although these lawyers' salaries are lower than those of lawyers in other organizations. Most team members hold other jobs, e.g., in private practice, teaching, writing, or consulting. Most of the workers have had previous experience in community work, although for some this is their first work experience.

These teams selected were the first created in Chile to confront the problem of family violence. They have different institutional sponsorships, although the majority are accountable to local county authorities (Central region teams). They have been sponsored by larger institutions, such as universities, municipalities, community organizations, and the government itself. Some have close contact with police units. In Central, for example, a police person works full time in the building to help resolve legal and social control problems; in Southeast, a police person provides direct service a few days a week, but may be absent due to emergencies in the community. Local authorities seem to understand the team goals, but they do not comprehend the more specific needs of therapeutic teams in dealing with very complex social problems. For instance, the need for several members of a team to mobilize all together to aid a battered woman in a crisis. The Secretariat of Women's Affairs sponsors the Central Region teams, but the contractual relationship can be ambiguous and conflictive because the teams depend financially on local authorities who may see the governmental agency as taking over their agendas. The South team is developing links with governmental agencies and is sponsored by the state university in which the majority of the team members work. Therefore, each team has different degrees of autonomy, with different professional as well as political implications. Institutional and interagency problems are a significant issue for the teams. Accordingly, my inclusion as a researcher in each team implied a specific interface with larger systems in each particular interview. However, SERNAM informed the three Central Region teams of my research fieldwork needs and asked for their cooperation, a communication that occurred in parallel to my own written communications to the teams. In each case, the teams decided autonomously about their participation.

Of four teams contacted, three responded positively to the request for a full interview as designed in the initial proposal. Since the Southeast team did not want to participate in the research interview at that time, their team leader explored some of the

questions in an individual interview. Later, a one and a half hour interview with this team focused on their questions and rationale to decline the research interview. They declined the full interview at that time, because they wanted to clarify their own team stance in regard to the issues I was going to raise. However, they used my questionnaire a month later to carry out this internal evaluation.

Due to the change in the number of available teams for full completion of the reflecting team interview, I interviewed several experts and governmental officers to expand the amount of information about family violence and the teams' work. These interviewees included: Clotilde Silva, a long time women's rights activist, coordinator of the Metropolitan Women's Secretariat Family Violence Program; Valeria Ambrosio, Chief of the Metropolitan Women's Secretariat; Soledad Larrain, the former Women's Secretariat Assistant Deputy Minister and author of the first comprehensive epidemiological research that addresses domestic violence in Chile (Larrain, in press); and Rosario Dominguez, coordinator of PRAIS⁸ and member of the Governmental Commission to study domestic violence.⁹

The team participants are referred to by fictitious names to protect their identities due to the personal nature of some of their responses. Nonetheless, it is important to locate the speakers in relationship to the team to which each belongs, in regard to their professional affiliation, and gender, to provide a context for the responses (Table 3.1.). These descriptors may help readers to pursue their own analysis of the excerpts and to compare them with my own. After the transcripts were written, some teams requested the

⁸ "Proyecto de Atencion Integral en Salud a los Afectados por Violaciones a los Derechos Humanos" This is a Health Ministry program for the provision of health services to the survivors of human right violations.

⁹ These interviewees did not request anonymity.

original transcripts for their own evaluative purposes, and I provided them without any analytic commentary. Therefore, team members may easily identify themselves through a careful reading of the excerpts quoted in this work in comparison with the original transcripts.

It should be noted that many ideas are repeated across teams, or sometimes what is voiced by one individual in one team is truly an opinion of a whole team or several members of it. Other team members may have non-verbally approved what one team member expressed. In the latter case, who the speaker is may not be as relevant to the content analysis, although it may demonstrate how the group communicates its opinions or manages the "voice of consensus" with an outsider such as a researcher. Whenever there is disagreement, I identify each person. As some disagreements run across different teams, it may be necessary to include some identification of team members and their professions, so as to unveil contextual clues that aid the reader in making sense of a specific transcript quotation.

Table 3.1.
Teams and Participants

| | |
|------------------------------|------------------------------------|
| TEAM- PARTICIPANT | PROFESSION and/or TEAM ROLE |
|------------------------------|------------------------------------|

Central¹⁰

| | |
|----------|---------------------------------------|
| Carolina | Lawyer |
| Renata | Social Worker |
| Jimena | Sociologist |
| Carlos | Psychology Graduate Student |
| Marta | Family Counselor / Team Leader |
| Carmen | Community Activist, Group Facilitator |
| Valeria | Paralegal |
| Isabel | Community Activist |

South

| | |
|---------|---|
| Ester | Psychologist - University Professor -Team Leader |
| Cecilia | Social Worker- Psychology Student |
| Carla | Psychologist - Volunteer |
| Antonia | Community Psychologist, M.A. Canadian University, University Professor |
| Luz | Psychologist-Family Therapist |

continued next page

¹⁰ Names of participants and the teams have been changed to maintain confidentiality.

Table 3.1. Continued

North

| | |
|-----------|-----------------------------------|
| Eliana | Psychologist and Family Therapist |
| Laura | Social Worker - Team Leader |
| Macarena | Lawyer |
| Constanza | Psychologist and Family Therapist |
| Ana | Secretary - Community Activist |

Southeast

| | |
|--|---|
| Eugenia | MA Psychology Candidate-Team Leader |
| Participants unidentified by their names in transcripts. | Three Family Counselors Three Graduate Psychology Students Paralegal Three Community Activists |

Individual Interviews

| | |
|--------------------|--|
| Soledad Larrain | Former Women's Minister Deputy Director - Psychologist |
| Clotilde Silva | Coordinator Metropolitan Family Violence Program at the Women's Minister - Women Rights and Community Activist |
| Rosario DominguezD | PRAIS Health Minister Director - Psychologist |
| Valeria Ambrosio | Director Metropolitan Area of the Women's Minister |

The Central team was the first team created with the goal of confronting domestic violence in Chile. During the interview, this team highlighted the connections between the institutionalized violence during the previous military regime, and the current family violence issues in the context of a transitional democratic process. The change has maintained most of the former policies that sustain family violence, though the problem has become visible to the public. At the legislative level, this team is consulted and tries to exert pressure, but it has not been necessarily effective in changing policies or in pressing politicians to stay grounded in the reality of the team's work and the client's problems. For instance, Congressional representatives did not attend a meeting scheduled with the Women's Ministry, in which they were to discuss the legislative initiatives on family violence with community people.

A similar problem occurred in a community meeting, when representatives of a women's NGO held a meeting in which they were going to inquire about the ideas community leaders had regarding the Central's program, and these leaders did not show up. I was a witness to that failed meeting and participated in a discussion of the possible causes for the low attendance. The reasons given were similar to those provided during the dictatorship to explain the lack of participation in community gatherings expecting to discuss issues rather than to enjoy time together. Examples of those are: transportation problems, the weather ("a rainy day"), scheduling problems ("too late in the day"), economic hardship and 'maternal duties.' The few people who attended the meeting mentioned the need for a recreational activity, or for a meeting site near where people live, as ways to involve more community members. Nonetheless, these same leaders recognized an increased new awareness amongst women about sexual, and physical abuse and a need to know more about their causes. In sum, for the Central team, the causes of the problem, accountability, and how their work may be linked with national concerns are the focus of their concerns.

The more academic and newest team, in South¹¹, emphasized the possibilities which have opened during the country's democratic period. The new government and university authorities have now sponsored novel conversations within the university community and beyond. Naming violence is then a "leit motif" for this team that is starting to experiment with other professionals on how to detect maltreatment and control the physical abuse of children. Issues in conceptualization emerged as relevant in their work: What type of work are they dealing with? What behaviors are of concern? Who is involved? What is the relationship between victims and offenders? This team, also, has some concerns about definition and measurement: How do we define the problem? Where do we look for it? and What do we look for and where do we look to determine "how much" of something we will find? These questions coincide with the academic and research emphasis of this team, which is located on a university campus.

The North team emphasized the pros and cons of navigating in the unstable local political conditions; municipalities' political structures are independent from the team's actions, yet the team can exert some influence on specific municipality officers. A similar outcome emerged in the perspectives of the Southeast team's participants, who seem to enjoy a positive relationship with the Mayor and other political authorities in their municipality. In both cases, issues of social intervention are preponderant, though the clinical questions are shared with the other teams. For both of these teams it was important to ask what the public should do about family violence, since violence can and does have far-reaching consequences. Even in the face of uncertainty about the best interventions, the teams favored proceeding with what they have available, pushing for social interventions even if they can not prove what works best.

¹¹ See Table 3.1. on p. 79. The name of the team that reveals a city or county has been changed.

3.2.4. Data Analysis

Grounded theory emphasizes the theory generative phase as opposed to the verification phase (Emerson, 1983). The interviews, contact summary sheets, transcripts, and field memos all made an initial set of data that was compared and conceptualized in terms of commonalities, e.g., between teams and team members. Early in the analysis, these commonalities were labeled as descriptive categories (open coding) that were closely tied to the language of the data. Each datum was placed in as many categories as possible to preserve the conceptual richness of the phenomenon. Open coding, the process of breaking down, examining, comparing, conceptualizing and categorizing data, was done in different ways. The analysis was line-by-line to search for specific categories, by sentence or paragraph to explore major ideas, and by the complete team transcript to search general processes and contexts.

Two important resources for the code analysis aided in the data analysis. First, the knowledge developed through the literature review expanded and clarified the codes and connected the overall results with the ideas formerly developed. Later, I evaluated how emergent ideas challenge, complement or reconstitute the knowledge we already have. The literature is nonetheless a source "of questions and comparisons rather than a measure of truth" (Charmaz, 1983, p. 117). Since the data is in Spanish, the process of translating from Spanish to English provided a new source of theoretical sensitivity. Switching back and forth between two languages was a privileged opportunity in the process of making sense of the data because translation is itself a process of assigning meaning to complex conversations that occur in particular cultural contexts (Berk-Seligson, 1990; Clifford & Marcus, 1986; Goody, 1987; Martinet, 1985).

Throughout the analysis, I recorded my conceptual and theoretical "discoveries" as memoranda that were kept separate from the documents on which the categories were recorded. This recording of guiding assumptions was intended to reduce "drifting away" from the grounding of categories in the data. It also started the process of creating a paradigm or making connections between categories and subcategories. This process is called axial coding, and its goal is to reorganize the data in new ways after open coding, by making connections between categories.

As the conceptual structure developed, new data sources were selected that promised to illuminate the nature of the structure. Eventually, the new data added little to the development of new descriptive categories, at which point the categories become "saturated." Here, most of the analysis emerged from the theoretical memoranda, and I began to conceptualize more abstract categories that subsumed the descriptive categories, yet were grounded in them. The coding evolved in the identification of categories and their connections.

Initially, I proposed to use the Ethnograph (Tesch, 1989), a qualitative research software, to analyze large passages of data, and to aid in building coherent conceptualizations emerging from the data. This software allows the application of a focused coding to a large amount of data and a refinement of category schemes. But, it did not help to analyze the data in context, and soon the qualitative and interpretative aspect of the analysis was in danger of missing its meaning. If I were to rely on this software, further exploration of this difficulty should be part of future research in which issues of translation, amount of data and goal of the analysis should be considered. Finally, since the transcripts were in Spanish, to input the data in English would have added another layer of complexity. In sum, this researcher decided that it was not appropriate to this particular set of data, i.e., written transcripts.

The conceptual constructs grounded in the data are similar to what Freire (1970) called *generative themes* and they became the subject of Chapters IV, V, and VI in which the findings are reported. If possible, a core category was conceptualized (selective coding) so that it subsumed all other descriptive and conceptual categories. Later, further connections were made between the data and the descriptive and conceptual categories, their relationships and the process. In grounded theory, the researcher samples events and incidents that are indicative of theoretically relevant concepts, and this process of theoretical sampling¹² continues until theoretical saturation is achieved (Glaser and Strauss, 1967). The chapter headings emerged out of this theoretical saturation.

3.2.5. Procedures, Management, and Data Recording

I first sent team participants an introductory letter explaining the research purpose and inviting them to participate in the project.¹³ I asked about their availability and if they knew of other teams that may be invited to participate (in case one of the teams did not wish to be or could not be interviewed). I also sent the same letter to SERNAM. The research was supported by SERNAM authorities, though it was explicit that the teams were to be free to decide the specific details of my work with them.

I made clear my research goals throughout the whole process and stated that active participation was a substantive element of this inquiry. I also offered to consult at a

¹² **Theoretical sampling** "is sampling on the basis of concepts that have proven theoretical relevance to the evolving theory." (Strauss & Corbin, 1990, p. 176)

¹³ See Appendices C & D on pp. 245-247

later date to help them with clinical and organizational issues. Potentially, consultation time at a later date helped me and the team to focus on the research agenda rather than other specific themes with which they currently needed help. It also focused the research interview on the teams' knowledge rather than on the interviewer's knowledge.

All interviews were tape-recorded, and when possible, videotaped (Central and North). I transcribed the tapes myself to help protect confidentiality, to begin the analytic process, and to immerse myself in the data within the context of the original material. To ensure the confidentiality and anonymity of the participants, each tape and transcription was coded, and only the consent forms had the full names of the participants and the code assigned to each transcription. I also asked teams to let me know of any information they found particularly confidential, and I asked for suggestions of how it could be used in the research without violating confidence.

Each transcript tape was given a number following the chronology of the interviews. Therefore, the first number in the transcripts that I quote in the footnotes corresponds to the number assigned to a specific tape. The number that follows corresponds to the line-by-line analysis, sentence, or paragraph analysis. Thus, if a Spanish verbatim has the number 318 as in the transcript quoted above, it means that is tape number three, footnote number eighteen. In this particular example, the number three corresponds to the third tape of the interview with the Central team.

Since narratives are not produced aimlessly in a cultural, ideological, social, and political vacuum (Mishler, 1991), to maintain its original narrative organization, the data was not split from its context. For that purpose, during the data analysis, the codes mentioned above helped me to organize the material, to intersect different contents and to maintain the unity of the material.

After each interview, I registered my impressions of the interview in my fieldwork agenda. Miles and Huberman (1984, p.50) suggest use of the following questions to answer after each contact with the participants:

What were the main themes or issues in the contact ?

Which research questions did the contact bear most centrally on ?

What new hypotheses, speculations, or guesses about the field situations were suggested by the contact?

My responses to these questions also gave context to the participants' narratives and previous communications. I shared these impressions with participants if they wished. I also gave this feedback to any participant as a way to reciprocate for their work in the interviews as well as in the feedback following the interviews. In addition, I shared some of my early impressions at the end of each interview, as a way of checking our shared concerns and themes.

In between team interviews and later during the data analysis, I kept track of a set of initial data analysis. I wrote *code notes*, a series of notes that began to conceptualize my observations. These notes were briefly discussed with the teams in the form of new questions dealing with my first theoretical impressions. These initial notes proposed names for concepts emerging from the contact summary sheets, fieldwork notes and the interviews itself. These notes took the form of diagrams, lists, and early schemes registered in my journal and field trip agenda. As the fieldwork developed, I familiarized myself with the media attention given to issues of family violence. I selected pieces from newspapers and magazines to sensitize myself to the cultural background in which some of my conversations were being carried out. For this same purpose, I was also able to obtain the transcripts of the House of Representatives discussions dealing with the Domestic

Violence Legislative Initiative at the end of 1992 and beginning of 1993.¹⁴ Initially, I tried to obtain these documents through official channels, but the State bureaucracy made it a very difficult and long process. I was finally able to obtain these public documents through law graduate students who knew a representative interested in the subject.

Other writing annotations developed were operational and theoretical. *Operational notes* were memos containing directions to myself regarding sampling, questions, possible comparisons, and leads to follow. *Theoretical notes* were emphasized during the immersion in the data; they summarized the memos. These were later the source of the final writing and were the product of inductive and deductive thinking about relevant and potentially relevant categories. From these notes I developed the three forms of coding I mentioned in the data analysis section.

3.2.6. Triangulation Strategies

Like other cultural groups, researchers may fail to recognize their practices as cultural and political choices, much less see how they are personally affected by those practices (Fine, 1992; hooks, 1990; Van Maanen, 1988). Although a qualitative approach can never claim objectivity as its logic of justification, it should be self-reflective, credible and trustworthy. Triangulation strategies are designed to give reliability and validity to the findings, that is, its robustness and stability (Lather, 1986; Lincoln & Guba, 1985; Marshall & Rossman, 1990; Patton, 1990).

¹⁴ Proyecto de Ley sobre Violencia Doméstica. (Camara de Diputados, 12.15.1992; 01.19.1993; 03.16.1993; 04.06.1993)

As I have mentioned, this research is a constructionist inquiry in which the observer-observed relationship is not conceived as independent from the data. Therefore, the researcher questions the "distinction between interviewer and respondent as 'observer' and 'observed,' by directing attention to their emerging relatedness" (Jorgenson, 1991, p. 211). If the interviews were conversational in nature, then like other communicative events they were characterized by a reciprocal perspective-taking on the part of interviewer and respondent (Mishler, 1986). A participatory stance by the participants was used to protect the research from becoming a sole reflection of the author. The participants, therefore, were active agents in the different research stages:

1. Previous to the field work, colleagues who work in Western Massachusetts' teams confronting clients traumatized by family violence reviewed the interview format and suggested modifications. After the fieldwork, these reviewers also helped the researcher to think through some of the responses to the questions.
2. During the interview, the participants expressed their expectations and ideas about the process. This was emphasized during the reflexive process as stated before.
3. At the end of the interviews, I reviewed with the participants how they began to think of themselves as researchers. For instance, by asking them to offer a research agenda, they highlighted the similarities and differences of my own and their ideas. This review was carried on as part of the questioning, but I also invited written follow-ups, with individual letters requesting their impressions about the relationship between the interviewer and the interviewee. One team chose to send an audio tape to continue with the interview process in my absence.
4. If, after the interview, any participant wished to be interviewed individually to continue the conversation, I talked with her/him. These conversations were an opportunity for the researcher to check emerging patterns and concepts with some of the more interested participants, thus providing construct validity to the author's

theoretical formulations. The individual interviews were also an opportunity to review themes raised in the team interviews. The individuals' insights were important in aiding in the formulation of the emergent themes. Themes that appeared as relevant concerns in these individual interviews emerged with particular force in the teams' interviews. For instance, the literature split between child abuse and women's battering was reaffirmed by one of these interviewees with examples grounded in the work of practitioners in the family violence field. Also, the issue of practitioners' burnout was mentioned several times in these individual interviews.

5. "Member checks," (Lincoln & Guba, 1985, pp. 314-316) or recycling analysis back through at least a sample of the interviewees helped in providing credible data or face validity. Interested participants reviewed first drafts and emerging themes from data analysis.
6. Finally, I reviewed written evaluations of any team work I had access to, as well as any dissertations or research work in Chile discussing the issues, and compared them with the data I obtained during the fieldwork, especially in terms of understanding the meaning ascribed to particular activities, family violence definitions, and methodologies (Ahumada & Arancibia, 1993; Alamos de Mena, 1992;Caceres, Martinez, Rivera, and others, 1993; Carcamo & Moltedo, 1991; Caceres, Kirby, 1990; Larrain, 1993; Larrain, 1990; Larrain, in print; Santelices, 1991; Solar, 1991; Ulloa, 1993).

Besides giving credibility to the data collection and analysis, these activities aimed at providing an experience that energized, stimulated, and empowered participants. The latter aim was achieved since the teams found the interviews useful for their own developmen. In this sense, the research had catalytic validity; it was a source of self-understanding and self-determination (Reason & Rowan, 1981; Tandon, 1981). As noted

earlier, a central goal in the general design of my project was to empower the participants to use the material emerging from this inquiry as a tool in their personal, professional and political lives. The research itself was an opportunity for the teams to reflect upon their own definitions, the kind of care they provide to clients, and the impact this work has on the professionals themselves.

CHAPTER 4

DEFINING FAMILY VIOLENCE

4.1. Introduction

The interviewees' definitions of family violence are the focus of this chapter. These unfolding definitions of family violence emerged from the interviewees' efforts to orient and make sense of their practices. To specify the scope, cause, and consequences of family violence provided the teams with a guide to their endeavors, it also provided a way for them to communicate with others about their work. The teams' definitions are organized into four categories: individual, gender, societal, and systemic. These conceptual categories are not discrete. In the interviews, the categories overlapped and intersected with each other as interviewees explained their views of family violence. However, I found it useful to treat them as distinct conceptual categories in order to clarify the theories under which the teams operate.

First, the individual category refers to those explanations that define violence as individual dysfunction. Second, I consider the definitions based on feminist categories, however, gender-sensitive categories may not necessarily mean a feminist approach. Gender-sensitive categories understand family violence as the product of social power that is unequal according to gender roles in Chilean society. Men dominate in this culture (machismo) and control social power; women are oppressed in this cultural context. The societal category is the third aspect I analyze. It contains those explanations that interpret family violence within a larger societal and political arena. For instance, domestic violence may also mirror a generalized social violence. This societal approach also includes the influential role the former military dictatorship had in how people understood family

violence. Finally, a systemic category includes violence as the product of family processes that are interactional and/or historical.

I explore each of these four categories to clarify the conceptual frameworks in which these teams locate their practices. This analytical framework may allow teams to compare their different practices and theoretical backgrounds by making explicit the theoretical voices that prevail in and cut across the teams. The participants in the teams, and in many occasions the teams as a whole, proposed a combination of each one of these conceptual categories. For instance, some psychotherapists provide individual psychotherapy using feminist and systemic categories, making use of three categories, while at the same time stating that real changes will not occur until social and cultural values change.

There were striking inter-team similarities in the way family violence was defined, and the factors that influenced the dimensions used. I start this chapter by analyzing the processes that directly influence the interviewees' choices of conceptual categories. In the sections that follow, each of the categories is explored. The individualistic, systemic and gender sensitive categories are well-recognized in the professional field of family violence. In the literature, the societal category is usually integrated into psychosocial theories or into feminist theories. In this study, I prefer to develop the societal perspective as a separate and distinct conceptual category. By teasing it apart from psychosocial and gender-sensitive perspectives, it shows how the teams explored the subject of family violence from the perspective of societal socialization and as a human rights violation. Both aspects appear interspersed through the teams' accounts and show the importance that the political and legal context has in what the teams explicitly or implicitly choose as the assumptions or beliefs underlying their work and defining the subject itself. The

chapter ends by addressing the issue of how teams have struggled with the integration of feminist and systemic principles.

4.2. Processes and Difficulties in Defining Family Violence

The interviewees' definitions of family violence are not static. Their definitions evolve as part of personal, professional, institutional, and contextual idiosyncrasies. Knowledge is a relational product, located in a concrete time period, under particular political circumstances. To gain a better understanding of what the interviewees' definitions mean, it is necessary to understand how these definitions evolved. What the interviewees define as family violence is the product of idiosyncratic, specific contextual, and political processes as well as their access to literature on family violence representing knowledge created in other contexts.

Knowledge is the product of a self-reflexive process in the sense that the knower is a constitutive part of his or her own process of knowing. In the end, knowing is negotiated with others, as a result of social practices. If I were to just work on a content analysis of the transcripts, without paying attention to the interviewees' perceptions of how they construct family violence definitions, their meaning making would lack the context in which it was created. To assess how interviewees adapt mainstream ideas, the reader needs to know the context in which those definitions arose. The teams recognized context specific factors such as, the lack of access to mainstream literature, time to analyze their own ideas about their work, and influences of various disciplinary socialization, as relevant in the course of the interviews.

4.2.1. Team Processes in Defining Family Violence

When the Chilean teams started working in the field a few years ago, they did not have a language or vocabulary that could express their observations. No labels or names were available then. Naming became possible as participants got access to new conceptual tools to understand and assess clients as survivors of family violence. Renata, who used to work with neglected children, started to support battered women and include them in a family violence conceptual framework after she learned of literature in the field of family violence. Her working experience with abused children did not make her sensitive to abused women. She was able to make connections between child abuse and battered women, only after learning new perspectives, and working with colleagues whose experiences were different. On expanding her definition of family violence she recounted:

I didn't have the conceptual elements to say: 'Why does she stay? What is happening to you?' To not have the theoretical elements, to say something, to support. (...) I was working with maltreated children. Something that really affects you. I did not explore beyond the child's pain, and possibly a battered woman was the child's mother. You would just try to prevent the child's maltreatment. Later, coming here, reading a little, I started to see clients, to leave behind the stereotypes.¹

Language to understand family violence gives birth to child abuse and gender violence as a problem to confront within a larger framework.

The teams' views of family violence have not only been influenced by the incorporation of new frameworks from the literature. Their views have also been shaped by their own practices, that is, their modes of intervention with a particular population.

¹ Renata: En esos años no contaba con las herramientas y los elementos. De decir: 'Por qué aguanta ? Qué te pasa?' No tener los elementos teóricos, por así decirlo, para apoyar. (...). Me tocaba más bien ver el maltrato a los niños. Eso te impacta mucho, no me metía detrás de ese niño y detrás de ese niño es muy probable que haya habido una mujer maltratada. Te quedabas en como evitar el maltrato al niño. Después ya llegando acá, y empezar a leer un poco, a atender gente y sacarse un poco los estereotipos, no? [151]

Therefore, who the teams work with frames the definitions of family violence and the population they work with also affects the preferred approach.

The Central team works primarily with battered women. For them, family violence is domestic violence, a term frequently used in the field to talk about the abuse of women by their mates. In contrast, the South team works primarily with neglected and abused children. For them, the terms child abuse and neglect become relevant as they evolve into thinking on how to prevent child abuse in a larger community context and trying to work in family therapy. The North team attempts to engage the couple whenever possible, and a systemic perspective prevails. The Southeast team focuses on women and how to prevent the abuse in the community; a community and psychosocial approach is primarily at use there. As a result, if the teams work with different populations and interventions, they are predisposed to certain definitions. This factor plays an important role in the language the teams use to construct their working definitions of family violence.

The teams have also encountered difficulties in creating their own definitions of family violence due to the urgency of the problems they confront in their daily work. This sense of urgency is also determined by the scarcity of economic resources and scant institutional support. Therefore, activities like developing research and policy agenda that would make their work more effective, are inadequately supported. In this context, I was not surprised to find that the teams had difficulties at setting apart time for these research interviews. For these Chilean teams, to reflect about definitions was in itself a novelty: "(...) we never had asked that question directly: What is, for us, domestic violence (...)?"²

² Carmen: (...) nunca habíamos hecho esa pregunta así directamente. Que lo qué es para nosotros la violencia doméstica. (...). [217]

From a historical perspective, this reality is not unusual in the field of family violence (Gordon, 1988). Previous research in United States found that child abuse practitioners have been more focused on confronting urgent problem, rather than attending to definitional tasks. Giovannoni and Becerra (1979) believe that it would help professionals if they tackled the definitional aspects in order to be more efficient in complex contexts. Vague definitions may deeply affect their work: "professionals feel this burden keenly and are extremely dissatisfied with the ambiguous criteria under which they must operate." (Giovannoni and Becerra, 1979, p.11)

Another layer to the team processes of defining family violence are their own personal identities. Each of the team members' self identities influenced the process of creating their own working definition of family violence. The act of defining made the interviewees reflect on their personal lives and family histories. It also raised questions about their personal commitment to the issue of family violence. For interviewees, the act of defining became a personal issue as it is demonstrated by the emotional reactions the theme provoked. Antonia said that conceptualizing involves your intellect but it also implies your whole self: "(...) there are two interactive levels, one is the analysis from the outside, and the other one comes from here [she points to her chest]. (...) with more intimacy the issues become more evident."³ In defining family violence, the interviewees revised and reviewed their own abusive behaviors. Isabel, a community activist from the Central team, talked about this immediately after she introduced herself to the researcher: "In this work, one questions herself and suddenly you realize that in everything you do or act you impose violence. Maybe at home, without being aware of it, I also impose it."⁴

³ Antonia: (...) dos niveles de interacción. Uno que es el nivel de análisis afuera. Y otro acá (she points to her chest). (...) en mayor intimidad, yo creo que quedan los puntos en evidencia. [446]

⁴ Isabel: Uno se cuestiona con este trabajo y de repente se da cuenta que de una u otra manera todo en lo que uno hace o actúa casi impone violencia. A lo mejor yo también en mi casa sin darme cuenta la impongo. [219]

Definitions of family violence, then, involves reaching a balance between professional standards and personal subjectivity. For instance, Maria alluded to the fact that anybody has the potential to be abusive: "(...), the problem is the inability to accept it."⁵ Within the South team, disagreements exist about statements made in the past about how other professionals define child abuse when thinking of themselves as parents. They agree that a conversation of this type and level of personal reflection produces anxiety in their colleagues when the issue of potentially abusive behavior with their own children is raised. The added difficulties of generating consensus among disciplines further compounds the difficulties of strong affective interactions within these teams.

4.2.2. Difficulties with Interdisciplinary Consensus

Definitions vary depending on the professional eye of the beholder. Consensus on clear-cut definitions of child abuse, for example, is very difficult to reach across disciplines (Finkelhor & Korbin, 1988; Giovannoni & Becerra, 1978; Polansky et al., 1981). Indeed, definitions change as work evolves, including this research interview. When professionals meet to define child abuse as in a case reported by Ester, what seems an uncontested assumption in defining child abuse can become a controversial discussion with fellow colleagues:

Antonia: (...) in the group for instance (...), in a meeting someone said something and a big emotional mess followed. For the first time it was evident: 'I do this at home.' When she said 'I do this at home' it generated two hours of discussion that we never had before in the group and it changed the focus of the discussion. It was not anymore outside the family (...).

I: What kind of things were said by...?

⁵ Maria: (...), el problema es la incapacidad de aceptarlo. [442]

Ester: Suddenly, a woman--we were talking about a family in which there's a mom who beat their kids with a belt--said: 'It is not evident that maltreatment is to hit a child with a belt.' For some was evident that physical punishment is unacceptable, and for others is all right

Maria: And the differences between each of us about how we perceive this (...), I listened to it and feel in a different way, because there is a human involvement in this, (...).⁶

(...)

Ester: (...) there were two very different conclusions. One says that abuse is clear, because the children in this case have cavities, mycosis, but the pediatrician said that 50% of the Chilean children have cavities and 80% in this region. 60% have scabies. So there is no indication of negligence. Thus, each of us faces the case with our own biases.⁷

Teams are open to play with different theoretical perspectives in order to understand family violence while at the same time exploring applications of these various theoretical frameworks. Laura explained this openness:

There has not been an absolute adherence to one theoretical perspective. If that were the case, we wouldn't be talking with you today. Others would be the team members. From the beginning we didn't have an absolute theoretical consensus orienting the work (...).⁸

⁶ Antonia: (...) en el grupo por ejemplo (...), en un momento determinado alguien dijo algo que quedo la crema emocionalmente hablando en el grupo. Por primera vez se hacía en evidencia. Yo hago esto en mi casa. Y cuando dijo 'yo hago esto en mi casa,' produjo dos horas más de discusión que nunca había existido en el grupo y cambió el foco. Cambió el foco de atención de que ya no era fuera de la familia (...)
I: Qué tipo de cosas decía la...?

Ester: De repente una Dra. dice bueno -estamos hablando de una familia en que se encuentra una mamá pegándole con correa a los niños, la violencia de maltrato y dijo: 'no es evidente el maltrato al pegarle a los niños con correa.' Quedó como claro que para unos el castigo físico es inaceptable y para otras...

Maria: Y las diferencias dentro de cada una de nosotras de esa percepción. (...) Yo lo escuché distinto y lo siento distinto. Porque hay un involucramiento humano en esta cuestión (...). [444]

⁷ Ester: (...) llegamos a dos conclusiones absolutamente distintas. Uno dice que le queda clarísimo que es abuso porque resulta que ahí dice que los niños tienen caries, mucosis, pero ella como pediatra dice que el 50% de los niños chilenos tienen caries, y el 80%, en esta región el 60% de tener sarna. No hay entonces ninguna indicación de negligencia. Entonces frente al caso empezamos cada uno a mirar con su sesgo. [450]

⁸ Laura: No hay como una cosa de adscribirse absolutamente a una línea teórica. Porque si así hubiese sido yo creo que el equipo que hoy día está sentado conversando contigo no lo estaría. Las componentes serían probablemente otras. Porque cuando empezamos no teníamos así una comunidad absoluta en lo teórico de como enfrentar el trabajo. Sino que fuimos explorando en conjunto y también en conjunto hemos ido adaptando cosas y hemos ido aprendiendo una de la otra, (...). [734]

A lack of consensus poses difficulties in the communications within the teams and in their connection with the larger system, because the different players may not be talking about and acting on the same issue. Antonia stated that this issue is of considerable importance if they want to work as an interconnected group of providers:

It is not clear yet what it is that we are talking about, each one has a way of perceiving what is violence. I've been to four sessions with a task force in which it is clear that there are different perceptions about what we understand as maltreatment. (...) at each level a different definition can prevail (...), that makes the statistics unknown, because they don't agree on minimal things.⁹

Different professional backgrounds provide various lenses to explain family violence. For instance, Jimena made clear that her approach is permeated by her professional socialization as a sociologist: "I look for regularities, it is a professional bias (...)." ¹⁰ In the same vein, some interviewees did not provide a definition that overlap with other professions, because they prefer to stay in their known field. Still, they had their own opinions that involve conceptual categories linked with other fields. For example, Carolina initiated her response to the issue of definitions by saying: "I am not the one to provide a definition, I am a lawyer." But she also stated that domestic violence arises as part of a gender inequality interspersed with psychological issues, a matter I explore later in this chapter.

What they define as relevant in their practice is a construction of an interactive dialogue with those who have different professional assumptions. An example of how

⁹ Antonia: No está claro de lo que estamos hablando, cada uno tiene una forma de percibir distinto respecto a lo que es violencia. Yo estoy a cuatro sesiones con un grupo de trabajo en el cual está claro que hay distintas percepciones respecto a lo que estamos entendiendo por maltrato. (...) en cada nivel puede haber una definición diferente. (...) Eso hace que las estadísticas puedan ser todavía desconocidas porque todavía no hay un acuerdo ni siquiera mínimo. [45]

¹⁰ Jimena: Por deformación profesional, busco regularidad, (...). [313]

ongoing conversations allow team members to create new definitions was provided by

Ester:

I want to illustrate with an example. In the discussion about a case, I say there's no doubt, when I see the record that there is maltreatment. Another person says 'no, the issue of having a belt on the hand doesn't say much.' I incorporate this into my perspective, though in the beginning there's no doubt, but when I approach the family I have in my mind another thing and it introduces some changes in my previous vision, and when I come back to it, is very interesting because I say 'look you were right, it's not clear' and I provide other elements and she says, 'that's really serious.' Then, the story is curious, because we end incorporating both perspectives, one finding it more or less serious (...).¹¹

Definitional ambiguities exist beyond the teams too, making the definitional process still more difficult. For instance, if the courts do not demarcate well what constitutes abuse, it can disorient the teams about the criteria they could use: "(...) there is a disparity of conceptualizations inside the court about the definitions of violence and what to do. (...) there are huge differences, because the police has one perception and the detectives another one."¹² Such ambiguities make the work of practitioners extremely complex since the legal bureaucracy does not have an homogeneous perspective about when, how, and what to enforce in cases of family violence.

To name a problem implies a choice of terms and an explicit consideration of what is the subject of an intervention. Though teams may be dissatisfied with the ambiguity

¹¹ Ester: Te quería ilustrar por ejemplo, en la discusión de un caso, cuando lo vemos, yo digo no hay duda, aquí hay un maltrato franco al mirar el expediente. Otra persona dice no, el hecho que tenga una correa en la mano no dice nada. Incorporo en la visión, al principio pero que duda cabe, pero cuando me acerco a la familia tengo en mente la otra cosa y me matiza un poco la visión, y cuando vuelvo, es bien interesante le digo 'fijate que tenías razón, en realidad como que no era tan claro,' y le entrego otros elementos y me dice: 'puchas eso es gravísimo.' Entonces es como curioso el cuento, el incorporar mutuamente vamos como encontrando lo más grave o menos grave, (...). [447]

¹² Cecilia: (...) no hay ni como en los actuarios, ni la magistrado, una situación de conceptualización de lo que ha sido violencia, entre ellos hay disparidad de conceptos. (...) hay gran discordancia en que carabineros tiene una percepción e investigaciones otra. [48]

under which they operate, there are contextual difficulties at resolving this problem. The choice of terms is affected by past professional experiences, the population served, and the evolving dialogue that emerges about these matters. The teams recognized that these conversations are not common, therefore, the interview itself was an opportunity to explore these matters explicitly. Moreover, since we all live in a shifting political, economic, and cultural climate, there will always be contextual difficulties when defining family violence.

4.3. Individualistic Definitions

Psychological explanations emphasize an individual's dysfunction, imply the professional is an expert, and define the client as a "patient." In some cases, the expert-professional becomes a social control agent. Questions that arise are about how to define the boundaries between social control and therapeutic neutrality. The focus of the work is individuals and families, the change is connected with discovering a clinical problem, a syndrome, a symptom or personality traits that needs to be cured. Accordingly, the goals of a clinical intervention are to cure, to heal, or to develop hidden potentials. Traditionally, the responsibility for the violence is allocated in the intrapsychic structures or a pathology that can be treated by a mental health professional if the client cooperates. Finally, in the care relationship, the dichotomy of expert-client is frequently present, with a focus on the private therapeutic relationship in which listening and interpreting is the preferred activity of the professional.

That males need to express aggression is a psychological hypothesis based on a theory of instincts (Herman, 1981; Whitehurst, 1974). Within the context of a discussion

about gender inequality, this hypothesis was developed in one team. For Carolina, domestic violence is:

Power abuse (...), physical violence always associated with a psychological experience, and a lot of sexual violence. (...) he brings tension from outside the family, tension he cannot channel outside, because he is not allowed to, because he may be a simple employee, or he is the boss, but the boss cannot hit, and he channels it through his wife, (...).¹³

This explanation of male violence is prevalent in the media as well as in the psychoanalytic literature, making men unaccountable for their overt behavior (Masson, 1984). Some of the consequences of this explanation is that it provides a rationale for a woman to dissociate the person she loves from "his impulses." It also implies the idea that the working male needs an outlet inside the home, because in the work place he is not allowed to express his innate traits. Thus, the belief in innate male aggression that needs to be channeled through direct expression may be feeding the aggression rather than preventing it. Finally, this hypothesis may be part of the myths that some team members still need to examine to work with males and couples.

Responsibility and accountability, from an individualistic perspective, is located in the affected persons. Carlos explained that male clients should understand their choices. In this sense, a psychological perspective may converge with a feminist perspective:

I give my opinion, for instance: 'You are responsible for the slaps and fists.' I believe one is responsible if you exercise violence, it's an individual responsibility. It's a decision, he can choose to continue exercising violence. The kind of violence women exercise are exercised against themselves or the children (...).¹⁴

¹³ Carolina: Abuso de poder (...), violencia física a la que siempre va unido una vivencia psicológica y mucha violencia sexual. (...) la tensión que el trae de afuera como no la puede canalizar afuera porque no le está permitido, porque a lo mejor es un simple empleado, porque a lo mejor es jefe pero el jefe no puede golpear, entonces eso lo canaliza en la mujer, (...). [134]

¹⁴ Carlos: Doy mi opinión. Por ejemplo 'Ud. es responsable de los golpes que dió. Yo opino que si uno ejerce un tipo de violencia uno es responsable de ella,' es una responsabilidad individual. Que es una

However, this idea can be a restrictive explanation, because other males can perceive this as an issue that only affects the mentally ill or especially dysfunctional males.

From a psychological perspective, the focus of the teams located in a metropolitan area is the women who have been battered by their mates. The Central team attempted to characterize its clients with different traits and attitudes. Marta explained: "(...) We have characterized the different kinds of women that arrive here. From the one that comes with the attitude of 'you have to do it all' to the one that says 'I come because I want to hurt him.' Do you understand?"¹⁵ The characterization of the women as passive and helpless was also present; a characterization that may be influenced by the literature in which women appear as passive bystanders:

The problem we've been encountering is the tremendous passivity of the women who have been battered for a long time. It is like working with them against us, though some novelty is introduced in the sense that they can assume some initiative, because there's an astonishing degree of helplessness and passivity.¹⁶

These beliefs feed the notion of resistance, and disempower women as active subjects who may already be taking action to resist the violence.

Another psychological definition emerged in the North team when they tried to make sense of how some clients came with expectations of being served without their own active participation. The defining "syndrome" is what they called *parcel-women*:

decisión, puede elegir seguir ejerciendo la violencia, que la violencia que ejerce la mujer es violencia que se ejerce hacia dentro o los niños (...) [156]

¹⁵ Marta: (...) hemos hecho una caracterización de los distintos tipos de mujeres que nos han llegado. Desde la que llega como "me tienen que hacer todo" a la que viene diciendo "yo vengo porque lo quiero cagar" Te cachai ? [114]

¹⁶ Carolina: El problema con que nos hemos topado siempre, nosotros lo vemos como una tremenda pasividad de las mujeres que han sido castigadas mucho tiempo. El problema el trabajar casi en contra de ellas, a pesar de ellas lograr introducir alguna novedad en el sentido que ellas puedan tomar alguna iniciativa también. Porque hay un grado de desesperanza y pasividad abismante. [53]

A woman (...), a parcel that comes and it is deposited here as if we were a bank. She is deposited here with her problems, then she says 'look I have all these problems, all this pain, see what you can do with it. (...). Tell me what to do.' It's much more difficult for those women to understand our position, (...).¹⁷

Eliana added that this condition is also influenced by the woman's particular phase in the cycle of violence:

It all depends where they are in the cycle, it also determines their motivation to come here too (...). If there's a real disposition of the women to say 'I want to change something in my life,' they are the women who have more capacity to make insight and changes (...).¹⁸

Even in the case of the violence cycle concept, the cycle is located inside the woman's head, rather than part of an explanatory device which locates the cycle of violence in an interactive and historical context.

A critique of individualistic assumptions that explains the problem as part of a clinical syndrome is also present. Speaking about a couple of psychologists with whom Carmen worked with years ago, she seemed bitter about their emphasis on blaming the victim rather than looking at the larger system:

(...) for them, 'the woman who suffers violence has a psychological problem.' It is not a social problem 'because she allows the abuse, because she is insecure, because she doesn't know how to get out, something is wrong with her.' (...) the psychologist invited me to talk with a group of her colleagues about it and they did not know how to approach it. They had patients who suffered violence and they said: 'she is stupid, because she let him beat her.' I realized that *the traditional*

¹⁷ Laura: Una mujer, (...), es un paquete que viene y se deposita aquí y nosotros somos como un banco. Se deposita aquí con sus problemas, entonces dicen 'mire yo tengo todos estos problemas, tengo todo este sufrimiento. Ud. a ver que es lo que hace con el (...). Dígame que hago yo.' Con esas mujeres es como más difícil que ellas lleguen a internalizar cual es lo que es nuestra posición, (...). [69]

¹⁸ Eliana: Creo que depende mucho en que periodo del ciclo están, que determina en gran medida su motivación acá también. A veces las mujeres paquete vienen 'hagan cosas por mí pero yo no estoy dispuesta.' En la medida que hay una disposición real de la mujer de decir "quiero cambiar algo en mi vida." Son las mujeres que más tienen la capacidad de internalizar esto, hacer insight y hacer cambios. (...). [610]

*psychologist doesn't understand. They don't understand, because they don't see it as social problem, they see it as a clinical case (...).*¹⁹

The traditional psychological approach, which Carmen was criticizing, can lead to a caregiver relationship in which the therapist blames the client for her victimization.

The individualistic perspective, in conclusion, portrays the problems of family violence as located in the affected individuals inner-selves. The individual perspective emphasizes an inner understanding of the causes for the aggression and its consequences on other individuals. This approach places little attention on social relations or the social context in which the violence occurs. This psychological discourse leads practitioners to act as healers emphasizing clinical treatment more than community intervention and social change. Gender-sensitive definitions, which are considered in the next section, incorporate the social context--levels of analysis the individualistic category overlooks.

4. 4. Gender-sensitive Definitions

Gender-sensitive definitions are those derived from feminist theoretical categories. Gender-sensitive definitions were frequently mentioned by the interviewees. For them, it implies a definition of society in which there are gender inequalities underlying the prevalence of family violence victimization. Men often make the issue of inequality and gender oppression invisible through their dominance in the family's private world and society's public space. A feminist framework focuses on changing larger systems to benefit

¹⁹ Carmen: (...) para ellas, 'la mujer que sufre violencia tiene un problema psicológico,' no es un problema social, 'porque ella permite el abuso porque es una mujer muy insegura porque no sabe como salir de eso, algo le falla a ella.' (...) la psicóloga, me invitó a conversar sobre el tema con un grupo de psicólogas y ninguna sabía como tratar el tema. Ellas tenían pacientes que eran mujeres que sufrían violencia y no sabían. Ellas decían 'es tonta porque se deja pegar, porque permite eso.' Me dí cuenta que el psicólogo tradicional no entiende. No entiende esto porque no lo ve como un problema social, lo ve como un caso clínico (...). [234]

the victims of violence. It integrates the values proposed by larger social movements into the clinical work done by the teams. The care giver approach is collaborative, educational, and seeks to empower women as individuals and as emancipated political participants.

Jimena was clear about her vision of where her work is located theoretically: "the gender perspective in general terms, not much more than that."²⁰ In defining their discourses, however, a tentativeness prevailed:

(...), it seems that from conversations with people, (...) I probably have a gender perspective. (...) Which means that there is discrimination towards women, specially the women we treat. (...), we have to end discrimination and make the woman see that she is also responsible for that discrimination without blaming her.²¹

Therefore, her approach implies a feminist understanding, but also implies a care giver approach that incorporates individualistic concepts which allocate the responsibility for being victimized to the woman.

Sometimes, a gender-sensitive approach is more connected with a societal perspective that peripherally incorporates gender inequality, making the gender analysis an addendum that may have less priority than a socio-structural analysis of problems. Marta, who is perceived as an advocate of feminist ideas by community leaders and the team, provided an example of this:

²⁰ Jimena: Yo te podría decir que la perspectiva de genero en términos amplios, no mucho más que eso. [36]

²¹ Carolina: (...), pareciera ser por las conversaciones que he tenido con la gente, (...) probablemente tengo una perspectiva de género. Que en el fondo pareciera ser que significa que uno encuentra que existe una discriminación hacia las mujeres, específicamente a las mujeres que tratamos. (...), hay que tratar de terminar con esa discriminación y además hacerle ver a la mujer que también es responsable de esa discriminación sin culpabilizarla. (...). [310]

Here we perceive the problem as social. It is not Juanita's problem alone, or because she is sick, or whatever. We can provide her with a frame to communicate that this is a larger issue and with a little bit of gender perspective.²²

The private life of an individual is defined in light of a political context and the allocation of responsibility is clearly determined.

In South, Ester made it clear that even in the context of her colleagues working primarily with systemic and psychological approaches, the gender issue cannot be overlooked:

There are different visions that guide our work. In my case, it is the gender perspective, that is, to have clarity about the conditions of inequality, the need for individual therapy with the women. But, because here we have had mostly women who are in a critical situation, a couples approach is difficult. We have oriented the work more towards making her aware of her rights, to educate her about this, to open up new possibilities for her (...). It is important for the women to widen their vision, to be aware that they have been socialized in a system that was unfavorable to them, so that we can help them to set it all in context.²³

4.4.1. Women and Children as Victims

The incident rate of family violence in Chile has not been precisely calculated, but the teams' high estimates makes a definition of family violence based on a feminist perspective truly relevant. Teams are explicit about the problem as serious even if

²² Marta: Acá nosotros vemos que este es un problema social. No vemos que el problema de la "Juanita Perez" es porque ella está haciendo que sola, o que está enferma, o que está, no sé. Podemos ubicarla de que es un problema mucho mayor que el de ella y con la mirada un poco de género. [233]

²³ Ester: Coexisten distintas visiones, que es lo que guía el trabajo. En mi caso es lo de género, en el sentido de tener claro una situación de desigualdad, la necesidad de terapia individual con las mujeres. Pero por el hecho de ver acá nos han llegado principalmente mujeres en situación de crisis que están mas allá de la posibilidad de un trabajo de pareja. Hemos orientado más el trabajo a hacerla consciente de sus derechos, de educarla y como la necesidad de pararse y abrirle posibilidades. (...) es importante para las mujeres ampliarles la visión, darse cuenta que han estado socializadas en un sistema que no las favoreciera, eso de alguna manera ha permitido dar una contextualización. [431]

confirmed by little statistical data. They have certainty about who are the victims: women and children. In the North team, Laura said: "We know this is only the tip of the iceberg (...), the women come here after many years of battering. The majority come after ten, fifteen, and even forty-five-years of battering. (...)." ²⁴ A similar account was provided by the Central team leader: "Women come to us and we know that there is child maltreatment, always the majority of the women beat the children, (...)." ²⁵

These observations made the teams claim a gender-sensitive perspective on defining family violence that has emerged out of empirical observations rather than a committed feminist position. When feminist theories were stated, they reflected a particular orientation that intersects the feminist approach, human rights and societal factors (Bunch and Carrillo, 1991; Carcamo & Moltedo, 1991).

I: When you speak about a gender perspective, you are referring to feminist theories basically?

Jimena: A feminist perspective that links violence with human rights violation (...). ²⁶

Gender-sensitive definitions may not necessarily mean a feminist approach. Teams introduced issues that were vaguely related with a feminist agenda. For instance, a participant made the case of introducing a developmental framework to understand why women may reach for help after years of victimization. Eliana thinks that it happens when the women become aware of being more than just mothers: "(...) they separate being a

²⁴ Laura: Sabemos que es la punta del iceberg (...), las mujeres vienen aquí después de muchos años de haber sido maltratadas. La mayoría vienen después de diez años, quince, y el extremo, extremo ha sido mujeres de 45 años de maltrato (...). [611]

²⁵ Marta: A nosotras nos llegan mujeres, y nosotras cachamos que cuando hay maltrato, siempre la mayoría de las mujeres le pegan además y maltratan a los niños, (...). [18].

²⁶ I: Cuándo te refieres a la perspectiva de género, te refieres a teorías feministas fundamentalmente ?
Jimena: A una versión de las teorías feministas que relacionan la violencia con la violación de los derechos humanos (...). [37]

woman from being a mother. When the maternal function ends, (...) when the children are more independent, (...). I believe that fits with a gender perspective (...)."27 Constanza's statement embodies another version of this approach that has its origins in the psychology of gender differences rather than a particular feminist approach: "(...) We don't have a written definition, but through the process, we have defined violence as extreme rigidity, the pathology of gender roles. That's how we are conceptualizing violence (...)."28

A feminist identity is problematic. Peers, relatives, and friends of teams' members contest the validity of the a feminist agenda. It is "not well understood (...), because the first thing they say is 'hey don't women psychologically maltreat the men?' There's a lot of fear. People assume that it is wrong to be a feminist."29

Who is responsible for the violence and how it should be approached is explicit in the accounts of the North team. A larger system approach means holding social inequalities responsible for the causes underlying the problems of battered women. Laura mentioned two important authors [Pizzey, 1974; Walker, 1979] that orient her understanding of domestic violence in a clearly delineated gender analysis:

Leonore Walker defines the cycle of violence. That's something we have all read. Afterwards, one of the first things I read about domestic violence was a book written by Erin Pizzey (...). There, you can find testimonies of battered women and all the struggle they went through so that society recognizes that this is a problem,

²⁷ Eliana: (...), se van a separar el ser mujer son ser madres. Cuando termina la función madre, (...) cuando el niño tiene una independencia, (...). creo que tiene mucha relación con eso. eso incluyendo la perspectiva de género me calza. [612]

²⁸ Constanza: (...). No tenemos una definición escrita, pero así como lo vamos enfrentando, hemos llegado casi a definir que la violencia es como la sobrerigidez, la patología de lo que es los roles de género, en el fondo. (...). [73]

²⁹ Marta: Un feminismo mal entendido. Como dice la Carmen: " a claro Uds. son..." Porque lo primero que dicen es como 'pero acaso las mujeres no maltratan psicológicamente a los hombres?' hay mucho susto a eso. [236]

a social problem that needs attention and a responsibility of not only the people who suffer it, but of society as a whole (...).³⁰

The North team applies these concepts to its work with women and men too: "(...) frequently we work with the cycle of violence with women. We have also done it with men. It has been particularly positive with young men."³¹

4.4.2. Private and Public Spheres

A goal of the teams is to make the issue of family violence public. From a gender-sensitive perspective, the invisibility and lack of public awareness of family violence in the public sphere legitimizes this form of violence, as a way to control and dominate women and children. Gender oriented approaches clearly incorporate a larger system analysis that can often render invisible the subtle mechanisms of family dynamics. By asking who is accountable illustrates how invisible family violence is for people, including violence survivors. "The problem is how to make violence visible, it is also in its multiple forms that can be very subtle."³² This invisibility makes discussions, about what family violence is, a challenge, because the teams focus on different aspects of the definitional task. For instance, in North:

³⁰ Laura: Leonore Walker define como lo que es ciclo de violencia. Yo creo que eso de alguna manera, todas mas menos hemos leído sobre eso. Después, una de las cosas que yo primero leí sobre violencia doméstica, fué un libro que escribió Erin Pizzey. (...). Ahí salen testimonios de mujeres golpeadas y además toda la lucha que ellas tienen que dar para que la sociedad reconozca que este es un problema, que es un problema social que existe, que necesita de atención y que es responsabilidad no solamente de las personas que lo sufren sino de la sociedad como un todo. (...). [63]

³¹ Laura: (...) con frecuencia trabajamos el ciclo de la violencia con las mujeres. Incluso hemos hecho unas experiencias de trabajar el ciclo de la violencia con los hombres. Con hombres jóvenes ha sido particularmente fructífero. [65]

³² Ester: Como que el problema es como hacer visible la violencia en sus múltiples formas que son muy sutiles. [433]

(...), we do not make maltreatment or domestic violence equal to physical maltreatment (...) in working with women and training, we speak about it, we speak also of other forms of maltreatment, making visible the less visible forms. Physical mistreatment because of its nature is more visible, due to the media coverage. (...) as a team we have tried hard to make visible the less visible aspects of the maltreatment.³³

This observation also applies to how the media in the U.S. make news out of the extremes cases of family violence, making violence a distant reality for most of the public (Walker, 1990).

An awareness that the law discriminates against women made it unavoidable for any team to not politicize the discussion. When the teams alluded to the legal context in which they operate, the private and political were intertwined in matters related to domestic violence. Carolina told that "(...) the discrimination started during the time the laws were promulgated, 1870, 1900, because the legislators were married males in traditional families in which the women stayed at home taking care of ten children. Little has been modified since then (...)." ³⁴ That the teams described family violence as a political rather than a localized aspect of what is affecting their clients, may make the teams more active in the public arena to fight against gender violence. Moreover, this kind of gender analysis acknowledges gender oppression in a larger historical context, a perspective that differs from the more conservative ideas represented by Chilean policy makers, as was discussed in Chapter II.

³³ Eliana: (...) no igualamos maltrato o violencia doméstica con maltrato físico (...) al trabajar con las mujeres y capacitación, o cuando hablamos con personas al respecto hablamos también de los otros maltratos y de visibilizar en el fondo lo que es menos visible. Porque el maltrato físico por su naturaleza es visible y ha sido por la prensa que se le ha dado. (...) nos hemos encargado bastante de visibilizar lo más invisible del maltrato. [64]

³⁴ Carolina: (...) la discriminación parte por la época de promulgación de los códigos, 1870, 1900. parte porque los que hicieron esto fueron hombres casados en una familia tradicional, que la mujer se quedaba en la casa, cuidando a diez hijos. Porque se ha modificado muy poco (...). [212]

At the therapeutic level, if the legal context is set up by the dominant structures in a patriarchal society, who defines the therapeutic setting? Antonia insinuated that professional women may have a lead in responding that question. She challenged the team to think about who are the members of the teams confronting family violence: "Now I would ask (...), because it depends on how the professional areas are defined. Psychologists, for instance, 80% are women. Social workers, 90% are women. Lawyers, well that's a different discussion. Physicians. Who are the pediatricians?"³⁵

In summary, the teams' empirical observations have been central in making the teams work through definitions that include a feminist framework, even though it reflects a general gender sensitivity rather than committed feminist activism. This gender-sensitive approach fosters an educational stance to make women aware of their rights and it also makes the case for a client that actively participates in the resolution of "her" problems. The responsibility for the violence is clearly delimited and a strong emphasis is placed on challenging the split of the private and public--the personal and the political.

4.5. Societal Definitions

Statements that include society as a definitional criteria allude to issues of social violence, political violence, how domestic violence is displayed, and its causes. The focus of a social intervention is the community and society in general. These definitions imply legislative and policy actions, and analysis of the political context in which the teams thrive. The societal definitions frame every explanation for the domestic violence

³⁵ Antonia: Ahora yo haría la pregunta (...), porque depende como se estructuran las áreas profesionales . Por ejemplo el área profesional psicólogo en este país son 80% mujeres. Asistentes sociales el 90% son mujeres. Abogados ahí empezamos a hacer una discusión distinta. Médicos. Quiénes están en pediatría preferentemente? [429]

phenomena in a larger socio-political context, because psychological explanations, gender-related terms, and systemic concepts exist in a social realm. In this section, I explore the use of the social and political references as an explicit explanatory device used by the teams. To do this, in the initial data analysis, I reviewed each quote in which the following words were present: community, culture, democracy, dictatorship, law, politics, social, and society. After re-reading these segments, I selected those references that were repeated throughout all teams and/or the ones that represented stronger passion and resonance in the interviews (Riessman, 1993). Three distinctive themes emerged in the data analysis: the Chilean political process as a crucial factor in the conversations about the problem; the prevalence of the social violence concept in developing a general framework to understand family violence; and, a repeated focus on policy processes.

4.5.1. Chilean Political Processes and Dialogues About Family Violence

The democratic transition over the past four years has encouraged public conversations about family violence:

(...) there is a level of consciousness about this in connection with the democratic transition in which there are spaces to think about it, but we are still in our infancy about everything. This has been evident as I listen to people, (...).³⁶

During the dictatorship, discussions of family violence were censored. To speak about it was considered threatening to social stability and family unity by the authorities in power, or irrelevant by the political opposition who was unable to make the case of family violence as a form of human rights violation:

(...) there are more social spaces to speak about this, to speak about violence, about sexual abuse. Now it is allowed, before it wasn't. If you read the literature,

³⁶ Antonia: (...) hay un nivel de consciencia que esto llegó en un momento democrático diferente en el cual existen espacios para pensar en ello pero estamos todavía en pañales respecto a cualquier cosa. Esto me ha quedado en evidencia en la medida que he ido escuchando a otra gente. (...). [46]

there's only data starting in the nineties. It is a historical event, a real breakthrough, it coincides with a series of interesting things at the governmental level

Ester remembered that in the few democratic spaces that existed during the dictatorship, the family violence issue emerged in connection to the political violence:

I agree with the issue of democratization, because I remember that when at the non-governmental organization level we talked about the human rights violations, we didn't just talk about political rights but of social rights. Therefore, we started to recognize the need for respecting women and children, a new consciousness started to emerge starting from human right violations. It was like 'there is something more than being arrested or tortured' (...).³⁷

Hence, unlike the opposition politicians, some interviewees were able to construe family violence as a human rights violation.

The above is coincident with earlier work on political violence, in which I struggled myself with being attentive to issues of family violence without trivializing the effects of political violence (Bacigalupe, 1990). In that report, the failure of the therapy was due to how the therapist overlooked the violence occurring in the family, and its connection to the oppressive political processes of the time. In a later report of the case though, I learned that the family evaluated the therapy as a successful attempt at changing the unequal gender arrangement in their family (Bacigalupe, 1992). I believe that the later evaluation was possible, because the family was able to speak openly about the past in a safer political context after 1990.

³⁷ Ester: Estoy de acuerdo que en esta cosa de la democratización, porque yo recuerdo cuando a nivel de las ONG se discutían la violación a los derechos y hablabamos de los derechos, no solo hablabamos de los derechos políticos, sino que derechos sociales. Entonces empezamos a reconocer la necesidad del respeto por los niños, por las mujeres, fue creando una nueva consciencia a partir de la violación de los derechos, como que 'los derechos eran más allá de que a uno lo detuvieran y lo torturaran' (...). [422]

Direct parallels between the oppressive sociopolitical situations and oppressive family conditions appear frequently. For instance, Eliana in North, explained why victimized individuals may not leave an oppressive situation:

'How is that they bear it for such a long time, what's going on?' (...) here's a useful example that makes people think: It's like when you are in a country and you don't like the political system, it is difficult to just leave. (...), how many times we are confronted with social situations we don't like and yet, like the contamination in this city, it's impossible but people still stay here, people may not like it but they stay (...).³⁸

Interviewees reiterated the close relationship between the private, the professional, and the political levels, and the linkage of human rights and mental health. This typical theme of the Chilean human rights movement can be seen "as another way of expressing the importance of collectivity and moral community for individual and societal healing and resistance to power abuse" (Agger & Jensen, 1994, p. 266). Definitions, then, include the social as part of a larger concern in integrating the social and the political with the personal.

4.5.2. Social and Private Violence

For the teams, the violence in the privacy of the family also mirrors the violence exerted in social institutions like the schools. Children are socialized into accepting victimization as part of their lives. Renata noticed that:

Violence arises out of no respect for the other. If I do not care about the other, who cares if I step on the other. Society does not respect us. In the schools, you

³⁸ Eliana: 'Cómo es que aguantan tanto tiempo, qué pasa?' (...) no se quien daba un ejemplo útil, y la gente se queda pensando, es lo mismo que cuando estás en un país y no te gustas el régimen político se te hace muy difícil irte. (...), cuántas veces nos vemos enfrentados ante situaciones más macro que no nos gustan y sin embargo, no te gusta el smog sin embargo no te estás llendo de Santiago (...)." [727]

see the children being punished for a little thing and they don't understand that it is part of the normal development. They don't respect you from the time you go into a preschool setting. They start to educate you in a fixed model, all the same, they do not respect your own rhythms.³⁹

The family as a microcosmos of existing unequal societal arrangements is a concept experts in the field of family violence have used extensively (Walker, 1990). In this regard, Jimena added: "(...) We live in a very violent society where the abuse is an intrinsic part of the social interactions (...)." ⁴⁰

Similarly, in a behavioral understanding of socialization, Jimena reflected upon the negative consequences punitive treatment has on young people and children:

(...) if they are accustomed to living under absolute control, how are they going to differentiate control as a form of abuse in their own couple later? How will a father differentiate between correcting his children and maltreating them? How will a husband or boyfriend establish the difference between his wife's interest and the reification of that woman? (...).⁴¹

These observations are generally accepted by researchers and practitioners in the family violence field who define violence as a "learned behavior." (Straus, Gelles, & Steinmetz, 1980)

The violence exerted against children and young people is not seen as a rare occurrence. A participant in South points out the violence that exists out of the boundaries

³⁹ Renata: Hay violencia porque no respeto al otro, no lo quiero, no lo estimo, entonces que le importa trasgredirlo, que me importa, paso por sobre él. La sociedad también no nos respeta. De hecho en los colegios, tu estás viendo que a los niños, son castigados por una travesura y no son capaces de entender de que es parte del proceso de crecimiento. Ya no respetan esas conductas del niño, entonces tu vas como cercenando esto y al final te da lo mismo. Transgreden tu vida desde que te meten en un jardín infantil y te empiezan a educar como un molde, todos iguales, no te respetan tus ritmos. [141]

⁴⁰ Jimena: (...) vivimos en una sociedad que es muy violenta, y que el abuso es la base de una gran parte de las relaciones que se establecen (...). [136]

⁴¹ Jimena: (...) están acostumbrados a vivir bajo el control absoluto, cómo van a identificar después el control como una forma de abuse con su pareja por ejemplo? Cómo un padre va a establecer la diferencia entre corregir a sus hijos y maltratar a sus hijos? Cómo el marido o el pololo va a establecer la diferencia entre el interés que siente por la mujer y la cosificación de la mujer? (...). [138]

of the private spheres. There is a social violence that includes poverty, and a limited access to health providers and other services. A harsh context often underlies private violence. At the same time, domestic violence can be viewed as a source of social tensions:

The institutions exert violence, in the neighborhood or through the health system, the distribution of economic goods, it is like looking through an eye of the violence in the family, and a source for that generalized violence, the family can be the source of themes related with violence.⁴²

We must be wary, though, of generalizing violence as an intrinsic part of society. This generalization of violence relegates family violence into the shadows of social trends and may not provide useful specific explanations: "(...) we live in a very violent world, so aggressive, (...), trying to hurt the other: 'I always have to arise as the winner, it doesn't matter if the other fails,' (...)." ⁴³

For Carolina, the equation--power equals success--is at the center of the family violence problem: "(...), I believe that inside Chilean society, there is this strong association between power and success, (...) it all starts there."⁴⁴ The danger of a societal perspective, as quoted above, is that it may trivialize the ascription of responsibility to particular individuals. If the blame becomes unspecified or too broad as in the case of the societal definitions that do not include other dimensions, a potential outcome is that practitioners may hold trauma survivors somewhat responsible for their own tragedy. Another challenge to the societal definitions is that broad statements have less explanatory power than the more specific that emerge in systemic and even psychological explanations.

⁴² Carlos: Las instituciones ejercen violencia, en el barrio, o a través de lo de la salud, el reparto de la torta económica, en fin, es como un ojo a través de un ojo a través del cual mirar la violencia, y una fuente de esa violencia general, la familia también puede ser la fuente de otros temas relacionados con la violencia. [132]

⁴³ Carolina: (...), estamos metidos en un mundo tan violento, tan terriblemente agresivo, (...), pa' tratar de cagar al otro, 'yo siempre tengo que salir airoso de esto no importa que el otro salga mal,' (...). [161]

⁴⁴ Carolina: (...), me parece que al interior de la sociedad, yo veo, que es la Chilena, el concepto de poder como éxito, como perfección, (...) por ahí parte todo. (...). [145]

Finally, in characterizing society as too violent, the teams talked about the dictatorship period. During this period, violent interactions were legitimized to control those under the authority of someone who was more powerful. Jimena stated:

The Chilean society is too violent. And, it has been too violent. Moreover, when I was a girl, I remember, I listened as a normal, absolutely normal thing, that husbands have the right to beat their wives. It was considered a logical consequence, it was like beating the children. But, with the dictatorship, society got more violent in its whole. Maybe that made the family violence more hypocritical, because it was unnoticed. The problem is serious, it is very serious. The studies in Chile--the few that exist--show extremely high degrees of violence. That's what is defined by a survey in which they come to your house to ask you if there is violence in your home. In which many women who suffer violence will say 'no!' Out of shame, fear, etc., or because the husband is present, or because the children are going to tell the husband.⁴⁵

The fear of institutionalized violence has remained through the democratic transition, therefore, family violence continues to thrive under a veil of silence and the difficulties of even seeing the problem.

4. 5. 3. Policies, Social Class, and Political Issues

A "beta bias," the tendency to ignore or minimize differences (Hare-Mustin & Marecek, 1990), prevailed in the teams' conclusions about social class distinctions among the battered women they saw. The following excerpts are representative of this erasure of

⁴⁵ Jimena: La sociedad chilena es muy violenta. Y ha sido muy violenta. Es más si yo recuerdo cuando era niña, escuchaba como normal, como absolutamente normal que a las esposas los maridos tenían derecho a golpearlas. Se consideraba que era una forma de convención lógica, como pegarle a los niños. Lo que si yo creo, es que con la dictadura la sociedad se hizo más violenta en su conjunto. Eso probablemente hizo que la violencia familiar fuera más hipócrita, que se notara menos digamos. Ahora que el problema es grave, es sumamente grave. Los estudios que hay aquí en Chile que son pocos muestran tasas altísimas de violencia. Eso es lo que es definido en una encuesta de una persona que llega a tu casa a preguntarte si hay violencia. Que muchas mujeres que sufren violencia van a decir que no poh'. Por vergüenza, temor, etc., o porque está el marido, o porque los niños le van a contar al marido. [160]

social class distinctions. Jimena, from the Central team suggested that "(...) this problem affects the whole social spectrum, top executive's wives, professionals, etc. (...)." ⁴⁶

Antonia, a South team member, expressed a similar idea: "The more difficult cases are noticed, because they have more risk factors involved and they occur in areas of extreme poverty. But I do not discard that we could find it in our levels (...)." ⁴⁷

Erasing or minimizing class differences also occurs when participants made comments about the way trauma affects women of different social classes. From the interviewees' points of view, women from a privileged social class background suffer the same consequences of trauma as poor women. This point of view denies the complexity of issues that the latter confront. According to this beta bias, poor women are accustomed to instability in their lives, and therefore are better prepared to face the consequences of battering and less affected by the traumatic experience. I believe that the interviewees idealize low income women as especially strong and resilient.

Moreover, some of the interviewees believe that low income women would not suffer as much, because they have more unstable relationships with men. A form of "class-centrism" emerges in this perception. This is similar to the class-centrism that emerges in conceptualizations of low income women in social science texts where they are construed as the focus of the families' strengths and failures, but it denies the high levels of negligence and abuse suffered by low income children (Caceres & Kirby, 1990; Schorr, 1988; Spelman, 1988). The following excerpt is an example of the discourse above:

⁴⁶ Jimena: (...) este problema afecta a todo el espectro social, mujeres de gerente, profesionales, etc. (...). [150]

⁴⁷ Antonia: (...), los casos más patéticos saltan a la vista porque tienen muchos más factores de riesgo involucrados y que son en sectores de pobreza. Pero no descarto lo que nos podríamos encontrar en nuestros estos niveles (...). [443]

Regarding the lost of status, she was married with a very successful businessman. Her lawyer (...) was very happy, because she settled for a very good monthly income support of five hundred thousand Pesos [approximately U\$1200]. When she tells this to the woman, she says 'it's not enough, after paying the gardener, the children's school, and other items, that is not enough, the money is gone.' So it's difficult for upper and middle class women, she is not anymore 'Mrs. someone,' (...) and she loses the social respect and the social status that a husband provides. In low income communities, the women have become more accustomed to transient males in their lives. It's more frequent for males to come and go in their lives, that's one thing. Moreover, the women have a larger capacity to confront adversities. Men may not always be present in their lives, because they have to work somewhere else. (...) for low-income women, it is sometimes less complicated when they have the problem.⁴⁸

In looking at differences, domestic violence is usually a public matter in overcrowded poor neighborhoods. Thus, privacy is a privilege of middle and upper middle classes. For instance, to make public the domestic violence occurring in low income families may just mean to make it public for the service agencies, the politicians, and other social control agents. "The fact is, that the neighbors, willingly or not, are aware of the situation. Because the houses are small, or because they may live in the house of someone. On the contrary, for the middle class it is easier to hide it."⁴⁹ The intersection of social policies and family policy, therefore, will affect families differently depending on their

⁴⁸ Laura: En relación a la pérdida del status, ella estaba a una mujer que era casada con un empresario bastante exitoso. Su abogada, (...), estaba muy contenta porque se había conseguido una pensión de alimentos bastante buena, de quinientos mil pesos. Cuando se lo comunica a la mujer de que esa era la cantidad, 'no eso es muy poco no me sirve, porque después que pago al jardinero, pago el colegio de los niños, y esto y lo otro, no me alcanza, ya se me fueron los quinientos mil pesos.' Entonces eso es una cosa que a las mujeres tanto de clase media como de sectores francamente acomodados le cuesta mucho, deja de ser 'señora. de,' (...) y la respetabilidad que ello implica y el status social que eso te da. En los sectores populares las mujeres están mucho más habituadas a que los hombres sean muchas veces pasajeros en su vida. Es más frecuente que los hombres entran y salen de la vida de ellas, eso por una parte. Por otra parte, las mujeres tienen una capacidad mayor para enfrentarse frente a las adversidades. Por esa misma razón que los hombres no siempre están presentes en sus vidas porque muchas veces tienen que incluso salir a trabajar a otra parte. (...) a las mujeres de sectores populares les resulta a veces menos complicado que tienen el problema. [729]

⁴⁹ Laura: Es un hecho que los vecinos quieranlo o nó se dan cuenta de la situación. Porque las casa son chicas, porque muchas veces viven a lo mejor de allegados en la casa de alguien. En cambio en los sectores medios el esconderlo resulta un poco más fácil. [729]

social class and economic status. In terms of the state's potential intrusion in family life to prevent or control family violence, autonomy and privacy would be tied to class. In United States, similar conclusion can be drawn, Hartman (1993) found that:

There is a long tradition in this country that makes it not only permissible but desirable for the state to enter a family's life if that family requires financial aid. There is also a long tradition that such aid should be contingent and structured in such a way as to manipulate the family's behavior and to *rehabilitate* [italics added]. (p. 481)

Each team recognized the direct effect the executive branch of the government has had in making possible their team initiatives through funding and political support. Although at the time of the interview, the North team was living under local political uncertainty, family violence was described as an important issue in the governmental agenda. Maria, the lawyer, explained:

This government has made efforts in making this an institutional policy. This is the first time something like this happens in Chile. At least a Women's Ministry is created and the problem is approached directly, though there's still a lot to be done, maybe sketches of the project have been established. But I believe that years will go by until this country establishes domestic violence as a theme whose scope is not limited to the family's realm. This is a problem that needs support from a series of interconnected social institutions like the legal, health, and welfare systems, (...). In the Congress, I would highlight the need for an integrated approach, not to see it as an isolated problem, (...) but as a global problem, they should not only be concerned about the legal aspects, the problem implies health and a social aspects, because this is not a women's problem but a familial one (...).⁵⁰

⁵⁰ Maria: Es un tema que este gobierno lo ha tomado, o lo ha tratado de tomar como una política institucional. Primera vez que sucede en Chile una cosa así. Por lo menos que se crea un Ministerio de la Mujer y se aborda el problema directamente, falta mucho por hacer. Quizás se han establecido los bosquejos de proyecto. Pero creo que faltan varios años para que en este país se logre establecer el tema de violencia doméstica como un tema que no solamente abarca un problema de familia. Es un problema que tiene que ir apoyado por una serie de otras áreas del área institucional de la sociedad, como es la parte legal, social, de la salud, (...). En el escenario del Congreso Nacional, le diría a los parlamentarios que realmente si quieren enfocar este problema de la violencia doméstica, no como un problema aislado, (...) no solamente enfocarse a través de un aspecto legal. Sino el problema redundaría en ir a la parte salud, a una parte social porque el problema no es de la mujer sino de la familia (...). [742]

At the national level, the newly elected Congress has rejected legislative proposals that would have dealt with issues that affect the protection of women and children. The rejection of these new legislative proposals may be due to a fear of misinterpretation and neglect by policy-makers. Team members stated their belief that politicians can trivialize women's issues, or that the media tend to "forget" the issue. If family violence visibility fades away, no resources would be in place for the teams to continue working or to increase the quantity and quality of their work, including the need for preventive work. The teams emphasized this during the whole interview. A Central team member said:

I'm frightened by the possibility of the domestic violence issue as a passing fashion (...). Of representatives using this as a political platform, for the votes, but that they don't give it the relevance it has. I'm scared that time will pass and it will all fade. I want violence to end, but I believe it's difficult in the next ten to twenty years, I wish we had more resources, (...).⁵¹

In sum, the Chilean political process defines a fundamental context in which to understand definitions of family violence. Democratizing society has facilitated discussions about family violence and helped reconsider it in light of past institutionalized terrorism and its traumatic consequences. In this regard, the teams exercised the need to elaborate upon their own victimization and survivorhood, making definitions of violence a way of naming their fear of the earlier violence. To link the violence occurring in the family with the one legitimized by larger social processes was not an easy task. Nevertheless, it became an outlet to explain almost every aspect of the issues. This is a complex problem, because it may leave out other less comprehensive but more detailed explanations.

⁵¹ Carolina: A mi me da susto que el tema de la violencia doméstica sea un tema de moda (...). Diputados, que las mujeres, pa' los votos y todo ese asunto y que en realidad no le den la importancia que realmente tiene. Me da susto que pase un tiempo y que esto vaya decayendo. Me gustaría que se acabara la violencia, pero pensando que eso sea difícil de aquí a diez o veinte años, no se cuanto, ojala que se nos diera más infraestructura, (...). [248]

Another aspect the teams emphasized was the concept of socialization and how communities rear potential abusers. Finally, the teams linked their concerns with comparing trauma as it affects individuals from different social class origins. This is an important aspect since the policies that could be implemented in the future will certainly affect families from different social class backgrounds in different ways.

4.6. Systemic Definitions

The teams' systemic-oriented conceptualizations center their discourses around treating a family dysfunction or considering the violence in the context of an interactional pattern. In this approach, the concept of "family violence" fits well, because the reading of the concept does not point to a particular member of the family as the one responsible for the violence. An underlying assumption in the systemic approach is that families function as an organization in which the members affect and are influenced by the others. The systemic treatment focuses on families and larger systems without necessarily considering unequal power relationships.

The defining concepts are descriptive, akin to a therapeutic stance that privileges a neutral stance. Intergenerational issues and communicational processes are also relevant concepts. The agenda or goals of treatment are defined pragmatically, using language reframe, and general systems and cybernetic ideas to reorganize the family. The responsibility for the violence is allocated to the family dynamics and special attention is given to how meaning is constructed. Accordingly, the responsibility or allocation of guilt is diffused within the family members. The therapeutic approach may emphasize the intervention of a strategic expert, but it may also consider a more collaborative non-interventional approach; that is, a conversational, non-intrusive and less interventional

therapeutic agent. An important dilemma for professionals using these categories concerns how much the therapeutic agent should intervene, and how to assess family violence and its consequent trauma. Neither the strategic-structural therapist, nor the conversational systemic therapist resolve the ethical dilemma of when, how, and if the therapist should bring forth issues of abuse as part of the therapy if the family does not bring the issue up. An attempt at integrating systemic and feminist constructs may provide some responses to these questions, a matter I explore at the end of this section.

4.6.1. Interactional and Constructivist Orientations

The field of family therapy has provided a distinct response to the question of who is the victim. The distinction between victim and victimizer is to say the least, vague. The hypothesis of one person seen as the victim is transformed into a more encompassing distinction that includes problematic interactional patterns of spouse abuse in which both spouses are the "victim of an oppressive interactional pattern. An individual's action is a consequence of redundant social patterns and stabilized patterns of social organization." (Keeney & Bobele, 1989, p.93)

Nonetheless, even "pure" systemic thinkers like Keeney and Bobele believe that a narrow adherence to only one perspective fosters irresponsible and unethical therapeutic conduct. Flemons (1989) wrote:

While we surely must avoid the trap of 'blaming the victim,' we must also beware the lure of simply blaming the 'victimizer.' Both views separate abuser and abused within a dichotomous logic of attribution, (...) connective (contextual) solutions require an ecosystemic approach that pays heed to the recursive nature of relationship. (p.1)

Interactional explanations of family violence are popular among the teams. "It called to my attention that in defining domestic violence, they started to talk about society, power, etc., but no one said that domestic violence is a way of relating (...)." ⁵² Pure systemic perspectives brought out in particular sentences were usual in the interviews with the teams, but these "pure" statements were also contested by other members as the conversation evolved, as I elaborate later in this chapter.

A typical example of an interactional perspective included the idea that responsibility is shared among the family or couple members:

We tell her that it is not her fault. She does not deserve that thing called violence. It is a shared responsibility. Violence is not something that one exercises and the other receives. It is a shared responsibility not to feel guilty and bad, because she receives violence, she does not get violence, because she is bad but, because there is a whole learned history. Because of an interaction style, it's a way of communication, through hitting. ⁵³

Here Renata was summing up a systemic and constructivist practice, though earlier she defended a theoretical perspective grounded in feminist principles which usually differs from systemic accounts.

In the same vein, Carlos stated that at the core of family violence "there is a relational aspect, (...) more and more it looks like there is a relational aspect. There is a relationship in which is unclear what to do. Who is the victim? I am not so sure the victim

⁵² Marta: Me llamó la atención que en la pregunta de la definición de violencia doméstica. Empezaron a hablar de la sociedad, de la cosa del poder, etc.. Ninguno dijo que la violencia doméstica es una forma de relacionarse (...). [220]

⁵³ Renata: Uno empieza a decirle que no es como culpable, no es la merecedora de esta cosa llamada violencia. Que es una responsabilidad compartida. La violencia no es que uno la ejerce y el otro se ponga a recibirlo. Es responsabilidad compartida no sentirse culpable y más mal por recibir violencia, no recibe violencia por mala, sino que por toda una historia aprendida. Por un estilo de interacción que ellos han establecido así. Que su manera de comunicarse es a través del golpe. Porque el otro tipo de comunicación no se les ve. Es la comunicación verbal-afectiva se ve poco. Excepto en el periodo de reconciliación. (...). [157]

is the one who receives the hit."⁵⁴ This became a statement that later he and other interviewees questioned. He agreed with his peers with the idea that there is a relationship of inequality:

(...) I agree that the relationship is of inequality, but I also believe that in this unequal relationship in a couple or a family, an internal inequality is reproduced. I believe that in the lack of external democracy, and lack of internal democracy, there is also an intrapersonal relation and also an interpersonal one and they both live.⁵⁵

In his statement, I believe, there is an effort to explain family violence as influenced by multiple causes. This particular discussion arose as they tried to integrate systemic, psychological, social, and gender-sensitive categories in one model.

A constructivist approach to family violence arose as a way of resolving some of the ambiguities the teams encountered in trying to define terms. For instance, Carlos proposed that in defining family violence, we should consider the subjective accounts of clients as well as the social mores:

(...) it is a subjective experience, it is not objective, that these are behaviors deemed as domestic violence and that the lack of some behaviors is not. It is a qualitative thing that depends on the family members subjectivity and certain social subjectivity(...).⁵⁶

In sum, interactional and constructivist perspectives highlight the difficulty of defining family violence with the fixed roles of victims and victimizers. In turn, this perspective

⁵⁴ Carlos: (...) esta relación víctima-victimario, (...) a mí me parece que hay una cosa relacional. Es una relación que se establece donde no me queda muy claro que lo que hacer, ¿Cuál es la víctima ? No tengo muy claro que la víctima sea la que recibe el golpe. [143]

⁵⁵ Carlos: (...) estoy absolutamente de acuerdo que la relación es desigual, pero creo que además esta relación desigual que ocurre en una pareja o una familia, creo que reproduce también una cierta desigualdad interior. Creo que esa falta de democracia externa, falta de democracia interna, hay una relación intrapersonal, también hay una relación interpersonal y ambas viven (...). [144]

⁵⁶ Carlos: (...), pa' mí la violencia doméstica es como la, es una experiencia subjetiva, no es algo objetivo, que tales tipos de conducta son violencia doméstica y la falta de esas conductas no son violencia doméstica. Pa' mí más bien es una cosa cualitativa que depende de la subjetividad de los miembros de la familia y cierta subjetividad social. (...). [131]

gives the appearance of holding the abused woman and/or children somewhat responsible by constructing the relationship and thus, in part, as responsible for the actual violence.

4.6.2. Intergenerational Transmission Hypothesis

The intergenerational transmission of violence hypothesis has undoubtedly high appeal for the teams and it can be tracked to at least three sources. The concept combines ideas prevailing in the family violence research literature in the United States (Finkelhor, 1994; Finkelhor & Dziuba-Leatherman, 1994; Gelles and Cornell, 1985), the intergenerational or transgenerational approaches in family therapy (Boszormenyi-Nagy & Spark, 1973; Bowen, 1978), and the cycle of violence developed by Walker (1989). The source of these ideas are drawn from the literature they have had access to, as well as their clinical experience. Ester in South stated that the source of this idea has an origin in:

What I have read, an important percentage of people who maltreat have experienced violence, everyone, and from my experience, from the cases I've seen, an important percentage have been maltreated as children (...). I don't say everybody, it's a clinical observation (...), the person doesn't learn adequate patterns or they stay damaged. They are less tolerant and have less capacity to contain their own children later.⁵⁷

Similarly, in North, Constanza adds: "the transgenerational issue is a very strong issue (...), it means to stop an everlasting violent dynamic as a valid relational form (...)." ⁵⁸

⁵⁷ Ester: Lo que he leído, hay un porcentaje importante de gente que maltrata ha tenido experiencia de violencia, todos. Y también de la experiencia, de los casos que yo he visto, un porcentaje importantísimo, (...). Con esto no niego que todas las personas, esta es una observación clínica. (...), la persona no aprende patrones adecuados o queda dañada. Tiene menos tolerancia, tiene menos capacidad de contención con sus propios hijos después. [58]

⁵⁸ Constanza: (...) la cuestión transgeneracional que es super fuerte, (...) parar una dinámica violenta como forma válida de relacionarse y que no termina. (...). [73]

Ester, like most of the teams' members, made sense of the problem using this hypothesis: "(...) today, we know the impact. We didn't know for certain how damaging, negative and devastating is the situation of violence. (...), it's an intergenerational problem, and that makes people capable of exerting violence over others."⁵⁹ In Central, Carolina explored this further:

(...) it's important to prevent, to stop its repetition, we know its tendency to repeat itself through generations in the same family (...), to stop a person now in one family with a violent attitude, the violent behavior, is to prevent it in the future.⁶⁰

The hypothesis provides the teams with a rationale to a systemic understanding of the problems batterers confront. The teams seem very sure that the batterers were all victimized in their families: "(...) even though I have not seen many cases, in none of them there were no previous abuse of the batterer. Always the batterer had been abused too. This fact reaffirms the literature."⁶¹

The explanatory capacity of this hypothesis makes it the "premier" explanation in the field of family violence (Egeland, 1994; Finkelhor & Dziuba-Leatherman, 1994). Its capacity to provoke consensus among professionals and non-professionals includes the fact that "it makes sense" and thus has popular appeal. On the other hand, this hypothesis has been criticized (Kaufman & Ziegler, 1987, 1994). "The majority of abusing parents were themselves abused, but it may also be the case that the majority of parents who were

⁵⁹ Ester: (...) hoy día que sabemos cual es el impacto. Eso no lo sabíamos antes con tanta certeza, cuan dañino, negativo, cuan devastador es la situación de violencia.(...), es un problema que es intergeneracional, que eso produce personas que pueden ejercer violencia sobre otros. [417]

⁶⁰ Carolina: (...) es importante todo lo que se puede prevenir, cortar, impedir que se repita, porque también sabemos que se tiende a perpetuarse a través de las generaciones en la misma familia (...), el hecho de tratar, de cortar ahora en una familia con una persona la actitud violenta, el comportamiento violento, significa prevenir hacia el futuro. (...). [57]

⁶¹ Carolina: (...) aunque no he visto mucho casos, no hay ninguno en que no existiera el precedente de maltrato en el mismo maltratador. Siempre el maltratador había sido maltratado también. Esto reafirma la literatura. [613]

abused as children are providing adequate care" (Egeland, 1993, p.199). A retrospective observation arising from clinical observations cannot determine what proportion of the general adult population who were maltreated as children are providing adequate care for their own children. Other authors are more drastic in the assessment of this problem: "the actual empirical evidence in support of the intergenerational transmission of abusive parental practices is less than convincing." (Burgess and Youngblade, 1988, p.39)

A participant reaffirmed how abuse is really a critical issue due to its ability to reproduce itself throughout generations. The teams' clinicians were prone to understand their work with families as having a particular importance in helping to prevent abuse in the future:

Eliana: It makes it really serious (...). The percentage of families in which you really interfere in this cycle and one in which you can make a tentative prediction is much less, that has the capacity to reorganize its life the next day, the next generation, in the future.

Laura: Do you know why does it happens? It's precisely because we see the people too many years after suffering maltreatment, it's one of the more important reasons for why it happens. We are seeing the women after ten years or more.

Eliana: After they have educated their children (...).

Laura: After they have educated their children and they have used punishment as a valid educational tool. That's the reason why this happens, that's why we should work with young people (...).⁶²

⁶² Eliana: Lo hace más grave (...). El porcentaje de familias en las cuales uno realmente interfiere en este ciclo y uno puede hacer un pronóstico, incluso tentativo, tiene quizás capacidad de hacer otra organización de vida mañana, la próxima generación, es mucho menor [616].

Laura: Sabes porque sucede eso Eliana? Es porque precisamente nosotros vemos a la gente después de muchos años de sufrido el maltrato, es una de las razones super importantes para que esto pase. Estamos viendo a las mujeres después de diez años o más.

Eliana: Después que educaron a sus hijos

Laura: Después que educaron a sus hijos y después que ellas mismas han usado el castigo como un método válido de educación, entonces por eso se produce esto. Por eso vemos importante trabajar con jovenes (...) [617]

⁶² Laura: Creemos que la única prevención real que nosotros podemos hacer es ahí, el resto que estamos haciendo es parchando, estamos interviniendo en situaciones en crisis, no significa necesariamente que ahí estamos haciendo prevención. [617]

In North, not only the battered women, but also the batterers are perceived by the teams as survivors of child abuse. They all become participants of an intergenerational legacy in which they were all domestic violence witnesses or victims as children. Laura said: "(...) there's an important percentage of women who have been mistreated as children or their mothers were beaten. In the case of men, the same thing, their fathers have been their mothers' batterers."⁶³ Eliana added that the abusers today could have been: "(...) themselves mistreated, (...) there's a high probability that these children will become batterers themselves."⁶⁴ Making this hypothesis a core explanation implies that any non-treated client who has been touched by the legacy will require treatment to prevent the perpetuation of familial abuse.

Laura verbalized her frustration, because her clinical work has become crisis oriented work rather than preventive. The intergenerational transmission hypothesis makes her believe that her clinical work may not be as relevant as a preventive approach. "We believe the only real prevention is there [preventive work based on the idea that violence is transmitted], the rest is just patching, it doesn't mean we are preventing."⁶⁵ Their commitment to prevent the conditions in which domestic violence occurs was clearly stated here. Therefore, to just do clinical work makes them uncomfortable due to the magnitude of the problem.

⁶³ Laura: (...), hay un porcentaje importante de mujeres en que han sido maltratadas como niñas o sus madres fueron golpeadas. En el caso de los hombres que entrevistamos, la misma cosa, sus padres han sido maltratadores de sus madres. [614]

⁶⁴ Eliana: (...) y ellos mismos haber sido maltratados, (...) hay una alta probabilidad de que estos niños sean golpeadores. [615]

⁶⁵ Laura: Creemos que la unica prevencion real es esa, el resto es puro parche, no significa que lo prevengamos. [616]

Eliana, a family therapist from Conchalí, responding to a fictional situation in her own family, used this hypothesis to situate herself as potentially responsible if her daughter were victimized by another person. In the following vignette, a specific systemic model provided the rationale to frame an hypothetical experience:

What would I tell my daughter? Mmmm. Curiously, nothing different from what I do with the women here. I would review stuff: the internalized patterns, the internalized messages, the internalized myths, whatever acts from the unconscious, the internal message that makes me maintain or reproduce a behavior. I'm reminded of my daughter or my son, I think on what I have transmitted. Because I start thinking that something happened in my family all of which would make it impossible for me to treat her, because I am part of the system. I would look for someone external. I believe I am part of the system and something happened in my system. Then, I am a collaborator. I haven't thought a lot about it but that's what I think now.⁶⁶

In sum, the high appeal and intuitiveness of the intergenerational hypothesis should motivate research to validate or refute its claims. The hypothesis may be very useful in making the case for preventive measures. Independent of its validity, the hypothesis is a rhetorically attractive message for the public and other professionals. Its diffusion could lead to higher levels of awareness and an analysis of parental practices. It may also be a useful hypothesis when teams work with batterers or offenders, because it may provide the therapeutic relationship a starting point to have the perpetrator empathize with the pain of the person they battered. However, from a therapeutic and legal perspective, the intergenerational explanation could make the responsibility for the abuse too diffuse. Therefore, clinicians and other professionals working from this perspective may collude

⁶⁶ Eliana: Qué le diría a mi hija? Emm....Huyy. Curiosamente, fijate que no muy distinto a lo que hago con las mujeres acá creo, en términos de revisar cosas. Que van desde las pautas internalizadas, desde los mensajes internalizados, desde los mitos internalizados, desde todo lo que actúa a un nivel más bien psicoanalítico inconsciente, en el sentido que de alguna manera el mensaje internalizado que me hace mantener o reproducir una conducta. Estoy pensando si es un hijo o una hija, creo algo le he transmitido yo. Me complica más. Porque pienso que de alguna cosa algo le transmití, algo pasó en mi propia familia, con lo cual se me haría muy difícil tratar yo, porque sería como parte del sistema. Lo que primero haría sería buscar algo externo. Creo que soy parte del sistema y algo pasó que eso ocurrió dentro de mi sistema. Entonces yo soy colaboradora de eso. No lo he pensado tanto, pero eso es lo que me surge ahora. [81]

with the abusive behavior, because it can rationalize the abusive behavior in the name of a traumatic childhood.

4.7. Integrating Gender-sensitive and Systemic Perspectives

I have relied on four conceptual categories to explain how the teams define family violence, out of those four, the gender-sensitive and systemic categories pose a complex challenge for integration. The individual or psychological approach is usually integrated with systemic concepts, and the gender-sensitive category is frequently associated with societal dimensions. The challenge for the teams is to integrate systemic analysis and practices into a gender-sensitive analysis. Carlos has resolved the theoretical challenge by merging the two categories, using an aspect of each:

Two perspectives. An underlying gender perspective for what I think I believe. It is a revision of a diverse amount of problems in a different light, which is this discrimination, the social differences between individuals. That's one thing. On the other hand, a systemic vision. I tend to look at a problem in a particular context, and a problem as a context for other conditions (...).⁶⁷

Systemic therapy approaches provide practitioners with concrete and specific techniques. Even though the theoretical understanding of the problem is still focused on family dysfunction, similar to the individualistic approach that defines an inner dysfunction, in both cases, it is a dysfunction *in* a social body rather than *on* a social body relationship with a larger context. The systemic perspective aids practitioners in construing the

⁶⁷ Carlos: Dos perspectivas. Una perspectiva de género a la base de lo que yo creo pensar. Me refiero con perspectiva de género a una revisión de distintas problemáticas a la luz de una nueva manera de mirarlo. Que es esta discriminación, esta diferencia social entre individuos. Eso es una cosa. Por otro lado, una visión sistémica. Tiendo a mirar un problema en un contexto determinado, y un problema como un contexto a su vez de otro tipo de condiciones (...). [38]

problem as located in the relationship between people, but it lacks a comprehensive understanding of structural inequalities in the social arrangements. A gender-sensitive analysis incorporates the issue of inequality and oppression into the interventional process, but it generally alienates in the intervention process some of the family participants, because it is focused on the traumatized victims. A gender-sensitive approach incorporates cultural values and beliefs that can aid teams in perceiving causes beyond the individual.

Professionals trained in a variety of family therapy approaches struggle to include gender-sensitive concepts in their practice. A systemic therapist in the North team was moving in this direction, from a systemic perspective to an integration of gender-sensitive ideas that her colleagues had been discussing from an earlier period. The leader of the North team explained the process in regard to a particular peer's experience:

She had a perspective about the work with women and that perspective has become more flexible, (...), there was the stigma of 'the systemic' and that thing in the domestic violence field was a stigma. Some modalities we tried here created a lot of apprehension in other teams. But we were able to support her though we didn't share her posture completely, (...).⁶⁸

In contrast, statements that reject the possibility of useful integration of interactional and feminist discourses were also evident in stories told by interviewees. For instance, another psychologist made her systemic understanding of family violence in opposition to a feminist vision:

In the women's movement approach that has emerged, the woman appears as a victim. I disagree, may be because I hold a more interactional perspective (...), a group of students working in a project about SERNAM, from a report they

⁶⁸ Laura: Ella tenía una postura frente al trabajo con mujeres y esa postura de alguna manera se ha flexibilizado. (...) la habían estigmatizado, 'la sistémica' y esa cuestión como dentro de lo que era el ámbito de trabajo en violencia doméstica era un estigma. Algunas modalidades de trabajo que se practicaron, produjo como mucho resquemor en otros equipos. Ahí creo que una de las cosas importantes que se produjo es que hubo un respaldo aún cuando a veces no compartíamos absolutamente la posición (...). [722]

brought me, said: 'they are a little bit too biased with their information, it makes the women too much of a victim.' Maybe that focus has been helpful to reach a balance, but I don't share the idea of the female figure as the abused one, it is a mutual thing.⁶⁹

Systemic approaches enjoy an enormous popularity in the mental health community, and mental health practitioners who do not deal with family violence issues; feminist ideas in the clinical context are less known and rejected in the larger mental health field.

Although systemic oriented practitioners may stand at distance from gender-sensitive perspectives, they all complained about the lack of comprehensive laws to address domestic violence. These laws would affect a positive impact on the therapeutic processes. Their expectation about the laws are different compared to, the situation in the United States, where the judicial system may be intrusive to the point where family therapy may not be feasible. Carolina in South told the story of a failed therapeutic intervention due to the lack of support on the part of non-existent legal mandates:

I was remembering a case, when I was an intern, in which there was violence against the woman and it was terribly frustrating in the sense that I couldn't bring the husband in it. We worked with her and the children. We achieved the minimum, to suspend the violence when we are working with them, nothing else (...). The motivated one was her, the husband didn't want to know anything about this, he thought he was entitled to punish her whenever it was necessary. I talked with him once, he recognized that he was really doing bad, that he shouldn't be doing this, but he didn't show any motivation to change and there were no means to force him. It would have been different if the court had mandated him. The complaint was withdrawn by the same wife so that he was able to return home, because she did not want to lose the financial support, there were three children

⁶⁹ Antonia: Se ha ido generando un movimiento mujeres, donde aparece como la mujer víctima. Yo no estoy totalmente de acuerdo, quizás por una visión más interaccional (...), unas alumnas de psicología que estaban haciendo un trabajo fueron al SERNAM y del reporte de ellas, sin haberles dicho nada, decían: 'es un poquitito tendenciosa la información, está todo como cargadita a que la mujer es la víctima.' Quizas ese foco ha sido necesario para llegar a un equilibrio, al cual no comparto que sea aparece una figura femenina la que ha sido maltratada. Yo creo que es bastante mutuo. Lo que pasa es que pareciera que en este minuto aparece como figura, porque no nos ha llegado ningún caballero que haya sido golpeado. (...) emergió en este país a través de la mujer. (...), creo que es ambas partes. (...). [434]

and a baby on its way. We achieved some results like stopping his physical violence, and achieved some of her own goals (...).⁷⁰

The interviewees, who worked with grassroots women organizations, have a different experience. They were challenged, because they may have to integrate a systemic orientation with a perspective that equals gender with differentiating sexual roles, or a lineal feminist analysis. This process can generate confusion and raise questions about the sense of certainty that the adherence to one model provides. Marta, the author of several monographs about domestic violence, told about her struggle:

There is another question causing me many conflicts, because I do not know what to do. When I started working on this issue, working with women and really immersed in the feminist world or with women's groups, I was at ease with saying: 'this is a male who is being abusive of his power over women.' In that little framework, I would fit perfectly and I had it all clear. Now I have changed my perspective, it has been an eye opening but it is a mess in my mind. Although the woman is responsible for herself and how she takes care of herself, he has a real power and he is really using that power. So then I have a big dilemma, how to put those two things together?⁷¹

⁷⁰ Carolina: Estaba recordando un caso que ví el año pasado, cuando era una alumna en práctica en el consultorio, en que había violencia contra la mujer y también fué terriblemente frustrante en el sentido que no conseguí llevar al marido. Trabajamos con ella y con los hijos. Logramos lo mínimo que es suspender la violencia en el momento que estábamos trabajando con ellos. Nada más (...). La motivada era ella, el marido obviamente no quería saber nada, consideraba que era su derecho castigarla. Se sentía con el derecho de castigarla cuando fuera necesario. En una oportunidad que conversé con él, reconoció que en realidad él actuaba mal, que no tenía que hacerlo, pero no mostraba ninguna disposición a cambiar y no tenía medio de obligarlo tampoco. Habría sido distinto si el juzgado lo hubiera mandado, hubiera tenido alguna ingerencia en eso. La denuncia que se hizo antes que llegaran a terapia fue retirada por la misma esposa para que volviera a la casa, sino se quedaba sin sostén económico, había tres hijos más una guagua en camino. Ahí logramos algunos resultados intermedios como suspender la violencia física de él, lograr trabajar con ella algunas metas propias (...). [53]

⁷¹ Marta: Lo otro que me está creando un montón de conflictos porque no se como hacerlo. Cuando yo empecé a trabajar en este tema, y trabajando antes con mujeres y muy metida en el mundo feminista o con grupos de mujeres, etc. Me era muy cómodo y muy fácil poder encuadrar y decir "esto es hombre que abusa del poder hacia la mujer." Y yo en ese cuadrado me movía perfecto y lo tenía muy claro. Ahora yo también he cambiado mi perspectiva, se me ha ido abriendo, pero tengo el escándalo en eso. Porque si bien la mujer es responsable de sí misma y de como está ella consigo misma. El otro tiene realmente un poder y realmente está usando ese poder. Ahí a mí se me arma el conflicto de como juntar estas dos cosas. [221]

A crucial factor to this process of mean-making and conceptual understanding of the issue of family violence must also be considered when attempting to integrate systemic and feminist categories into a coherent whole, namely the lack of legal and social instruments. This problem makes any decision become a "clinical decision;" that is, protective measures and clinical interventions are intertwined and the practitioners must deal with ethical dilemmas without a clear protocol. The most mentioned and challenging question is if the practitioner should introduce the violence as an issue to confront when a client is denying or silent about the issue. This is also true even when the referral is motivated by concerns about abuse on the family:

They come not because they have a history of family violence (...), but it's another story: 'really I'm coming because I have a communication problem with my husband.' Soon you realize they are living a domestic violence problem (...). It's difficult to mobilize them, because they do not bring it as an issue. Thus, there is an ethical problem or a work problem in which there are two totally different postures. One says that you work with what the woman requests from me, and if the woman comes with a pair of black eyes and she requests to talk about the couple's communication, I work with the couple's communication. The other posture says that if she has black eyes, I cannot continue working as if the only problem is that they do not talk, that the little boy is peeing his bed. I adhere to the a practice in which I cannot just speak about the child when I am witnessing the other issue. I redefine the reason for consulting (...).⁷²

When there is no legal or professional protocol for intervening in a violent family situation, the practitioner is left to make her own ethical decisions in isolation and unsystematically.

⁷² Eliana: Vienen en realidad no porque tienen un problema de violencia doméstica (...), vienen con otro cuento 'es que en realidad vengo porque tengo un problema de comunicación con mi marido.' A la tercera vuelta del andar, te das cuenta que en realidad viven un problema de violencia doméstica. (...). Me parece más difícil movilizarlas porque primero, ya no vienen con ese tema. Así que te presenta además un problema ético o de trabajo, que vas a, hay dos posturas totalmente distintas. Está la postura que dice, yo trabajo con lo que la mujer me pida, y si la mujer viene con los ojos en tinta y me pide que quiere hablar sobre la comunicación de la pareja, trabajo con la comunicación de la pareja. Y está la postura que si viene con los ojos en tinta pasa otra cosa y yo no puedo seguir trabajando como que acá el único problema es que ellos no conversan, que el niño hace pipí en la cama. Me ascribo más en la práctica que yo no puedo estar hablando del pipí del niño cuando veo que está esto otro. Me ascribo más a la línea, lo redefino el motivo de consulta. (...). [728]

To recapitulate, the systemic categories used by the teams could be characterized as interactional and intergenerational. The questions that these systemic categories raise in terms of the teams' practice are posed when discussing their experience with women and children as victims. Shaping an analytical framework that includes both systemic and feminist ideas generates confusion and contradiction in the teams. Moreover, the literature published internationally about this challenge does not provide clear guidelines because of the different legal contexts in which that literature emerges.

4.8. Conclusions: Family Violence Categories and Dimensions

The interviewees defined family violence by drawing on concepts from their own professions and their experiences working in multidisciplinary teams. The articulation of differences was not perceived as threatening by the teams but as part of developing a coherent theoretical framework. Differences within the teams were influenced by the diverse professional backgrounds of their members. Differences in perspectives were also affected by members' previous participation in grassroots organizing. The teams were from different geographical locations, with different networking spaces, and/or different group configurations. These differences did not seem to play an influential role in the themes that came to prevail in their efforts to define family violence. In sum, what characterized the teams, in terms of the definitions, was the diversity within them rather than a great variation amongst the teams. Another factor to be considered when characterizing the teams is the dynamic nature of group development, demonstrated for instance by the evolving dialogue that emerged as the teams matured.

In trying to analyze the range of definitions of family violence captured in the interviews, I developed a multidimensional category system. This four categories system

was also useful to systematize how the teams may construe family violence. Table 4.1. (p. 143) shows this organizing scheme of the categories I analyzed. Seven dimensions represent three concerns in the analysis: theory, the speaker's location, and practice. Theory refers to the language used to define family violence and delve into the core of a particular category. Location concerns who are the protagonists that define the problem from a particular discourse, and who is responsible for the violence itself. Practice are those activities put in place by the teams to resolve the issues when using one category or a combination of them. The table may lead to a simplification of the complex array of conceptual ideas informing family violence and trauma. In each column it is possible to place more specific approaches. Psychological models emphasize different concepts: social learning of aggression (Bandura, 1973; Saunders, 1989), psychoanalytic ideas, stress responses theories (Horowitz, 1986), and others. The systemic category can refer to General Systems Theory, second order cybernetics, or concepts based on the idea of storied lives. The feminist models can vary from a relational/difference paradigm to the radical/separatist ideas and others within that continuum. A societal approach can also represent a continuum that includes liberal and conservative ideas, as well as modern and postmodern frameworks.

The individualistic perspective portrays problems as located in the mind of the affected individuals rather than in the dialogical encounter between people. Individual characteristics are paramount to explain the source of the violence and its traumatic consequences. An inner and instinctive understanding of the aggression is seen as responsible for the violence. The social context in which the violence occurs is de-emphasized. A dichotomy between the client and the expert professional makes the client more of an object of intervention than an empowered participant.

From the societal perspective, the political process is a fundamental context to understanding family violence in Chile. The political repression during the dictatorship inhibited discussions about issues that contested the hegemony of an authoritarian system in every aspect of social life. In this regard, the teams may have used the interview to elaborate upon their own traumatic memories and its connection with their present work. But, to link family violence with violence legitimized by larger social processes is an emotional, as much as an intellectual process; a matter I explore in Chapters V and VI.

Clients' experiences have been central in making the teams work through definitions that include a gender-sensitive analysis, an issue I explore in Chapter V. To make the personal political creates difficulties in how the team members define themselves as professionals. In that context, the interviewees' claims of including gender as a central issue in their work are relevant, but still lacking in substantial theoretical grounding.

To integrate the categories above into a coherent whole is still an unfinished task. The teams were especially interested in the usefulness of integrating a feminist analysis into a systemic approach to family violence interventions. Their systemic categories were characterized by team members' descriptions of aspects of family violence. They recognized, however, the systemic approach does not provide the critical context needed to address the problems of domination, inequality, and oppression in the family.

These theoretical categories provided the teams with a set of beliefs and concepts that support allocation of responsibility and causes for the violence. Although each team member remained biased by the current theoretical hegemonies in each of their professions, their definitions have been greatly shaped by the challenges they face in their team work which requires more than just one framework. An example of this challenge is the need to integrate systemic and gender analysis in a coherent whole, a matter which

team members had not confronted before they started to work in the field of family violence. At the moment, these definitions are not explicit, nor do they provide comprehensive guidelines for intervention. However, continued analysis by the teams of their own evolving theoretical perspectives and implications for practice is a critical step in the development of legal, social, and professional protocols for family violence interventions.

Table 4.1.
Family Violence Discourses

| CATEGORY / DIMENSIONS | individualistic | gender sensitive | societal | systemic |
|---|--|--|---|---|
| Understanding of problem | clinical problem syndrome, symptom | cultural | social inequality, lack of social control measures | descriptive, intergenerational, communication process, socially constructed |
| Core cause | victim's or perpetrator's dysfunction | gender inequalities | poverty, socialization, social violence | family dysfunction, history of violence, cycle of violence |
| Accountability. Who is responsible for the violence? | individual psychopathology, intrapsychic structures | private/public split, dominant gender | authoritarianism, structural inequality or deviant citizen | system dynamic or constructed meaning, coreponsibility among family members |
| Whose perspectives are most prevalent in the care context? | an expert professional or social control agent | abused victim or survivor | social power agent | family consensus, family stories |
| Focus of intervention | individual and/or family | networks and social movements | communities and society | families and networks |
| Therapeutic process | expert-client dichotomy, private relationship, interpretation, listening | collaborate, educate, empower, emancipate | engage people in political and media campaigns, grassroots movements, lobbying | conversational and/or strategic and/or intentional, team approach |
| Goals | healing, growing, curing | private is political: making visible the invisible | sociopolitical changes to ensure modifications in the law and provision of services | pragmatic: language frame, solving, networking |

CHAPTER 5

CARING FOR CLIENTS

5.1. Introduction

Caring for people affected by family violence requires a set of expert tools and a knowledge of the client. How the teams characterize their clients influences the kind of expert aid they provide. In turn, their contacts with clients greatly determine the characterizations. In fact, during the interviews, I found an enormous interest in characterizing the women and families who seek aid from them. The interviewees define criteria to classify and make efforts at making sense about who their clients are. Teams characterize clients using descriptive or statistical criteria and/or assessing clients' internal dynamics. These definitions are not static; they evolve in the interactive process amongst clients and providers.

Care is a reflection of and constitutive of how people are defined in the care process. In this inquiry, caring is any activity aimed at aiding family violence victims, including legal, therapeutic, and/or social support to help clients to access means of taking control. In this approach, to speak about caring is to analyze how the interviewees--therapists, social workers, lawyers, community activists--construct their clients' lives as emerging from traumatic processes. Although to care for these clients implies theoretical or ideological perspectives as we reviewed in Chapter IV, the context and the care practices will also influence the particular care approach.

Although teams' characterizations seem to objectify their clients as if the latter were only defined by the violence to which they have been subjected, I will be posing the hypothesis that attending clients in crisis due to trauma stories overdetermines teams'

discourses. In other words, it is the urgency imposed by the trauma account that may impose a classification and an approach rather than a preconceived idea about what should be done. In most cases, interviewees' ideas (e.g., certainty about professional roles) changed as they started to reflect on their practices. It is difficult to know though, if this process will truly aid them in developing genuinely emancipatory techniques in working with clients. Moreover, the context in which their activities are developed defines specific practices. For example, limited financial resources and community services also regulate the possible options.

Finally, interviewees perceive that their work, framed by a crisis mode, while necessary, is loaded with negativity; crisis intervention work has relevance only in the short term since it is defined by present circumstances. In contrast, preventive work is associated with the future, the practitioners see it as being in the positive sphere of their work. They view preventive work and crisis oriented approaches as opposites. However, the interviewees can see clinical work from either perspective. For instance, the cycle of violence hypothesis is used in the clinical arena, using a rationale that resembles preventive rather than crisis-oriented purposes.

This chapter begins by exploring how the teams characterize their clients. Second, it considers their ideas about what teams do to aid clients. Then, it points out to the limitations a team approach has if it does not incorporate a larger systems approach. The chapter then analyzes the problems that teams confront in incorporating a network of providers into their work. Finally, it explores how team members learn from their clients, which relates to the impact clients have on them, a theme further explored in Chapter VI.

5.2. Characterizing Clients

Interviewees' characterizations of their clients can be organized under two rhetorical categories. I explore first how clients are described using statistical and/or descriptive criteria, which may provide a skilled practitioner with a high probability to predict future behaviors. Examples of this criteria are the prevalence of the problem, the kinds of violence clients are subjected to, the clients' social class, and the age at the time of victimization. Secondly, clients are classified according to their orientation to the issue of abuse and expectations about help. For instance, teams describe clients with various levels of openness to explore their stories of abuse, various degrees of consciousness about gender inequality, and diverse expectations about what the teams can provide. None of these rhetorical categories comes explicitly defined--many are interspersed in narratives that refer explicitly to something else.

5.2.1. Statistical and Descriptive Criteria

Statistics can refer to the prevalence of the problem. The extent of the problem of domestic violence was measured in this case by assessing the population teams reach, that is, those abused individuals who decided to confront the issue of victimization. Laura stated that what her team attends is only a portion of the population affected by violence in the family:

We all know the conclusions of SERNAM's research: the problem is critical in Santiago. Here it is not different from other places: we know only the tip of the iceberg, the women who have decided at some moment to do something to change their situation. To say what's the extend of the problem is [not possible] (...). I believe it's serious, but the amount of people who stop to think: 'Here I have a problem and I want to do something to change this situation,' are few. As a matter of fact, the women who come here (...) do so after many years of battering. The

majority after ten, fifteen, and even forty-five years of mistreatment. What's constant is that it stops when explicitly or implicitly the women say: 'I want to be a person.'¹

A statistical criteria can also be used explicitly as part of a professional bias or the need to associate the clinical work with traditional scientific standards (Avis, 1994).

Jimena exemplified this possibility. "I look for regularities, it is a professional bias, I look for: 'most of people such and such' to look at frequencies (...). For instance I have a study that was used in a study commission at the Legislature (...)."²

Another example of the above was provided by Marta, the Central team leader, who was conducting a study to classify abused women. This research would aid the team members in providing an adequate treatment for their clients. This idea was born out of a lack of consistent responses to clients' needs by the team members. Marta explained why it is important to continue with this line of research:

A woman arrives here in very bad shape, very needy, with a long history of violence, no spring chicken here. Then the attitude of some team participants has been to protect her. 'Okay, we will be in charge of you.' Others said: 'Now, from this day on you'll start doing things by yourself.' There was no middle ground, or we didn't apply the same criteria. For instance, if the woman worked or not, if she was connected with an specific network, what was the history of violence? etc.. We realized that we had to have two distinct approaches depending on And

¹ Laura: Bueno todos sabemos por lo que son las conclusiones de la investigación del SERNAM que el problema es grave en la Región Metropolitana. Pero aquí esto no es ajeno a lo que pasa en otras partes, nosotros conocemos solamente la punta del iceberg. Las mujeres que de alguna manera han decidido en algún momento hacer algo para revertir la situación. Decir cual es la cantidad del problema es (...). Yo creo que es bastante serio. Pero creo que la cantidad de personas que en algún momento dado se paran a pensar 'yo tengo aquí un problema y yo quiero hacer algo para cambiar esta situación' son pocas. De hecho la mayoría de las mujeres que atendemos aquí, (...) las mujeres vienen aquí después de muchos años de haber sido maltratadas. La mayoría vienen después de diez años, quince, y el extremo, extremo ha sido mujeres de cuarenta y cinco años de maltrato. Lo que ha sido como constante que a veces se verbaliza y otras está implícito en lo que dicen las mujeres, es que las mujeres paran cuando dicen 'yo quiero ser persona.' [611]

² Jimena: Por deformación profesional, busco regularidad, busco, 'la mayor parte de la gente tal y tal' ver frecuencias, (...). Ponte tú, yo tengo un trabajo que es el que decíamos que había salido antes de la Camara de Diputados (...). [313]

without falling into pathologizing the different kind of women. Then, we are working on characterizing the different kinds of women.³

In Marta's ongoing research, an essentialist perspective prevails since the preferred categories are not circumstances, contexts, stages, and shifting stories. It is essentialist in the sense that the goal of the research is to arrive at a fixed, single, unified or static definition of how battered women should be. Yet the team's practice and a critical sociopolitical perspective pull her team apart from the consequences of such perspective.

A contextual element, like social class, demonstrates the difficulties of the research agenda above. Conversations about social class differences between providers and clients proved to be complex. Indeed, the Central team criticized my own assumptions, or what they believed were my assumptions, about the population they access. The team assured me that people of all social classes seek help there; many are middle class, even upper middle class, women. It seemed important for teams to equalize their clients with themselves and to prevent an analysis of how class differences may affect their care for clients. This absence of perceived difference may show the struggles professionals face in aiding people from a different social class than their own, or in how social class differences are confronted within the same team. Although characterizations of clients from a lower social class were frequent, few descriptions exist in which the clients are members of the middle class or higher class. When those descriptions emerged, the focus of the conversation became how the interviewees were confronted with their own biases, their own stories of abuse, and/or feelings of professional inadequacy. Such issues emerged,

³ Marta: Llegaba una mujer muy desvalida, que había pasado en esto toda la vida, no habían pollitos. Entonces, la actitud de una de las integrantes del equipo era como empezar a protegerla: 'Ya nosotros nos hacemos cargo de tí.' La actitud de otras era: 'No, de hoy día pa' adelante tú empezai a hacer tus cosas.' No había una media, y también como viendo que todas de repente no aplicábamos el mismo criterio. Sin cachar si tenían redes sociales y si ella trabajaba o no trabajaba, que historia de violencia tenía, etc. Entonces nos dimos cuenta que había que hacer distintas intervenciones dependiendo de... Y tratando de no caer en diagnósticos tampoco. Ahí estamos trabajando pero hemos hecho una caracterización de los distintos tipos de mujeres. [114]

together with the importance the center geographical location has in approaching clients of a particular social class. A piece of dialogue with two team Central members throws light on this issue:

Luz: (...) there's a myth in what you're saying, that we attend people from low-middle income, people from low income do not come here a lot. (...)

I: (...) the clients you see belong to the same social status as you do?

Jimena: More or less, lower a little, sometimes even higher...

Luz: A lot of professionals, who do not trust lawyers who can be bought out by their husbands (...)

Jimena: (...) To come here you have to know the streets. You have to have access to a series of resources. Maybe in other centers they have a different approach than here.⁴

To a similar question about social status, I received a rather different answer from the North team. Eliana revealed that she has seen only two women from an upper-middle-class background. In her account, issues of social status were particularly important. It should be noticed that the Central team also in other moments emphasized how difficult it was for middle class women to voice their concerns about abusive husbands, due to the loss of social status as well as further abuse which could result. This is the same denial that Eliana accounted for in a case she worked with in private practice:

I have had two cases of socioeconomic status..., that they come not because they have a domestic violence problem. They don't, they don't come and tell me 'I have

⁴ Carolina: (...) hay como un mito en eso que tu dices, que atendemos a gente de sectores bajos o medio bajos, fíjate de sectores bajo no llega mucho.(...). [125-126].

I: (...), los clientes que Uds. ven, vienen del mismo status que Uds. tienen?

Jimena: Mas menos, más bajos un poco, e incluso otros mas alto incluso

Carolina: Llega mucha gente por ejemplo, (...) profesionales y que sus maridos son profesionales porque no confían en los abogados que hay afuera porque su marido los puede comprar, (...)

(...)

Jimena: También tiene que ver con el hecho que esta comuna está en el centro, de que para llegar acá hay que tener plata pa' la locomoción, desde que esto se ha difundido por la televisión entonces tú tienes que tener una aproximación a una serie de medios. Tienes que saber donde quedan las calles, etc. Probablemente en Conchalí y en El Bosque tengan una visión distinta. [130]

a domestic violence problem, What do I do now?' Here in the center they do come for that reason, we are identified by that, etc. (...).⁵

In the South team, in an indirect form, the issue of clients' social class emerged as part of a description of how children were treated in their families. The idea that children are more abused in the lower income families was construed as part of a "culture of poverty" hypothesis (Lewis, 1959). A South member suggested that:

(...) if a behavior is sanctioned, the parents see our approach as completely incoherent. How do we approach the maltreatment of children? How to approach it if in poblaciones, (...), the people consider hitting children as part of the normal way to raise children.⁶

Potential populations affected by abuse can be distinguished considering the differences between the one occurring in the marital dyad affecting the women, forms of abuse towards children, and child sexual abuse. In the case of the sexual abuse, it was not considered family violence: "(...) we have had cases of child sexual abuse, but most of the clients who come here come because of violence itself. We don't see families together (...)."⁷ In this account is possible to observe how the limitations imposed by the team about who they reach affects who the clients are and how family violence is characterized.

⁵ Yo te puedo decir que he tenido dos casos de un nivel socioeconómico..., que vienen en realidad no porque tienen un problema de violencia doméstica. No vienen, por lo menos a mi no me ha pasado, de que vengan a decirme 'tengo un problema de violencia doméstica. Qué hago?' Cosa que acá vienen por esto. Estamos identificados como una institución para esto, etc.. [128]

⁶ Cecilia: (...) el que aparezca siendo sancionado, le parece totalmente discordante. Entonces como abordar el maltrato desde una situación que es como socializado en las poblaciones marginales, (...), esto de golpear a los niños dentro de las normas de crianza. [452]

⁷ A: (...) han llegado abusos sexuales de hijos, pero lo que más llega es el tema de la violencia propiamente tal. Nosotros no atendemos familias enteras, o sea juntas (...). [913]

5.2.2. Assessing Clients' Experiences

In North, salient stories about clients included attempts at characterizing clients' intentions when consulting the team:

(...) the women come here for a legal solution (...), the women who come here are not open to therapy, (...) then, you can not help her totally (...), and legally there is not a response or solution now (...). The women want solutions now (...). That's the problem I confront, the women want a fast response or an immediate solution. For their husbands to give them money and that's it. Sometimes I start to justify the legal system, but I feel guilty because things happen so slowly. A woman gets angry (...), others disappear after a lot of paperwork, (...) or they return after a year when the violence emerges again (...).⁸

Teams may have expectations about what their clients *should want* or what their requests for help must be. This is contradictory to an overall discourse about empowerment and clients' therapeutic goals. Another way of interpreting this phenomena may include clients' motivation as constructed in the context of an interview with a specific professional; clients do not necessarily have an *essential* motive to consult that gets repeated in each context in which they tell their stories. In other words, the clients may define their goals depending on who interviews them and what they see as the potential skills and power of a particular team member. Therefore in the case above, a client may want from a lawyer a "quick" solution to her problems because she perceives that lawyers are rarely available and difficult to engage in a long-standing professional relationship due to social class differences. Consequently, clients' intentions evolve in the interview

⁸ Macarena: (...), la mujer viene acá para una solución judicial, (...), pero no está llana a asumir una terapia para ella. (...) Y el problema en el área legal es que no hay una respuesta ahora y una solución ahora. (...). Mujeres quieren respuestas ahora (...), las mujeres quieren respuestas muy rápidas o quieren una solución inmediata. Que el marido les de dinero y punto. Ahí yo de repente, empiezo a justificar el tema judicial, igual yo me siento culpable porque las cosas andan más lentos de lo que yo quiero, pero no puedo más. Una mujer se enoja (...). O mujeres que desaparecen, dejo las demandas hechas (...). O vuelven en un año más como han pasado mujeres, cuando el problema de la violencia nuevamente volvió. (...). [74]

context, and may respond to a decision making process that includes aspects the interviewer is not necessarily aware of, e.g., their own participation in a power structure.

Another classification of clients depends on their openness about domestic violence. A family therapist concluded that to unveil the issue of family violence involves the potential risk of losing the client, when the initial motive to consult was not related with issues of abuse. This therapist experienced frustration when dealing with families in which issues of abuse emerge later when the therapy was defined otherwise:

They get here requesting help for different problems, including violence. When you start to explore it then they easily desert. Those families arrive through their own initiative, they are not referred by the court. Many times the mother comes with the battered children, and it is impossible to bring the father in; he refuses to come and there is no means to compel him to attend. The work is done with the mother. Many times nothing else can be done besides supporting her to separate, leave, or take further measures to protect the children and herself.⁹

Interviewees described clients using statistical criteria and an assessment of the clients' internal stance. These approaches tend to establish a distance between the teams and their clients, to help teams predict client behaviors and belief systems. In the positivist tradition, these descriptions may show an attempt at developing an expert knowledge that would furnish them with techniques to control and change pathological dynamics. Nevertheless, the teams demonstrated other sensibilities in their accounts. That is, they want to truly understand their clients as they tell their stories. Their constructivist practices, in the latter sense, are based on a continuous reflection about their own practices and its consequences. Moreover, at the core of their work, there is also a wish to

⁹ Carolina: Llegan consultando por diferentes problemas, entre otros violencia y en cuanto se empieza a tratar el tema de la violencia, cuando lo empiezas a explorar ahí desertan con facilidad. Ahora, esas familias llegan por iniciativa propia, no llegan derivadas por el juzgado. Y muchas veces llega la mujer o la madre de los niños que son castigados y es imposible traer al padre porque simplemente se niega a venir, no hay medios de obligarlo a venir. Se trabaja con la mamá y muchas veces no hay más que hacer que apoyarla para que se separe o se vaya o tome una medida que proteja a los niños y a ella. [52]

empower their clients through the forms that they have chosen in taking care of their clients, a matter I discuss next.

5.3. Taking Care

What therapeutic goals, practices, and underlying premises teams pursue are explored in this section. Interviewees approach the problem within a team approach framework; they use systemic-strategic techniques, and they make claims for a gender-sensitive practice. Their function is to increase clients' consciousness about the issues of abuse, reduce survivors' traumatic symptomatology, and to confront issues of denial at an individual and community level. An underlying assumption is the emphasis on *treating people rather than cases*, even in a context of overwhelming demands for urgent care. The teams also provide legal counseling or refer to appropriate legal services. In this endeavor, a striking similarity appears to be the self-perception of being teams that intervene, rather than separate professionals providing different services. I did not question clients to understand their perception about the care-taking processes, so it may be difficult to know at this stage if clients construct the care process in this form too, or otherwise as I pose below.

5.3.1. Goals

Multiple perspectives coexist within the teams, but a gender sensitivity provides a framework for every team I interviewed. Ester explained this as it occurs in the South team:

There are different visions that guide our work. In my case is the gender perspective: to have clarity about the conditions of inequality, the need for individual therapy with the women. And because we have had mostly women who are in a critical situation, it is beyond a couples approach. We have oriented the work towards making her aware of her rights, to educate her about this, (...) we found it necessary to open up new possibilities for her without decontextualizing her situation, we can not say that the gender variable is the only one intervening, but it is important to widen women's vision because they have been socialized in a system that is unfavorable to them. All this has helped us to provide a context (...).

¹⁰

Initial goals in the intake process are to introduce clients to a basic legal rights orientation, to help them to structure their near future, and to aid them in getting organized. Finally, the team works together, depending on the woman's safety and psychological condition, referring her to other services like medication, legal services, and/or the court.

To educate women about the consequences of the abuse, and to increase women's consciousness about the abuse is a goal they wish to accomplish. The idea that any violence against a woman is a violation of her human rights (Bunch, 1991) fits well with this educational practice. This goal is explicit in the North and Central teams. The South team has not formulated their approach in this way, since they see themselves sensitized to gender, and hold a community psychology and systemic perspective as preferred approaches. The Southeast team seems to be in the middle of that continuum.

A particular emphasis in treating people as unique individuals can be noticed in every team, and it reinforces some of the ideas about a feminist sensibility. In that regard,

¹⁰ Ester: Coexisten distintas visiones, que es lo que guía el trabajo, en mi caso es lo de género, en el sentido de tener claro una situación de desigualdad, la necesidad de en la terapia con las mujeres de alguna manera la terapia debe ser individual hacia las mujeres. Pero por el hecho de ver acá nos han llegado principalmente mujeres en situación de crisis que están mas allá de la posibilidad de un trabajo de pareja, hemos orientado más el trabajo a hacerla consciente de sus derechos, hacerla consciente del deterioro, de cuales son los factores que han..., y como la necesidad de pararse y abrirle posibilidades. Sin sacar de contexto la situación, no se puede decir que...La variable género no es la única que está interviniendo sino que hay otras de por medio pero es importante para las mujeres como ampliarles la visión, darse cuenta que han estado de alguna manera socializadas en un sistema que no las favorece, eso de alguna manera ha permitido dar una contextualización (...). [431]

they compared themselves with other health services as well as other bureaucracies which are not attuned to the needs of women; the teams have made an effort to provide a service that sets them apart from the oppressive nature of those institutions: "(...) here the woman (...) doesn't go through slow procedures or unnecessary referrals (...)."11 Valeria made clear that a gender analysis provides the larger context for the kind of care they want to provide: "It is a more personalized attention because we see fewer cases. It is a more integral service (...)."12 To compare themselves favorably in comparison with other service providers affects their capacity to deal with a larger network, a matter I discuss later in this chapter.

A similar approach is shared by the Southeast team. For instance it provides appointment time for clients, but if people arrive when they need an urgent interview, the team tries to attend them as soon as possible. Keeping appointment times is unusual for public institutions as well as for many private ones. "The idea is to attend her immediately; that's why we have a system in which there is always someone available. We also have some community people trained in dealing with emergencies and crisis, and that's a stable feature of our program (...)."13

¹¹ Macarena: (...) aquí la mujer (...) no se le anda tramitando y mandando a otras instituciones que no están sensibilizadas en este aspecto (...). [719]

¹² Valeria: (...) Yo tengo una práctica fuera. Veo como es la relación. Yo creo que aquí es una atención mucho más personalizada. Puede ser porque atendemos menos casos. Creo que aquí, de partida la atención es mucho más completa. (...) [233].

¹³ Eugenia: La idea es atenderla inmediatamente. Para eso hay un sistema de turnos en la atención primaria. Hay además capacitadas tres personas más en la casa para atender en violencia, por si en algún minuto estamos copados o le paso algo la persona. Tres funcionan estables en el programa y hay tres más que estarían capacitadas para recibir una persona. (...).

5.3.2. Practices: *Teams Treating People in Crisis--Not Cases*

To plan the care of clients started in the initial moments of hiring personnel. The Southeast team leader, for instance, was careful in choosing people who would be attuned to the specific needs of women affected by abuse in their homes even under the pressure of the county government to hire people due to political or personal links with government officials: "I was more interested in people being seen in therapy as persons and not as objects, that was my main concern (...)." ¹⁴

To care for clients, the interviewees said, means in many cases to instruct clients about definitions of family violence that emphasize interactional ideas and the less obvious forms of abuse: "When we see women, I realize that many of them are living a messy violent situation and that they are not aware that it is violence. From that perspective, you have to show them." ¹⁵ This instructive aspect of the intervention may imply a paternalistic approach that teams do not all feel comfortable with. As a community activist in the Central team, for Carmen her feminist agenda consisted on "taking a long time with each woman, so that they realize that they are experiencing abuse. I believe it is clear to them, but later they get confused when they go to another interview." ¹⁶ From my perspective, the belief that a client can be fully aware of her problem after an instructive interview may trivialize the complexity of the survivor's experience. However, it is an explicit gender-sensitive approach that they want to transmit in the contact with their clients. In the same

¹⁴ A: Me interesaba más que la gente aquí fuera atendida como persona y no como objeto de estudio, esa era mi principal susto. (...). [912]

¹⁵ Marta: Cuando atendemos mujeres acá, yo me doy cuenta que muchas de ellas están viviendo una situación de violencia jodida y que ellas no se están dando cuenta que es violencia. desde ese punto de vista, uno tiene que mostrarle... [220].

¹⁶ Carmen: Me tomo bastante tiempo en eso, en que ellas se den cuenta lo que estan viviendo, que estan viviendo abuso, que les queda claro. Lo que pasa es que ellas se vuelven a confundir nuevamente cuando van a otra entrevista. (...) [217]

team, Marta explained how this instructive aspect has a place: "We can place her in the larger picture; we have a gender perspective."¹⁷

Constanza and Eliana from the North team developed a work methodology based on strategic therapy principles in which there are clear guidelines for the process a client goes through: co-construction of the problem, unconditional support, and definition of goals to be attained (Bacigalupe et al., 1993):

Generally during the first interview, we try to record it all, keeping in mind that another team member may have not seen her. Sometimes we are meticulous, we tell the story in details. I try to write down the whole first interview, almost like a tape recorder. Focusing on if it was reported. Typical things: What does she want? What was suggested in light of what she was requesting? Then the homework we give them, take the whole story. How many years of mistreatment and the kind of mistreatment (...). We arrived at a protocol but (...), we talk about a common definition of the problem. Then we define conflictive areas and define future work.¹⁸

Legal services are essential in the three teams that count with a lawyer in their group. In the Central team, 44% of the women that request help "demand to be seen by a lawyer" (Ulloa, 1993, p. 32). The lawyer and the paralegal execute various legal actions and informational sessions on behalf of their clients. They coordinate these activities with the other team practitioners. They also provide information about the subject to clients in a group context. The content of each informational session varies depending upon the needs of the women attending. Usual contents are custody of the children, separation,

¹⁷ Marta: Podemos ubicarla de que es un problema mucho mayor que el de ella y con la mirada un poco de género.[233]

¹⁸ Constanza: En general procuramos en la primera entrevista anotar todo pensando justamente que otra no la vió. A veces somos catetes, contamos todo el cuento, en detalles, yo trato de anotar la primera entrevista entera, si tuviera una grabadora casi como eso. Focalizar, sí hizo denuncia? Son cosas típicas, qué quiere ella? Qué se le sugiere en términos de lo que ella pidió? Después las tareas que le damos. Después todo el cuento. Cuántos años? Tipo de maltrato. (...) Hizimos una pauta a la luz de lo que anotamos (...), generalmente pongo conversamos acerca de la definición común del problema. Segundo, definimos áreas de conflicto, definimos tareas futuras. [740]

ownership of household goods in cases of separation, children's visitations, and restraining order possibilities.

Keeping records is used as a way of communicating with other team members about a client's needs. Writing, therefore, becomes a vehicle that provides continuity in the attention of a person, specially if the demand for attention increases:

When I provide orientation, what I do is to write a note about what was done, about the place I refer (...). If the person returns, I write down the consequences, if they were provided with attention. If I am really concerned about someone, and that's a pure gut reaction, I write messages for another team member (...).¹⁹

There was a recognition by the teams that the present work has the tendency to be organized in terms of ongoing crisis interventions, or remediating the effects of extreme and/or chronic forms of abuse. Yet, they believed it is necessary to engage in preventive programs in the future: "More towards preventive work. Although we can continue in the line of crisis intervention, we have noted that the prevalence of the theme requires interventions before the phenomena occurs and to stop the intergenerational circuits (...)."²⁰

Urgent requests for aid in a context of family violence crisis became a reality during the research interview in South: We were interrupted by an ongoing crisis with a client who was in the clinic's waiting room accompanied by a law-enforcement-agent. The whole team had been involved at different degrees with this person and they all spoke

¹⁹ Carolina: Cuando doy orientación, lo que hago es anotar el mensaje de lo que se hizo, del lugar donde se derivó. (...). Por si esa información me retornara: 'me atendió así o acá, no me atendió, es bueno, malo o que...' Y cuando alguna persona me preocupa especialmente y es de puro corazón, no es nada terapéutico, pongo mensajes (...). [315]

²⁰ Constanza: Va más a lo preventivo. Porque si bien podemos seguir una línea de intervención en crisis, hemos notado que la prevalencia del tema requiere de acciones más pre-fenómeno y cortar los circuitos transgeneracionales (...) [78]

about how their distress was spread amongst them in a situation like this. In spite of this, they discussed the relevance of this conversation in connection with my research goals, and though they disagreed about its significance, they all believed that is an intrinsic aspect of the issues that need evaluation in the context of larger systems issues. During the discussion, the participants had different ideas about how involved a clinician should be with the client, and they argued how in this opportunity the roles shifted due to a team member's absence last week when the situation was critical. It raises the issue of how the team co-construct a set of rules as they decide concrete actions triggered by the crisis. It also shows how a systemic understanding rather than a static description of the team may be more relevant to study the team work. The team agreed at the end that the ongoing crisis should be recorded and analyzed. A translation of the verbatim transcript cannot fully describe the abundance of non-verbal and analogical communication that occurred during this incident; therefore, I only reproduce excerpts in the original Spanish.²¹

Cases defined as critical or in crisis pose a complex challenge to teams, due to a sense of urgency and ascribed perception about their responsibility to the person in crisis. Carmen in the Central team reported: "It's difficult to work one theme in the groups, what we see a lot is the increased dangerousness of the violence cycle and the urgency, in cases

²¹ Macarena: Las angustias, el peloteo de las angustias, ahora la Antonia, a veces la Ester la angustiada, ahora la Ester: No es la que tiene pelota de la angustia...

(...)

Ester: Yo entiendo que ella no pueda andar sola (the client outside) pero encuentro que cuesta

Macarena: Estoy de acuerdo contigo

Antonia: Es un problema histórico, porque yo hubiera permitido en esta oportunidad que se fuera con ellos, pero nosotros le hemos preguntado. 'Quiere volver a la clínica o se dirige directamente?' Entonces es un problema histórico porque... [inaudible]

Cecilia: En este rato ella no puede desenvolverse sola

Macarena: Tú estáis grabando?

Ester: Es bien importante

Antonia: Porque tiene que ver, es importante

I: Tiene que ver con esto que acabo de preguntar en todo caso? [they all nod affirmatively]. [430]

that are complicated we all act together."²² Similarly, in South, the following dialogue reveals the issue of crisis resolutions:

Cecilia: It has been a matter of working in a context of risks. (...). To work in these situations puts you in borderline situations. (...). You have to approach it and there is a risk.

Antonia: That's where we are, because we have not been working with intermediate cases yet. The two we've seen are full of anguish.²³

Interviewees had the view that interdisciplinary team effort, a holistic approach, and a case-by-case reformulating makes the team more efficient to approach the person in crisis:

I believe that few are the institutions that work in an integrated way with each case, with the vision of all the disciplines. Not even in mental health clinics, they work like us. (...), the team is essential. It is much more efficient to approach all the person's dimensions when she is in crisis.²⁴

Team members perceived their teams as different from other agencies that may serve their clients needs. Differentiating themselves from other services has been an important rhetorical device in developing their identities as well as in starting to be explicit about their own forms of care, that is to be accountable for evaluation purposes. An example of that perspective was found in many places in the transcripts, for example: "In other places

²² Carmen: Es difícil trabajar un tema en los grupos. Lo que más se ve sí es lo del peligro que aumenta, la escalada en el ciclo de violencia, en los casos bien fregados todas actuamos al minuto. [230]

²³ Cecilia: Yo creo que en realidad ha sido abordar en el riesgo. (...). Trabajar en esas situaciones a uno también la pone en situaciones límites. (...). Tienes que abordar en el riesgo.

Antonia: A ese nivel estamos porque no hemos pasado a casos intermedios todavía. Los dos que hemos atendido, los dos sobran en angustia, estamos implicados.[435]

²⁴ Constanza: Yo creo que son pocas las instituciones que trabajan así íntegramente con caso a caso con todas las visiones de todas las disciplinas. Mejor no hablar de, ni siquiera aquí en salud mental trabajan de manera tan integral como nosotros. (...), el equipo es fundamental. Será mucho más eficiente el abarcar todas las dimensiones de la persona que está en crisis. [721]

the attention is focused in one aspect of the problem or one perspective. (...), here we see it as a social problem (...)."²⁵

Another feature is that teams believe that ongoing groups provide clients with a social support network that starts immediately after the first intake. The clients' support groups in the Central team work in a psycho-educational mode based on the cycle of violence model (Walker, 1979), a concept other teams use in individual work with clients due to a lack of group work, though each team agrees that group work should be part of the work.

Participants in most of the teams described their clients as being taken care of by a team, but clients may have different expectations for each professional they interview with. It is possible, then, to conclude that clients may view the teams' work from a different perspective than the team members who see interventions as *a team* endeavor rather than of different practitioners. Therefore, the teams' self identity may not be coincident with the perception clients have when they choose to seek team's aid. In spite this, North participants valued the multiple voices that exist in the team as an important aspect of their success:

There's been a lot of respect for differences in the team. At the beginning when Constanza came, she had a perspective and that perspective has become more flexible (...), there was the stigma of "the systemic" and that was a stigma in the domestic violence field. Some modalities we tried here created a lot of apprehension in other teams. But we were able to support her, though we didn't share her posture completely (...), we have respected that difference and others (...), we've been proposing to try new things, to see what happens, if it works. Well, it's not an irresponsible thing, there's an underlying reflection, of course. (...) we want to know what others do and evaluate if it would be helpful here.²⁶

²⁵ Valeria: En otros lugares está la atención focalizada en un solo un aspecto, (...). Acá nosotros vemos que este es un problema social (...). [233]

²⁶ Laura: Aquí en este equipo ha habido bastante respeto por la diferencia. Cuando la Constanza recién llegó tenía una postura frente al trabajo con mujeres y esa postura de alguna manera se ha flexibilizado.

To summarize, care is accomplished in the context of a continuous adaptation to ongoing crisis. Care implies particular professional tools in the context of a group identity that develops during the process. There are various possibilities for the attention of clients, but it is important for all to treat them as people, as privileged persons in the context that prioritizes a feminist sensibility. Care, nonetheless, does not occur in a social vacuum, it is enmeshed in other larger networks and systems of potential care.

5.4. Care and the Larger System

The teams are situated in a web of larger system interactions that affect their work. I distinguish two levels of how teams are embedded in this web. In the first place, I indicate each team's awareness about the need to incorporate a network of service providers. Each team prioritizes this need and adapts its activities to the availability of such networks, and/or it makes active efforts to create them. There are procedures that incorporate referral sources or referral destinations. A larger network makes sense, considering the amount of support the teams need to maintain themselves as effective through each crisis, and their own trauma as a consequence of their work (Flannery, 1990). In this respect, when institutions fail to create an environment in which the service provider feels that he or she is part of a cooperative team with shared values and

(...) la habían estigmatizado, 'la sistémica' y esa cuestión como dentro de lo que era el ámbito de trabajo en violencia doméstica era un estigma. Algunas modalidades de trabajo que la Constanza propuso acá y que se practicaron, produjo como mucho resquemor en otros equipos. Ahí creo que una de las cosas importantes que se produjo es que hubo un respaldo aún cuando a veces no compartíamos absolutamente la posición (...) haber respetado esta diferencia y otras diferencias. (...) hemos planteado el ir probando cosas nuevas. Planteado el que pasa si hacemos esto, como nos resulta. Claro, no es una cosa irresponsable, por supuesto hay una reflexión (...) que en otras experiencias se ha realizado, a lo mejor no nos sirve, o nos sirve un poco. [722]

commitment to aids victims of trauma, the impact on that service provider is likely to be a negative one (Wilson & Lindy, 1994).

In second place, clients also live within larger systems, cultures and communities to whom they are accountable and to which they owe their social identities. This social and cultural context can be accessed through a larger system perspective rather than a pure individual or familial approach.

5.4.1. Incorporating a Larger System to Care for Clients

The teams revealed different degrees of involvement with other agencies, clinics, and individual professionals to serve their clients. The Southeast team leader portrayed her team as one piece in the puzzle of potential resources the clients can access, to provide a meaningful care, she said that it has been crucial to be able to rely on resources from the county: "(...) our proposal is to access all the county government resources to aid the person (...). Not only to create consciousness, not only to promote, but also to satisfy people's needs."²⁷ In comparison, other teams tried to obtain as many resources as possible for them to manage on behalf of their clients.

Teams are aware that a larger system approach demands an efficient and accountable practice on their part. To organize and/or participate in a care network so that it can serve more clients, more effectively, is a continuous struggle for the teams.

Professional awareness alone, for instance, is not sufficient:

²⁷ Eugenia: (...) la propuesta nuestra, usar todos los recursos municipales para ayudar a la persona. (...). No solamente crear conciencia en la gente, no solamente promover, sino también recoger las necesidades de las personas [97].

Antonia: The maps of all the disconnected parts are there.

Cecilia: (...) there is a case here in which thirteen institutions had intervened in less than three months, one case, one family, but none of these institutions have done a complete work, they are all inconclusive. The family continues having the problem.²⁸

The South team conceptualized well the issue of network and care:

It emerges from our research the need of making this space something more than just a research group but also a group that coordinates. We will see how it can be done (...). We were thinking the other day about the amount of resources we have invested in one family. It's huge, really huge, because there are no other organizing instances to make the work effective. In sum, we are using more energy than the one needed (...).²⁹

The teams carry on educational activities that reach other practitioners, law enforcement agencies, and people in the community. The teams have all participated in training potential collaborators in their work with clients. For instance, the North team was born in March of 1991. During the first two months, they contacted agencies, professionals, community organizations, police stations, and various non-governmental organizations to foster alliances and to gain an initial validation in their municipality. They also developed links with their own financial support, the municipality. As the demand for attention increased, they started to use the community resources like the welfare services in the municipality. The team also developed a relationship with neighborhood networks that provided concrete support to their clients. At the end of that year, the team, in conjunction with SERNAM and the Women's Institute, carried on a training for four

²⁸ Antonia: Los mapas están de todas las desconexiones

Cecilia: (...) llegó un caso (...) habían intervenido trece instituciones en el transcurso de tres meses en un solo caso, en una sola familia. Era poco, ninguna de estas instituciones había hecho un trabajo, todos eran inconclusos. La familia continuaba con la problemática. [413]

²⁹ Antonia: (...) surge desde dentro de la investigación que este espacio no podía ser solamente para investigación sino que tendría que ser de coordinación y el temario es como se va a especificar y (...) nosotros sacabamos la cuenta el otro día cuantos recursos hemos utilizado para una familia. Descomunal! Pero descomunal porque no existen las otras instancias que hablan la labor oportuna. No existe la labor que la hagan oportuna porque no han coordinado nunca. En resumen estamos gastando más energías necesarias (...) [412]

hundred police officers. They also trained twenty community facilitators that belonged to Christian based community groups. At that time, the team started to get many requests for community training. The trend towards educating the community has continued and developed into partnerships with agencies and organizations. As a result, this team has a constructive and trustworthy relationship with police officers in the municipality they serve.

As the demand for attention increases, teams develop systems of attention that drive them into a larger, unstructured care system. Currently, this has been a flexible process that can be modified depending on the nature of a particular client's crisis, although teams have designed particular protocols or procedures to provide care. Constanza, for instance, explained her team's protocol that was inspired by systemic therapy thinking, incorporating the role team outsiders may play:

The women are referred to a support group at the center and there is an assessment of how critical her situation is. If she is in a critical condition--too anguished, or distressed--she is referred to a psychiatrist to control her anxiety. Or if we believe there's something she needs to deal with from her adolescence or childhood that is affecting her marital relationship, I refer her to our family counselor or a psychologist (...). That's the work done here; it is very important the social network that comes through (...). For instance, many times we need police interventions or someone from the municipality (...).³⁰

This team also offers services for the husband, asking women to tell their husbands about the counseling available.

³⁰ Carmen: A las mujeres la derivo a grupo, a no ser que yo perciba que está muy grave, angustiada y que necesita un tipo de ansiolítico y la mando donde una psiquiatra para que le baje un poco la ansiedad y después vuelve al grupo. O si veo que algo así como que necesita sacar algo de su adolescencia, su infancia, que la está perjudicando ahora en su relación con su pareja, la derivo donde un consejero familiar, un psicólogo, psicóloga. Ese es el trabajo que al menos se hace con la mujer.(...) es re' importante la red social de apoyo que se arma ahí. (...). Por ejemplo, muchas veces necesitamos intervenciones de carabineros, o necesitamos intervención de alguien de la municipalidad de su comuna. (...).[227-232]

Paradoxically because being part of a network often means getting funds from larger institutions, this imposes a problem, teams have to demonstrate that they are providing services to a large population to obtain financial resources. Because the team approach spends more professional hours per client, it does not allow for a large volume of clients. This fact forces team members to perform as individual professionals seeing individuals, to achieve higher statistical figures--the language of the bureaucracies. The result is that isolation and individual work starts to prevail, which team members lamented. For instance, Laura longed for more time with her team to reflect about their work, a major component of their work originally. This imposed premise that higher statistics mean higher levels of efficiency impacts on various aspects of their service. Laura accounted for the split that emerges between the creation of knowledge (reflecting and thinking) and the actions to care for (listening and paying attention to the clients' needs):

We divided the work between the one who took notes and the one who was specially attentive to the person being interviewed. One was sort of like outside and would intervene once in a while. I believe what was written was richer. Now, nonetheless, I have the dilemma of how much I write and how much I pay attention to the client. (...) team interviews allowed a bigger interchange between us (...), we all miss that (...).³¹

5.4.2. Clients' Social System

Clients exist within a complex web in the larger system and community, and they are embedded in specific cultures. This is another reason why larger system interventions

³¹ Laura: Dividíamos el trabajo. Entre la que tomaba las notas y la otra que estaba como especialmente atenta a la persona. La otra como un poquito más desde fuera de alguna manera y que intervenía en algunos momentos. Yo encontraba que ahí la riqueza de lo que escribía era mayor. Ahora sin embargo tengo siempre este dilema entre cuanto voy a escribir y cuanto le voy a poner la atención. (...) creo que si tuviéramos más personas siento que eso es como lo ideal. (...). Todas hemos hechado de menos esa cosa. Mucha más reflexión. [736]

become so relevant. For instance, how does a clinician make the case that parents should not use physical punishment, within a social environment that condones its use in general, without alienating his or her clients from therapy? Cecilia gave an example of a case in which a man beats his children: "(...) with the communities we've working, punishment is considered normal. In the community where this man lives, probably many children are beaten. He feels unjustly punished, because his brothers are punishing their sons for instance (...)." ³² The very behavior the team seeks to stop is positively reinforced in this client's community; the client views it as normal and even healthy.

When a team elects to deal with violence as a community issue, denial and secretiveness affects its efforts. The leader of the Southeast team reported that domestic violence and child abuse can be addressed within the community only by the team promoting their educational activities indirectly:

(...) you don't approach there the issue directly. It could be 'women's rights,' or something related with children's development, and then you get to issues of family violence (...). Here we do workshops about 'communication', 'how to raise children,' or anything, and the content emerges, it is introduced. The issue shows up in mental health workshops (...). ³³

This split between a publicly promoted agenda and the team's implicit agenda has both advantages and disadvantages for both clients and therapists. Disadvantages include the dangers of confusing the community, or of colluding with the prevalent denial. Yet the

³² Cecilia: (...) con las comunidades que hemos estado trabajando es como socializado el castigo, el castigo físico en la población donde vive este Sr., es probable que a varios de estos niños les peguen. El se siente castigado injustamente porque sus hermanos están castigando a sus hijos por ejemplo.(...). [452]

³³ Eugenia: (...) el tema de violencia no lo tira así directamente, es el tema de los derechos de la mujer por ejemplo y algo relacionado con los hijos y entonces ahí se lleva la cosa de violencia (...). [95]
Eugenia: Aquí en la casa se hacen talleres también que no se les pone talleres de violencia, se le pone 'como criar nuestros hijos' o 'comunicación' o cualquier cosa, entonces ahí sale el contenido o se introduce. Sale el tema de la violencia en talleres de salud mental (...). [92]

indirect approach can successfully open up the issue of family violence situations where a direct approach would fail.

Teams find that the social context of denial makes many families desert any therapy in which the issue of domestic violence is raised by a clinician. This frustrated Luz, a family therapist working with families in which there is violence: "Most of the time, I have not been very successful with the families in which there's some violence."³⁴ Some research describes social denial as a characteristic of some clinicians themselves, who may not take into account the social system. For instance, feminists propose that traditional therapy is insufficient to aid battered women, because therapists have been unable to recognize and deal effectively with clients' experiences and the social factors that perpetuate violence. Hansen, Harway, and Cervantes (1991) found that a large percentage of therapists were unable to assess the seriousness of domestic violence.

In South, Luz perceived the social context as in denial and non-conducive to the success of the team's therapeutic approaches. However, an overall sense of professional responsibility probably pushed her to believe that a sophisticated technique and more experience might make a difference. In this case, a structural situation was conceptualized as potentially resolved within a systemic intervention at the family level:

There are situations, contextual factors that may have something to do with this level of clients' desertion (...). I need to know more, to work better, and since I have little practice (...). It is possible to change patterns through family interventions, but not necessarily with the whole family (...). I have to develop many therapeutic tools yet in this kind of more difficult work, because you get so involved, there's a risk. There is not the calm to say let's try this, and if it doesn't

³⁴ Carolina: En general, en el tiempo que llevo aquí no me ha ido muy bien con las familias en que hay violencia. [51]

work we'll try something else, because people's lives and their safety are at stake. That's why you need to do something quickly.³⁵

In conclusion, each team considers the role larger systems play in their own capacity to provide care, the support they can rely on, as well as how clients bring forth larger systems into their stories. A well coordinated network has a better chance to aid clients and help therapists to provide a better care. For most of the teams, some form of coordination exists to provide a comprehensive service to clients; this interaction with the larger system is also related to their survival as teams. Finally, to address the larger cultural determinants, they will need a long term approach involving the communities as a whole.

5.5. Changes in Care Practices as Teams Engage with Clients

A continuous engagement with clients changes workers' perspectives about their approach to care. It increases their awareness about the complexity family violence brings forth. It questions their professional roles. And, it compels them to recreate or redefine concepts developed in the literature.

³⁵ Carolina: Hay cosas situacionales, contextuales que a lo mejor tienen que ver con el hecho que ellos desertan(...). Se plantea la necesidad de saber más, de poder trabajar mejor, además que tengo poca práctica, la experiencia en esto, en terapia (...).

(...)

Carolina: (...). Sé que es posible modificar pautas a través de intervenciones familiares no necesariamente con toda la familia pero a través de intervenir con una persona es posible modificar el contexto en que se está dando, por lo tanto suprimir y ayudar a reducir la violencia.(...) Tengo que todavía desarrollar muchas herramientas terapéuticas en este trabajo, que es quizás más difícil que otros. Porque uno se implica mucho, porque el riesgo de... No existe la tranquilidad para decir, pruebo por este camino y si esto no resulta pruebo por otro, porque la seguridad y la vida de personas está en juego, por eso hay que hacer algo al tiro. [56]

As they interact with clients, clinicians and other team members become increasingly aware of the complexity in which survivors of family violence are involved.

Jimena stated:

I used to discount the women who suffer maltreatment. It seemed to me, they were stupid, they let their husbands beat them, and undoubtedly they liked it a little bit. If that was not the case, why wouldn't they leave their husbands? (...) from listening to many of women, from reading, and thinking, from putting together many stories and seeing them from another perspective--it seems that's what they call knowledge--I realized that this is much more complex than how it looks. And, it is a problem of the whole society.³⁶

Sometimes clinicians find out that their preferred approach does not fit clients' realities. For instance, Luz was trained to attend families with all their members present in the sessions. Because her clients would constantly come alone or with only some family members to the sessions, she has changed her approach:

I started with a strong idea about the whole family being present to work in family therapy. Now I am working with whoever I can, maybe smaller³⁷ goals, to do whatever is possible with what I have, with whomever wants to attend.³⁸

³⁶ Jimena: (...), yo era muy descalificadora con respecto a las mujeres que sufrían maltrato. Pa' mí 'eran unas tontas que se dejaban pegar y que sin duda les gustaba su resto. Cómo no se iban?' (...), a medida de ir escuchando a muchas mujeres, de lecturas, y pensando las situaciones. Haciendo esa cosa de juntar varios relatos y darle una vuelta. Que eso es lo que se llama conocimiento parece. Me he ido dando cuenta que esta cosa es muchísimo más compleja, menos simplona de lo que yo lo veía. Además es un problema de toda la sociedad. [149]

³⁷ "...metas quizás más bajas..." is the chosen sentence to state that the goals of therapy had changed towards a less ambitious (briefer) approach to therapy and towards what is perceived as a therapy with a limited scope. Lower is equal to "bajas" which connotes the negative meaning of "less," but it also shows how family therapy systems training has not necessarily changed the assumption that therapy requires an extensive period of time for completion.

³⁸ Carolina: Yo partí con una concepción muy fuerte de que tenía que trabajar con toda la familia. En este momento estoy trabajando con quien puedo y con metas quizás más bajas. Hacer lo que se logra hacer con lo que tengo disponible, que estén dispuestos a venir y que puedan venir. [54]

Also, ongoing conversations with clients have provided a learning experience which contrasts to traditional sources of expert knowledge (e.g., literature). Valeria explained: "(...) Each time I go with women to court, I learn from their experiences (...)." ³⁹

Teams continue using a technique if it has successful outcomes. Knowledge formulated elsewhere is *translated* into new forms to provide solutions. To illustrate, in North, the "battered women syndrome" concept (Walker, 1979, 1984, 1993) is used as an educational aid and a prescriptive notion. Although Walker herself has written that is "easy to confuse a clinical syndrome with theoretical explanations for the dynamics of abuse, such as the cycle theory of violence" (1993, p.134), this concept for the Central and North teams becomes the assessment tool, the educational program, and the prism through which clients are viewed:

Working with this theoretical frame, we started using it like many other concepts. You use it, you talk about it, and you use it more. It helps to redefine the situation and the possibilities: 'if I am in this circle, I understand my history.' It's graphic, and clients suddenly understand their history. To understand means that they can decide what to do with this: stay, get out, etc.. ⁴⁰

Concepts are used when teams perceive that their meanings provide new understandings resulting in alternatives for their clients. Even though teams are open to learning from their clients, in educating clients about these notions they may reify concepts. For instance, Walker (1979) says that marital violence follows a three-stage

³⁹ Valeria: (...). Lo que he aprendido es lo (...) que converso con la gente, la poca gente que he atendido, las pocas Sras. que he acompañado a tribunales. Es como lo que dijeron cada uno, de como han aprendido, de que sabe, de lo que es la vivencia, todo eso me fue llegando y lo fuí aprendiendo. (...). [218]

⁴⁰ Eliana: Trabajando con ese referente teórico, de hecho empezamos a usarlo como una manera, como tantas cosas que uno las empieza usar, después lo hablamos y lo conversamos y lo estamos usando cada vez más (...) 'si estoy metido en un círculo' entiendo su historia, se redefine muy rápidamente la situación y también las posibilidades. Es gráfico y el entender es como que de repente entienden su historia. Al entender su historia pueden decidir que quieren hacer con esto: quedarse, salir, etc.. [66]

cycle (tension building, acute battering, and the batterer's loving contrition). When clients are taught to understand this concept, it can help them change their behavior, Eliana said:

When clients see the circle of violence, they see the light: 'Ah, if I return to the relationship I would return to the same, because now that I am in the phase of It makes sense.' Her mate's behavior starts to make sense, it is not an isolated behavior anymore (...).⁴¹

Walker's notions, then, have been used by a member of the team to construct women's experiences in a prescriptive form.

There is a danger that the prescriptive form may result in a rigid evaluation, but it can also empower clients, because both clients and teams can share a common language. If there is a fit between the theory and the woman's experience, she may use it to understand the larger context of battering. In conclusion, providing a pre-conceived prism for clients to construct their experience may in itself be what their clients want from them: to make sense of their experiences helps them to act upon their new understandings.

In the account above, Eliana's underlying assumption was that sharing a theory with a client is a non-interventional approach, even if it has powerful explanatory power and it can provoke specific outcomes. The teams prefer to think of themselves as pure facilitators in the tradition of humanist psychology; they have the idea of providing a context for clients to themselves develop their own hidden potential. Yet I believe that almost any setting in which teams and clients are together is interventional, and that this idea conceals the intervention practice. Laura said:

The philosophy of the center is that we are facilitators. We can suggest, orient, but the women have to make the decisions. We make this very clear to them (...).

⁴¹ Eliana: Cuando ven el 'ciclo de la violencia' a ellas se les hace la luz. 'Ah. Entonces significaría que yo volvería a lo mismo, porque ahora estoy en la fase de..., por ende es lógico que él esté así.' Empieza a tener sentido la conducta de él, deja de ser una conducta aislada (...). [67]

Whenever they request solutions to us, we say: 'But, what would you do? What would you like? What do you think is possible? What do you want?'⁴²

It is a challenging task to maintain a balance among the team learning processes that arise out of reflection in action. The interactive process between clients and team members results in a continuous reformulating of care-taking activities. Still, teams attempt to systematize or use specific concepts that are furnished to their clients, a matter that may empower or reify clients' experiences in the process. Accordingly, explanations for the interventions do not develop in a pure form, they are mediated by the care process itself that modifies them and in turns reveals the tentativeness of the teams' approaches.

5.6. Conclusions

Practitioners characterize their clients using a descriptive/statistic criteria and an evaluative assessment of clients' expectations. These criteria help teams in designing interventions, yet in turn, the engagement with clients shape these criteria and particular interventions. Team participants experience a closeness to their clients that is associated with a genuine interest in their clients' stories. And often, their constructivist practices are built upon a continuous reflection about their own practices and their consequences.

Second, therapeutic activities, case management, and legal advice are accomplished in the context of an evolving adaptation to crisis and emergencies. To navigate these crisis also implies a definition of each client as a unique person, a

⁴² Laura: La filosofía del centro, es que en este proceso somos facilitadores o facilitadoras en este caso. Nosotras podemos sugerir, podemos orientar, pero quien tiene que tomar las decisiones son las mujeres. Siempre se lo hacemos notar muy claramente. (...). Entonces cuando ellas nos piden soluciones a nosotros, nosotros se lo devolvemos y le decimos: 'pero a ver tú que harías? Tú que querrías? Qué piensas tú que es posible? Qué es lo que tú quieres?' (...). [68]

description that probably emerges from an implicit feminist sensibility. Also, to achieve these continuous adaptations and to ensure clients' empowerment, other larger systems are called forth.

The interviewees themselves question the limitations of an isolated team approach on improving the lives of their clients or in the prevention of further abuse in the community. Their own capacity to support victims of family violence is sustained by the support they can obtain from a larger social milieu. To attain coordination also highlights the cultural and contextual nature of their clients' beliefs and social background. And, to attend the larger system implies a sensibility towards interventions that fit the individual in a cultural and historical context.

Finally, team members learn from their clients how to modify their interventions and the general design of their programs. Interviewees struggle with their notions of what is professionally accountable or proper, balancing these with the demands for creative ways to care for their traumatized clients. The results of this struggle may result in new ideas. The collaboration between clients and team participants may empower clients in the process. On the other side, the effort may lead to conflicts within the teams about how to design specific interventions. Theoretical ideas, then, do not develop in a pure form; they are mediated by the care process itself, which modifies them and in turn reveals the tentativeness of the team approaches.

CHAPTER 6

FAMILY VIOLENCE STORIES IMPACT ON THE TEAMS:

IT IS DIFFICULT TO HAVE THE VIOLENCE SO CLOSE...

6.1. Introduction

The practitioners working with victims of family violence report that its traumatic results challenge their own fundamental assumptions about themselves and the world. Their contact with traumatized people affects the therapeutic relationship and their professional identities. From a socio-constructionist perspective, I explore how these teams' professionals create and manage realities as they confront abuse in their work and also in their personal lives. This interactive management of reality, contingent upon their contact with clients, their histories, and their professional support network, constitutes the team members' identities.

These identities are defined by team members and by the communities to which they belong, including the local and governmental agencies. Other factors that influence these identities are the group histories, outsiders expectations of their work, and the research interview itself. Also, the Chilean political and historical context affects how people construe personal and team identities.

In listening to stories of trauma, "the therapist reels with the enormity of the trauma as it affects the patient" (Wilson & Lindy, 1994, p. 13). Powerful emotions can be evoked by stories of victims or survivors. The teams in such circumstances are a "holding environment" (Winnicott, 1960) that help team members to deal with negative reactions to

the trauma stories. Some interviewees in this inquiry are "at risk" in the sense that their clients' experiences evoke memories of their own victimization or survivorhood.

Interviewees' interest in exploring how their personal lives relate to their work was greater than I had expected. The reflecting interview format may have been instrumental in this, because it fosters connections between personal stories and theoretical ideas in a safe context. Although their personal accounts take the form of narratives, and these texts deserve multiple interpretations, stories are told in a field extending beyond that of pure narrative (Rosenwald and Ochberg, 1992). The research interview provides a context in which the team narratives should be understood, since their stories are affected by the presence of the researcher as an outsider.

This chapter begins by analyzing factors that originally impelled interviewees to enter this work and explores how they make sense of their engagement. Second, the chapter addresses abuse as a lived experience for the interviewees: I pose that any personal and/or familial history of abuse or potential abuse impacts a professional's decision making. Next, I consider how the clients' stories of violence and abuse have the capacity to traumatize and victimize the team participants. The final section explores how teams are beginning to deal with the above to protect and support their members. These themes echo through teams, although the mood, emphasis, and time dedicated to each issue may reflect a different team developmental phase.

6.2. Engagement

Participants linked their job hunting and choices to the intersection of specific life transitions--the private sphere--and larger cultural and historical situations. Becoming a

member of a team working in family violence issues often seemed to have been mediated by a series of circumstances beyond just an individual's achievement history or career development path as it is usually understood. For instance, the political transition during 1990 was a crucial context, creating an opportunity for many professionals to become involved in these teams.

6.2.1. Political and Personal Circumstances

Carolina, a recently graduated lawyer, was hired to work with the team without an existing job description. A personal contact with a colleague facilitated her access to this post. Yet, she emphasized her interest in a job that has social significance:

A colleague told me to come here, after I told her I wanted to work. I was not really looking to work with women, for women, or any of that. I just wanted to work. I did not know anything, only law, nothing else, and something in which I would serve others. That's why I am here.¹

In most of the stories, there was a political rationale for interviewees' engagement in this work. Renata, a Central social worker, stated that this work opportunity derived from her previous participation in a political party. Her political militancy intersects with a continuous interest in social and women's issues. Renata said her party militancy was a priority in her professional endeavor, and she diminishes her previous work experience as an essential resource: "In 1990 the government changed in Chile. Things were decided with a political party line criteria in mind. The people who were interested in this issue

¹ Carolina: Me dijo mi colega, que me viniera para acá. Digo 'a título de alcachofa' porque en realidad no buscaba trabajar con mujeres, ni para mujeres, ni con mujeres, ni nada. Simplemente estaba buscando trabajar, y llegué acá sin saber, sabiendo derecho digamos, no más que eso, y bueno buscándome un trabajo como social, si de alguna manera se puede llamar, digamos, por eso que estoy aquí. [120]

earlier were chosen with a political criteria, with the exception of some people (...)." ²

This rationale is not unusual; Chileans construe a close relationship between family life and political identity. Political life permeates many aspects of social and familial life (Bacigalupe, 1990; Zuñiga, 1975).

Some interviewees came to the teams without a specific political party membership. That was the case of Jimena, who had experience with women's issues and human rights work during the dictatorship period. She stated that she was aided in getting this job by a relative who was a party militant and advocated on her behalf with the newly elected local authorities. In this matter, she did not consider her particular militancy at that time an important factor, yet her relative's militancy was:

I came here through a traditional 'pituto', a non-political one, the most traditional one. I knew the director of a social program in the municipality through one of the officers there who was my in-law's friend, and I was my in-law's lover. It was complicated to get in here, because I was not part of a political nomination (...).³

A coherent personal, professional and political identity emerged in Jimena's account of her participation in the Central team. Her present work has continuity with her previous involvement with individuals victimized by human right violations; she connected that with the violence which takes place in the intimate space of the home:

I have always worked with victims, for different reasons. I worked a long time in human rights, later with peasants, with the poorest of the poorest peasants, and later with battered women (...). This is the first time I have worked with a problem

² Renata: El año 90 hubo cambio de gobierno en Chile, entonces se decidieron las cosas por balanceo político entonces las personas que alguna vez se habían interesado en el tema, fueron seleccionadas con un criterio político, las que inicialmente llegamos a este centro, y con excepción de algunas personas. (...). [120A]

³ Jimena: Llegué por la vía del pituto, no político sino que, el pituto más clásico, el conocido, que se yó, la (...) directora del área social, y la razón del pituto es que yo era amante de mi cuñado. Yo no tenía pa' cuoteo político, (...). [123]

that is part of a governmental policy (...). It is work in which you can easily find a social significance.⁴

Her work has a social significance which other jobs may not have. She saw her experiences intersecting with the democratization period as the government started to consider domestic violence as part of its social policies.

The report above also highlights the importance of "paying back a debt to society." This duty to society is a strong part of the "graduate culture" in Chile and is linked to the former gratuity of all levels of education. In the past, graduates had felt the need to pay back the country with their professional contribution, but the privatization of universities in the late seventies has modified the way professionals think about contributing to their communities. Another example is provided by Cecilia who became aware of family violence as a problem working with juvenile delinquents:

I have been working for about eight years, first in a juvenile parole agency, later in a non-governmental-organizations (NGO) in preventive care in which it was evident (...). In all the places I have been family violence is a problem. It removes you and makes something click inside; it moves you into trying to make things different.⁵

⁴ Jimena: Yo he trabajado con machucados por distintas razones siempre. Trabajé muchos años en derechos humanos, después trabajé con campesinos, con los campesinos más pobres de los pobres, y después con mujeres maltratadas. (...) es primera vez que yo trabajo con un problema en el cual es abordado desde el sector público (...). Es un trabajo al cual tú le puedes encontrar un sentido con relativa facilidad. [211]

⁵ Cecilia: El asunto es que yo vengo trabajando de hace hartos años, ocho ya parece, primero estuve en libertad vigilada de menores, luego estuve en una ONG en atención primaria y también se hacía evidente. (...). O sea en los ámbitos que me he desplazado en el trabajo ha sido una de las situaciones como más relevantes o de las que más te hacen click interno. Que te remueven y que hace que tu trates de buscar una alternativa de menor desempeño. [425]

6.2.2. Being Interested

Like his coworker Jimena, Carlos was also motivated to serve the community, which he traced to his early socialization in a Jesuit school. A psychology student at the master's level on the Central team, he explained that he was drawn into this specific work because of a particular interest in gender relations. For him, no political contact was necessary to get hired: "I was interested in the women's connection, gender relationships, in serving."⁶ Being a male with an interest in gender issues may have been the essential factor in obtaining a job in a field in which few males participate.

An interest in working with issues affecting women, plus personal acquaintances who knew about the position, were decisive for Eliana, a psychologist in the North team. She framed her work as part of a continuing learning process:

In 1991, I came out of the university and did some systemic therapy courses. It was the time for my practicum, and I always wanted to work with women. When it was time for my practicum, I went to talk with a friend who was a psychologist, whom I knew because we were training together in the gender perspective (...). I did my practicum, and now I am still practicing in that area.⁷

Working with victims of family violence has not only been a professional and personal choice mediated by social and political circumstances, but also a protest against the status quo. It often becomes a protest against the lack of resources and public legitimacy given to this work. Renata, a social worker who was an employee in

⁶ Carlos: Estaba interesado en la cosa en la relación mujer, lo del género, y en particular el tema hombre me interesa mucho. Otra cosa que me trajo acá era un interés en el servicio. [124]

⁷ Eliana: Yo terminé en la Universidad en el 91 en conjunto con cursos en terapia familiar sistémica. Me tocó hacer la práctica, siempre quise trabajar con mujeres. Cuando me tocó hacer la práctica, fui a hablar con una amiga mía psicóloga, con la cual además estaba haciendo una formación desde el punto de género. Le pregunté donde podía ir a hacer una práctica que para mí me resultara interesante dentro de lo que yo ya quería hacer. (...) el año pasado hice mi práctica y ahora estoy en práctica. [62]

governmental institutions, described her experience working in the former dictatorship as "(...) dancing a dance you didn't like in many ways, but you had to do it." From that experience, she concluded that "(...) as public workers, we have always worked with themes that are not 'popular'. We always work in the margins. Someone told me once 'if poor people exist, there's always going to be work for you' (...)." Although the social worker role is identified by feminists as a continuation in public of the traditional roles women have, Renata's choice was perceived by herself and her team as an emancipatory one. Earlier in her life, she was told that "she was heading in the wrong direction," a message many of the interviewees have continued to hear from colleagues and relatives:

My father did not agree with my choice of profession. He said: Why!?' I finally studied this career. He said: 'This is terrible, this little girl is going to be inside the shanty towns ...ugh!' But this little girl did it anyway (...). This is interesting as a challenge (...). It is good to have this issue being discussed in the public arena, but not as a marginal thing (...). I hope that investing in people's well-being will be perceived as something sound, and the government does not just turn around and build more infrastructure.⁸

For some participants, family violence work is understood as a commitment similar to their previous political activism. This stance can provoke conflicts in a team in which other members identify with their professional role only. Carmen, a community activist in

⁸ Renata: (...). Nunca trabajé en organismos que no fueran estatales. Entré a la Universidad en un periodo equis, salí en otro periodo y trabajé la mayoría del tiempo en el área pública bailando una cueca que a ti no te gustaba en muchos aspectos y tenía que hacerlo. (...). Habitualmente los trabajadores públicos no trabajamos con los temas boom. Siempre trabajamos con la marginalidad. Por ahí alguien me dijo 'mientras haya roto pús mijita Ud. va a tener pega.' Tal cual. (...). Entonces es muy difícil lograr el éxito económico que un poco decía Carlos. De hecho me costó una pataleta que mi papá me diera la plata para la PAA (academic proficiency test) porque yo había decidido estudiar esta carrera y él creía que yo iba a estudiar medicina porque ese cuento lo transmití muchos años y cuando me dí cuenta en el último año que no era para allá la cosa: 'pero como!' La frustración de él y todo el cuento y al final estudié esa carrera. "Que terrible esta niñita ir a meterse a las poblaciones..., que atroz." Pero esta niñita lo hizo. (...) profesionalmente es como un desafío Eso es interesante como desafío. (...), es bueno que este tema se hable a nivel macrosocial, pero no como una cosa marginal, (...). Es de esperar que invertir en la gente sea de buen tono y no solamente invertir en infraestructura. [213]

the Central team, revealed very personal information about herself, which may also show this underlying organizational conflict:

It is choice I made many years ago, for women. As a woman who suffered violence during my marriage, when I had the possibility to escape from my home, I chose this. Then, the work vision is the vision I have for myself, the work for women, to support them, be with them if necessary, to do all that's needed so that they escape from a life of submission and slavery (...).⁹

To perceive family violence as a relevant issue may require more than a desire to change the status quo. As I explore next, interviewees needed to validate their emerging perceptions of family violence as a problem.

6.2.3. Turning Points in Seeing Anew

For several interviewees, their contact with foreign cultures elicited new understandings about domestic violence. Those contacts were in working experiences, graduate studies, and various other positions in either voluntary or involuntary exile.

Laura, the North team leader, was in political exile in the early seventies in England. There she worked in the development of a battered women's shelter (Dobash & Dobash, 1992; Barnett & LaViolette, 1993). Her input was to introduce the issues of minority women in London; she educated others about ethnic and cultural sensitivity:

⁹ Carmen: Lo que yo hago es una opción, una opción que yo hice hace muchos años por la mujer. Como una mujer que sufre violencia en el matrimonio. Cuando yo tuve la posibilidad de escapar de mi casa, salir de la cosa cotidiana. Hice una opción por eso. Entonces mi visión del trabajo, el proyecto que yo tengo para mí, es esta opción, el trabajo por la mujer, el apoyarla, el acompañarla si es necesario. Hacer todo lo que sea para que ella salga de esta vida de sumisión, de servir(...). [238]

I started a long time ago. I worked with Latin American immigrant women who lived in London. There, domestic violence appeared as a recurrent theme. A group of people from different institutions joined to create a shelter for Hispanic battered women, because the English shelters didn't respond to the needs of the Latin-American women. From the beginning the issue was the language (...). The other problem was the culture shock, wasn't it? (...). I started to get into the field (...). I have worked in women's issues since 1976. First as a volunteer; then in 1984, I started to work in a salaried position with Latin American women.¹⁰

Ester, a clinical psychology professor in South, started to perceive her clients' victimization differently after a short study trip to Canada. She reconsidered her previous clinical experience in light of the information gathered elsewhere. Her new perspective was developed in the context of the political transition in Chile, which opened new conversational possibilities:

Cecilia: I don't know if we knew anything.

Ester: I don't know if we knew so well.

Cecilia: Maybe we couldn't talk about it.

Carla: We know a little bit more.

Antonia: We didn't know how to talk about it, so we didn't know about the idea.

Ester: (...) I believe in information. After returning from Canada, having listened to people, the conferences, the cases, it all gave me a different perspective. This is how one begins making distinctions, as Maturana¹¹ would say (...). Before I knew about the sexual abuse in Chile, but it wasn't so urgent to approach it (...) the bibliography, the information, having listened, is important. I agree with the issue of democratization, because I remember when human rights violations were talked about at the non-governmental organizations: we didn't just talk about political rights per se but about social rights. Therefore, we started to recognize the need for respect for women and children; a new consciousness started to emerge

¹⁰ Laura: Yo empecé hace mucho tiempo. Yo trabajaba en un servicio de orientación e información para mujeres Latinoamericanas, a mujeres inmigrantes Latinoamericanas que vivían en Londres. Ahí empezó a aparecer como tema recurrente la violencia doméstica y nos reunimos un grupo de personas de varias instituciones que trabajaban con inmigrantes latinoamericanos. Básicamente éramos mujeres las que no reunimos para trabajar la idea de hacer un refugio para mujeres golpeadas que fueran de habla hispana, porque los refugios ingleses no respondían a la realidad de la mujer Latinoamericana. De partida era el problema del lenguaje, ese era uno, el idioma. (...), el otro problema era el choque cultural, no es cierto? (...). Yo he estado desde el año 76 trabajando en el tema de la mujer. Primero en lo que allá se llama trabajo voluntario, después en 84 a trabajar en forma pagada en lo que era trabajo con mujeres latinoamericanas. [61]

¹¹ Humberto Maturana, Chilean biologist who has been a main contributor to constructivist theories.

starting from human right violations. It was like 'there is something more than being arrested or tortured.'¹²

Antonia, a community psychology professor, reported that she became interested in family violence issues when the juvenile court petitioned her university to research child maltreatment in South: "Their question was if the court had more cases or if they were more aware of it. But then I left to study in Canada (...)."¹³ Later when she was abroad, Antonia decided to consider the issue of maltreatment of children as a research subject. She turned to an international organization, UNICEF, to confirm that it was a legitimate issue, worthy of research. Therefore, for Antonia, the relevance of this endeavor was defined in a worldwide conversation, in which powerful institutions established what was considered relevant.

Cecilia, a colleague of Antonia, emphasized how the demand for clinical treatment by particular families impelled her to deal with child abuse and women's battering:

¹² Cecilia: No sé si sabíamos tanto

Ester: No sé si sabíamos tan bien

Cecilia: Quizás no lo podíamos hablar

Carla: Sabemos un poquito más

Antonia: No lo sabíamos hablar, por lo tanto no sabíamos la idea

Carla: O sea uno mira las cosas frente a las cuales no puede hacer nada, es mejor sacarle el poto a la jeringa

Ester: (...), yo creo en la información. Yo siento que volví de Canada, el hecho de haber escuchado a la gente, los seminarios, los casos, como que me dió una perspectiva distinta. Es como que uno comienza a hacer procesos de distinción, como diría Maturana. (...) yo antes había escuchado y sabía del abuso sexual en Chile, pero no era un elemento que fuera tan necesario de abordar, como algo urgente. (...) la bibliografía, la información, el haber escuchado es importante. También estoy de acuerdo que en esta cosa de la democratización, porque yo recuerdo cuando a nivel de las ONG se discutían la violación a los derechos y hablabamos de los derechos, no solo hablabamos de los derechos políticos, sino que derechos sociales. Entonces empezamos a reconocer la necesidad del respeto por los niños, por las mujeres, fue creando una nueva consciencia a partir de la violación de los derechos, como que los derechos eran más allá de que a uno lo detuvieran y lo torturaran... [422]

¹³ Antonia: La pregunta de ellos era, no sabían si habían más casos o ellos tenían más conciencias y ahí me fuí a Canada. (...). [423]

(...) it was an imperative necessity, arising from the daily work at the clinic with victimized people showing up. Then I asked myself what I should do. How does one seek networks? To whom do I refer? (...) It is the reality of the families: most of them have minimal resources." At the same time, she was motivated to enter this work because she wanted to help transform the legal context in which their practices are embedded. "(...) we also need to create legislation, (...) and we have the power to access the Legislature and to create laws (...).¹⁴

In sum, interviewees became part of the teams due to personal, familial, and political factors. Some of these factors appear circumstantial for some of the team members, but most of them demonstrate a continuity of work and/or political identity. No matter what route they took to this work, teams' members reveal that their motivation to remain in the teams is most related to how they perceive themselves as meaningful contributors to the well-being of others. And the work they have undertaken, in most cases, has an effect on the team members themselves.

6.3. Abuse as a Lived Experience

Team participants are exposed to stories of trauma and face increasing demands by clients for aid in resolving their problems. Clients' traumatic narratives are recollections of the present and the past; that is, they are accounts of the clients' current circumstances and of a history of trauma. Listening to the stories made interviewees reconsider their own traumatic experiences. The narratives of violence challenged interviewees' professional actions, as many identify their own victimization, survivorhood, and/or abuse to others in

¹⁴ Cecilia: (...), a mí se me hizo imperioso, por una cuestión de lo cotidiano que es para mí el trabajo aquí en la clínica, o sea a ratos aparecían personas violentadas. Entonces tú qué haces? Cómo buscas redes? A quiénes derivas? (...). En este momento, la apertura de todo el equipo en general es la posibilidad de abordar el sistema legislativo. En este rato existe un sistema legislativo al que se puede acceder. A través de la Cámara de Diputados, de los Senadores..., (...) las realidades en las familias donde nosotros trabajamos aquí que son de harto escasos recursos en las que aparece la violencia. [424]

their families. Although to truly understand their clients, the teams' members may need to relate their clients' accounts with their own, the process can have traumatic effects on the teams members. In this section, I will describe interviewees' accounts of how they experienced this process as they listened to their clients' stories. Then, I will review the cost this process has on the team members.

6.3.1. Clients Stories Evoke Interviewees Own Stories of Abuse

A coordinator from one of the teams beautifully summarized how this work impacts upon her intimate family life:

To work in this confronts you with your most personal and intimate experiences. I have lived this in a form that was very..., I remember once writing about this theme and I asked my husband for help editing a paper. I was surprised by his response. Though we had talked about it [family violence], facing the written text was different. He started to think about things, you know? Though he has always supported me professionally and personally, he surprised me when he told me: 'You know, after reading this I realize that sometimes I exert psychological violence.' To speak and discuss this situation with him and the processes you go through, struck me. In this work we are constantly confronted with our own values and our daily practices.¹⁵

¹⁵ Laura: Trabajar en esta tema te hace confrontarte con lo que son tus experiencias más personales, más íntimas. Eso lo he vivido de una forma muy..., me acuerdo que una vez escribiendo acerca de este tema, le pedí a mi marido que me ayudara a ver si había algún problema de dactilografía o de redacción. Le dije 'ayúdame a ver.' Me sorprendió por las reflexiones que él me hizo. Porque si lo hemos hablado y conversado. Pero después el enfrentarse como a este texto, a él lo hizo pensar en cosas, no? Aún cuando él es un tipo que en términos de lo que yo hago, tanto a nivel personal como a nivel profesional, siempre me ha apoyado mucho, él me sorprendió en un momento dado, me dijo 'sabes qué? yo leyendo esto, me doy cuenta que a veces ejerzo algún tipo de agresión psicológica.' El poder conversar y discutir con él sobre esta situación y también de los procesos que uno va viviendo, me impactó. Yo creo que constantemente este trabajo nos hace enfrentarnos a nuestros valores que hace un rato hablaste, y nuestras prácticas cotidianas. [82]

Interviewees have questioned themselves in terms of their potential to be abusive and/or to be victimized. They shared some of the same dilemmas that many Chileans have when they explore for the first time the implications that family violence may have for their daily lives. Antonia accounted for this:

(...) there is a level of consciousness about this in connection with the democratic transition, because there are spaces to think about it, but we are still in our infancy about everything. That has been evident as I listen to people, I believe I speak not for me but for what the others say. It is my impression that it is a surprise for all to listen a group of pediatricians or psychologists posing the issue: 'Oh! This is also something that happens to us (...). We do not have consciousness about what is violence for ourselves, although we can place it out there in the person we are attending to. When it is closer to what we live personally it begins to be a little bit more confusing (...).¹⁶

In every interview, participants presented complex responses to the question of how it affects them to work with family violence survivors. The responses frequently touched as much on negative elements as they did on positive ones. For instance, Carlos talked about both aspects when he accounted for the boundaries between work and the family sphere:

It has been gratifying to work with men for two reasons. One, because it has felt good to access men's intimacy (...). It has been very painful because all that the men have told me has happened to me. I had thoughts like: 'I can not bear my wife anymore, she is an asshole.' I would get home and I would believe my girlfriend was an asshole. She said to me 'let's see where does this all come from?' (...) It is

¹⁶ Antonia: (...) hay un nivel de consciencia que esto llegó en un momento democrático diferente en el cual existen espacios para pensar en ello pero estamos todavía en pañales respecto a cualquier cosa. Esto me ha quedado en evidencia en la medida que he ido escuchando a otra gente. Yo creo que en este minuto no estoy hablando por mí. Sino estoy hablando por lo que he escuchado la gente dice. La sensación que tengo es que vaya sorpresa escuchar que en grupo de pediatras o psicólogos se plantee. 'Oh! Esto también existe en nuestros niveles o que esto se da.' (...) nosotros tampoco tenemos consciencia respecto a lo que es violencia para nosotros mismos. Si bien es cierto lo podemos poner afuera en el que estamos atendiendo. Cuando lo tenemos más cerca hacia lo que nosotros estamos viviendo, ya ahí empieza a ser un poquitito más confundidor.(...). [46]

not so easy to say that 'after six o' clock it's all over;' I continue thinking about it....¹⁷

To witness their own clients' stories and the team conversations introduced a critical gender perspective in interviewees' understanding of their families. When Carolina, from the Central team, started to analyze her own family of origin dynamics, she expanded the scope of what she used to consider family violence. However, in her narration of a very personal piece, she used a linguistic form that diffuses the responsibility (Lamb, 1991) for what her father had done:

I start to be aware of too *many situations I went through in which there was violence*, not necessarily understood as violence but as abuse or discrimination (...). I became aware that in the private, very, very familiar, *this abusive thing is present*. It may not be physical, but it may be psychological (...). I lived this in my house; I guess I never realized it. For instance, my mother worked like my father and sometimes earned more money than my father. *My mother still was abused, or she is abused*. They do not realize *they are in an abusive relationship*. In a way, the most impressive thing was to be aware that all was so close.¹⁸

Carlos also has been touched by the proximity of violence in his early childhood and later in his work with disadvantaged children.¹⁹ The paradoxical combination of

¹⁷ Carlos: Ha sido muy gratificante trabajar. Gratificante trabajar con hombres por dos cosas. Una porque ha sido rico tener acceso a la intimidación de hombre.(...) Ha sido super doloroso porque me ha pasado todo lo que me han dicho los hombres, he pensado: 'es que a mi Sra. no la soporto porque es huevona.' Yo llego a la casa y a ella la encuentro huevona y como que uno tiene que cruzar con ella miles de veces cosas que en realidad, entonces ella me ha dicho "a ver vamos viendo, de dónde viene esto ?" (...). Creo que es un tema que no me ha mantenido indiferente. No es tan fácil como que a las seis después como que no pasa, yo sigo dándole.... [27]

¹⁸ Carolina: Me empecé a dar cuenta que en realidad muchas situaciones por las que se había pasado antes tenían que ver con el tema de violencia pero no entendido como violencia, sino a lo mejor como abuso, discriminación. (...). También darse cuenta, que en el ámbito muy, muy familiar esta cosa abusiva se da, si bien no se da en términos de violencia física a lo mejor, si se da en términos de violencia psicológica. (...) lo viví en mi casa, lo que pasa es que nunca me dí cuenta. Por ejemplo mi mamá que trabaja en los mismos términos que mí papá de repente ganando más plata, menos plata, mi mamá igual era abusada o es abusada. Ellos no se dan cuenta de la relación de abuso que tienen. Mas que impresionarme por eso, impresionarme al darme cuenta que está tan cercano. [153]

¹⁹ I prefer *poblaciones* rather than the sometimes negatively loaded term 'shanty town'.

intimacy, love and violence (Goldner, Penn, Sheinberg, & Walker, 1990) puzzles and disorients him:

Since I was a child, I recognized feeling the violence as something that touched me a lot in my life. I have memories from the time I was seven years old. Later I worked with neglected children who lived in very abusive situations. I was very interested in the subjective aspect. For instance, a child whose father beat him with a steel chain, and this same father loved his child. I found that this father was good. That's the reason I became interested in the issue.²⁰

6.3.2. You Can Be a Victim

Carolina, the Central lawyer, spoke about her fears and how a misogynist context facilitates abuse towards women, including herself. Beating women, she said, becomes an accepted behavior in men's conversations: "(...) because, you can overhear men talking to each other and saying 'Ah no! I hit her, I hit her once a week.' It's like a normal thing (...)." To perceive abuse as a normal behavior may show an intuitive radical feminist conceptualization arising after experiencing sexism on a daily basis: "I assume that power abuse is connected with the patriarchal structure (...)." This approach emerged as part of a personal experience: "It is not only with the people here, but in my family too, with my friends, everywhere." Nonetheless, she discounted her capacity to ground her own domestic violence theorization on her experience: "(...) I feel very ignorant (...). It is not me who should define what domestic violence is (...)."²¹ Cecilia, a psychologist from the South team, expressed similar ideas.

²⁰ Carlos: De chiquitito reconozco haber sentido la violencia como algo que me llegó mucho en mi vida, tengo recuerdos de siete años. Después, trabajando con niños marginales que vivían mucha situación de abuso. Lo que más me interesaba era lo subjetivo. Como un niño que su papá le pegaba cadenas y el niño lo quería por ejemplo. Encontraba que su papá era bueno, por eso me interesé en el tema. [154]

²¹ Carolina: (...), porque uno escucha en la calle, de repente, a un tipo que dice "a no, yo le pegué, le pego una vez a la semana a mi mujer," es como un término normal. Como que uno también lo ve en la familia que dice... Es una forma de catalizar, pero en términos como de definir la violencia doméstica, no la he

Why do we chose this work? It is because occasionally we have also been the subject of violence. You walk in the night on any street, and any guy feels entitled to say anything to you, because during the night they occupy their spaces and they can say anything to you. Also you feel violated. (...) Then, I work here so that they don't abuse me and 'to protect others,' the children and other women who are less aware of their own victimization.²²

Jimena, considering her own experience of abuse and her witnessing of different forms of authoritarianism, evaluated violence within the context of socialization processes in which many social agents participate:

We live in a very violent society where the abuse is an intrinsic part of any social interactions. So it is very difficult to find families where there has not been any abuse. It is very difficult to remember the childhood years, our own adolescence, and not to feel that in many moments you were abused. (...).²³

A form of externalization and dissociation may be at work here, mechanisms that may allow her to place traumatic experiences in the past within a logical framework. Thus, the violence in the family is located on spaces shared with others in society, rather than in the intimacy of the family.

The research interview provided team members with an opportunity to explore their own traumatic experiences. In the case of Renata, dealing with domestic violence in

definido, me siento ignorante ahí. Me guió como que es abuso de poder, relacionado con el patriarcado, lo veo, no solo en la gente que viene para acá, sino que lo veo en mi familia, lo veo en mi grupo de amistades, lo veo en un montón de cosas (...) no soy yo para definirlo (...). [135]

²² Cecilia: Porque también elegimos trabajar en esto. Yo siento que es porque ocasionalmente también nos hemos sentido violentadas. Tu caminas de noche por cualquier calle de la ciudad y cualquier tipo se siente con el derecho de decirte cualquier cosa porque siendo de noche ocupan sus espacios y te pueden decir cualquier cosa. También te sientes violentada! (...), trabajo yo porque no me violenten, y 'bueno hay que proteger a otros.' Los niños, hay mujeres que están menos concientes de cuan violentadas están siendo. [432]

²³ Jimena: (...) vivimos en una sociedad que es muy violenta, y que el abuso es la base de una gran parte de las relaciones que se establecen y en ese sentido es muy difícil encontrar familias por ejemplo donde no haya habido abuso. Es muy difícil recordarse la infancia, la adolescencia de uno y con no sentirse en muchos momentos abusada. (...). [136]

her own home has made her feel helpless and inadequate, because her professional expertise seems useless in her familial context (Janoff-Bulman, 1992). Her sense of self and her view of the world has been challenged:

Can I say something that's happening at the gut level?... It's about the closeness. At the moment I have a cousin at home who is leaving this situation, and I feel absolutely unable to help. Because there is an affective relation, I believe. They may interpret my statements as an intrusion: 'Don't get into my business, this is my stuff.' It is difficult to have it so close, in your family, and not be able to do anything because they do not allow you to do anything.²⁴

In this particular story, the privatization of domestic violence made her a helpless witness rather than an active aid in stopping the victimization of a close relative. Thus, she has become trapped by the same dilemmas her clients may face.

6.3.3. Closeness and Identification

To be socially close to a "victim" and to realize one's closeness increase the teams members' emotional involvement with the survivor's pain. Often, clients' experiences remind teams of their own vulnerability. That is, the majority of the professional women in the teams could be potential victims or survivors of family violence. It is difficult, then, to distance themselves from clients by defining them as "others." Renata, for instance, was surprised to encounter battered women who could have so many commonalities with her, such as middle class privileges:

²⁴ Renata: Puedo decir algo, algo que me está pasando en la guata... Eh, eso de la cercanía familiar, yo en este momento estoy con una prima hermana viviendo esta situación y me siento absolutamente incapaz e impotente de ayudarla. Porque además eso del afecto, entonces ponte tú le dás los elementos que se yo. Tu sientes que te devuelven todo y te lo devuelven de mala manera. Diciendo: 'oye vos no te metaí, este rollo es mío.' Es la primera experiencia dentro de mi familia de violencia física. Para mí, me tiene bien como complicada. [155]

(...) women who were supposedly hyper-bright, hyper-clever, and they have a tremendous mess in their private lives. Women who are able to aid others but not themselves. Why? What's going on? When you get into this, you realize how many players have a part in this (...). The situation ties you, invalidates you, and immobilizes you.²⁵

A social interpretation allows externalization along with the perception of a battered woman as not abnormal. This may well be another reason why the teams construct family violence as a social problem rather than as an individual or mental health one.

Becoming personally affected is crucial in team members' development of a better awareness of family violence. Mostly for the women workers, identification occurs quickly and may be the seed for higher levels of empathy. Yet it can also immobilize them. Such identification brings suffering but they reported that it is also a learning process that enriches their personal lives. Carla told of her process of establishing boundaries and defining an identity due to these boundary-making process:

It has been truly difficult to establish boundaries, not to get over-involved beyond the possible or necessary. I try to be friendly and in that friendliness the problem of limits arises, (...). There has been a lot of pressure (...), I have never been in a situation like this; I had worked in human rights violations work, but not specifically related to domestic violence (...). I don't understand how a woman can live so many years under those conditions. It has affected me a lot, and I have suffered certain tiredness from listening to women with the same stories, and sometimes I become depressed (...). It's not that you can compare situations with your own, but there are some things and feelings a woman has and can feel. It has affected me a lot, but I like it, I insist. I have learned a lot from the people who are here and the women I have attended. (...), and those things have helped in my personal life beyond work.²⁶

²⁵ Renata: (...) me llamaba la atención en la mujer supuestamente super brillante, super clever en su vida profesional y en su vida particular esté metida en un tremendo tete. Que es capaz de sacar a otras y no es capaz de sí misma. Dónde está ? Qué pasa ? Por qué ? Después cuando te vas metiendo, más te das cuenta que hay millones de elementos que la cortan, el afecto, la persona, por último se sienten que la vergüenza de tener que separarse por pertenecer a cierta clase equis, en que las separaciones no son bien vistas (...). La situación es amarrante, es invalidante o inmovilizadora. [152]

²⁶ Carla: Establecer límites que a mí me ha costado, yo lo reconozco, me ha costado mucho establecer límites, no involucrarme más allá de lo posible o necesario. Trato de ser lo más cordial posible y en esa cordialidad surge este problema de los límites, (...) la presión (...). Había trabajado sí en situaciones de derechos humanos pero no vinculado a lo específico de la violencia doméstica (...). No entiendo como una

Teams are quite aware of the social class, age, and education comparisons between themselves and their clients. A close connection with clients enables teams to perceive clients as experiencing similar problems as their own, but with a different level of awareness about the abuse. Marta, the leader of the Central team, described clients as: "(...) about my age, social class is lower than myself, very different consciousness level and clarity." Valeria, the paralegal of that same team, said that clients: "(...) are young. Some are even minors.(...) less educated (...)." The client's social class can be so important that the few less educated or low-income-team-members feel threatened by clients of a higher social class. The two community activists in this team have felt the difference between clients who come from an upper social status: "(...) At the beginning, it was difficult to serve professional women because I was inhibited by their income status, but now it doesn't happen."²⁷

In sum, clients' traumatic narratives impact the listeners, making interviewees reconsider their own traumatic stories. Their clients' experiences of abuse affect the professionals in their personal lives, and in their relationship with their families. To listen to a client can increase awareness of their own potentially abusive behaviors, their

mujer puede vivir tantos años en esas condiciones. Eso me impactó mucho y he sufrido ya un cierto cansancio de escuchar a mujeres con lo mismo y a veces me deprimó. Hay momentos en que sufro y siento esta cosa de que me voy de acá un poco bien decaída. No por una situación que yo a veces uno puede comparar a situaciones personales con la situación de una mujer que se está..., no te puedo decir idénticas, pero hay cosas o sentimientos que tiene una mujer y que uno lo puede sentir. Me ha afectado mucho, pero me gusta, insisto. He aprendido mucho de las personas que están acá y de las mujeres que he tenido que ver. (...) he aprendido otras cosas y valores y modelos de las formas de la misma mujer maltratada y del hombre maltratado que me han servido incluso para aspectos que están más allá de este trabajo. [71]

²⁷ Valeria: (...). Edad son jóvenes. Incluso menores. (...) un nivel educacional mucho menor (...).
Marta: (...). En términos de nivel socioeconómico -hablando de la mayoría- yo diría que menor que yo. (...). Muy distinta en el grado de conciencia y claridad. Muy distinto.
Carmen: (...) Al principio me costaba mucho cuando atendía mujeres profesionales porque me cohibía eso, pero ahora ya no. La situación económica. (...).
Isabel: A mi me sucede lo mismo. [244]

previous victimization, or their vulnerability to violence. This sense of vulnerability and closeness with clients' experience can certainly aid in understanding clients. However, as I explore next, traumatic stories and increasing demands by clients to aid them in resolving them have psychological costs in the form of burnout or vicarious traumatization.

6.4. Burnout and Vicarious Traumatization

Providers can become traumatized as part of a vicarious experience (McCann & Pearlman, 1990B) or secondary traumatization (Terr, 1990). Listening to stories of trauma in a clinical context can provoke various levels of stress, higher levels of individual and organizational burnout (Peterson, 1990), and several reactive behaviors, emotions, and thoughts that can lead to more complex symptoms. Team participants were well aware of many of these reactions, but the long standing consequences were still not discussed in the teams. In fact, the Central team--the "oldest" team--presented as a high priority the need for an organizational consultant to address the issue of how the teams members could take care of themselves, an issue I will address in the final section of this chapter.

6.4.1. Stress and Pain

The critical situations in which most clients live frustrates team members and makes them vulnerable to some of the same difficulties clients face. For instance, workers can start to loose their belief that they can reliably predict that a particular response will bring about clients' safety; this same pattern has been documented for battered women themselves (Walker, 1989). Furthermore, a chronic lack of resources not only affects clients but it also affects the teams' capacity to respond effectively to clients' demands.

Within that context, it is difficult to delineate what aspect of the problem truly depends on the practitioner's capacity, the lack of a supportive context, or both. The following statement voices a general concern about this problem:

We contaminated ourselves a lot. Since we didn't learn how to decontaminate ourselves from the violence we received, we kept it all inside, and we contaminated ourselves and our personal relationships. That's why it is so difficult to work in this. Moreover, here you see situations that surpass all limits. It reminds me of a situation this morning. A twenty-one-year-old-woman with two children came here, running away from her home in Concepción. She was in a shelter getting some food since last night; they were all starving to death. She has all her family far away, and she cannot return. She doesn't have anything to do here, with no place to leave the children, and she cannot work with two children. Then, if you look at this situation and you don't introduce an element that will shift it all, in two or three days this woman and her two children will show up starving to death, throwing herself and them in front of the subway. You see, the situations you face here can drive you crazy. In that sense, it is a terrible experience.²⁸

Personal and organizational stress is experienced as emotionally painful. Burnout due to the contact with accounts of abuse and violence were not predicted as a relevant issue when the teams were born. An aspect of the burnout process has been the scapegoating of team members:

This team spent a long time forming itself, it was a long, arduous, and very difficult process. For at least two years, we lived through a lot of internal violence as a team, as people working together as a team. We have suffered. For instance, there was a period in which one person would get sick each week. In a period of six

²⁸ Jimena: Nosotras nos contaminamos mucho. Mientras no aprendimos a descontaminarnos de la violencia que recibíamos, nos la dejábamos dentro y contaminábamos nuestras personas y nuestras relaciones interpersonales. Entonces por eso te digo trabajar con esta cosa es bien difícil. Además, aquí se ven situaciones que son muy límites de repente. Me estoy acordando hoy en la mañana. Hoy llegó una lola de veintiún años que venía escapando de su casa de Concepción con dos niños pequeños. Ella estaba en la hospedería del Hogar de Cristo recibiendo comida desde anoche, muertos de hambre. Ella tiene toda su familia allá, no puede volver. No tiene nada que hacer acá, no había donde internar los niños. Ella no puede trabajar con dos niños pequeños. O sea si tu mirás esa situación y si no se le pone un elemento de cambio entremedio. Tu puedes ver en tres días más a esta mujer muerta de hambre tirándose al Metro con sus niños. O sea las situaciones que aquí llegan son a menudo tan límites que son desquiciantes también pa' nosotros. En ese sentido es una experiencia terrible. [23]

months, four people were in the hospital for surgery. The team has had a high rate of firing; people were dismissed.²⁹

In the same vein, conflicts about suitable intervention and services have been perceived as the cause of psychosomatic symptoms and feelings of inadequacy, Marta stated: "(...), it was terrible, I was in anguish all the time. I ended with chronic gastritis, my stomach bleeding; doubts started to emerge too (...)." ³⁰ Powerful visceral reactions such as the ones mentioned by Marta have been documented in the literature (Danieli, 1981; Lindy, 1988; McCann & Colletti, 1994). It is unclear from the teams accounts if these symptoms continue or not. During the fieldwork, I did not ask for further clarification.

The positive and negative aspects of their practice was well delineated by Eliana, a psychologist and family therapist in North:

It has two legs. On one side, it has valuable things for you, in the sense of personal growth, (...) as a professional you develop something that has continuity; it is a source of challenges, (...). The problem is the cost (...). You start getting tired, getting sick. Sometimes you want to leave, not out of dissatisfaction with the work, but because you just want to quit, to take a day off and not to be here (...).³¹

²⁹ Jimena: Este equipo tuvo un periodo de formación largo y arduo, muy difícil. Hemos vivido mucha violencia interna, nosotros como equipo, como personas trabajando como equipo, pero fuerte, por lo menos un par de años. Además hemos sufrido efectos devastadores. Ponte tú hubo un período en que se enfermaba una persona por semana. Un periodo de seis meses en que se operaron como cuatro personas del equipo. El equipo ha tenido una expulsión que es bastante alta digamos. [21]

³⁰ Marta: (...), lo pasamos terrible, yo me lo vivía en angustia. Termine con gastritis crónicas, sangrando la guata, porque me entraban las dudas también (...). [117]

³¹ Eliana: Tiene dos patas. Por un lado, tiene cosas muy valiosas para uno, en el sentido de crecimiento personal, (...) también en lo profesional uno hace algo que tiene una línea y donde puedes ir desarrollándote, planteándote metas, planteándote desafíos, (...). La pata es el costo. (...), está en que uno se va cansando, se va enfermando, uno de repente tiene ganas de irse, no por insatisfacción laboral sino que porque tiene ganas de irte no más. (...). [618]

In the challenge to integrate the negative and positive aspects of the work, boundaries between the personal and the team work were mentioned by interviewees as protective mechanisms.

6.4.2. Boundaries

Boundaries seem to be a core mechanism in sustaining each person and team's integrity. I will use the structural-systemic definition of boundary as a representation of how the interviewees set limits between their personal and professional lives. Boundaries are the "invisible lines of demarcation in a family [a person, a team], which may be defined, strengthened, loosened, or changed [...]. Boundaries range from 'rigid' (extreme separateness) to 'diffuse' (extreme togetherness). Ideally, boundaries are clear" (Piercy & Sprenkle, 1986, p. 30-31). In the case of the interviewees, boundaries are crucial in speaking about the affective reactions and its potential negative effects.

Interviewees believe that diffuse boundaries between work and other life domains threaten the viability of their individual and professional selves. Rather than defining boundary-making as part of an evolving process in interaction with others, they use a concept of self as a "container" (Sampson, 1993A). This Western form of understanding "self" fosters the idea that connecting with the "other" will make one disappear as an autonomous individual. A dilemma in the contact with clients is that team members need to be with the "other" to truly listen their clients' stories. It is this "togetherness" that can lead to diffuse boundaries and difficulties at separating their own pain from the clients' traumatic accounts.

Striving for personal solutions to establish boundaries between work and home may fail to provide team members with tools to counteract the traumagenic effects of their work. In this regard, for Jimena, the chosen mechanism has been a dissociative one

Well, (...) a period in which I had a lot of marriage arguments, a lot of fights (...). I would get home with 'an ax to grind,' to a moment in which I truly reviewed myself, and I was craving for a solution within the few possibilities you have. Sometimes you become anguished (...). I think violence from nine to six, and from there on, if a violent TV program is on, I turn it off.³²

Carolina, a lawyer, said that she can be truly "passionate about this theme." In her perspective, she felt uncomfortable with the idea of leaving concerns about work behind as she leaves work to go home. "That thing that 'after six o' clock 'bye work, bye problem' should mark a difference in the delivery of services (...)." This form of commitment was stressed by community activists in the team and governmental officers with previous experience in popular organizations. Psychologists and other professionals in the teams, however, have a tendency to draw more strict boundaries and to make work a separated aspect of their personal lives. Jimena opinion was attuned to the latter stance: "If it is outside the door or inside [the center], I don't care. I believe it is not related with commitment, is just different ways of approaching it."³³

³² Jimena: A ver (...) un período en que tenía peleas matrimoniales bastante a menudo. (...). Yo llegaba a la casa con el hacha en la mano, hasta embarcarme muy profundamente en lo que veía y tratar de buscar alguna solución dentro de las escasas posibilidades que uno tenga. Movilizarse, buscar, a ver que tu sabes, ese tipo de cosas. De repente angustiarse (...). Yo pienso violencia de 9 a 6 y de ahí pa'adelante si yo veo un programa de televisión, yo lo apago, etc.. [24]

³³ Carolina: Yo me apasiono con el tema. Que después de las seis de la tarde, 'chao trabajo, chao problema, creo que de alguna manera tendría que marcar alguna diferencia en la forma de atención (...). [31]

Jimena: De sí la puerta pa' fuera o pa' dentro, a mí no me importa. Creo que no tiene que ver con el compromiso, son maneras de apearse. [33]

Commitment is a theme that all team participants felt the need to reflect upon. Commitment encompasses a diverse array of expectations about work. How each member defines his or her personal level of commitment has a moral weight which would directly affect their performance. To work with survivors of family violence is constructed as a *cause* that requires more than a routine professional commitment. This commitment affects the boundaries drawn between clients' trauma stories and interviewees' ones.

Even though participants assessed the need to work through these issues, the teams themselves have had difficulties in providing their members with enough opportunities to reflect upon them. An example of the decreasing opportunities for the teams was provided by a member of the North team. In that team, the conversations about a client were transformed from an original joint reflection, during the intake process, into a loose supervisory structure to aid clinicians who feel stuck. "(...) with the joint intake (...), we progressed about two or three sessions in one. The discussion was incredibly good (...), now we do this when we are stuck (...)." ³⁴

To reflect and define clear boundaries between work and their own private lives is accomplished when team members set up a private individual time to write about their clients. I believe that this reflexive moment helps them to provide closure to the traumatic aspect of their work. A psychologist sensed this very clearly and suggested, however, that currently it may not be done fully:

We have talked about setting up time in-between clients to reflect. (...) 'we could write' something where you put all your reflections and feelings. What we write is the concrete stuff, what happens. So that anyone reading the record..., will have a sense of the process or where the person is at (...). I would like to write more (...), but the stuff I wouldn't change is my car travel when I go back home. When we

³⁴ Constanza: (...) en la recepción conjunta (...). Avanzabamos unas dos o tres sesiones en una sola. La discusión era fantástica, (...), ahora lo hacemos cuando alguien está en problemas (...). [738]

travel together too, that's really helpful (...). It's important as a moment to reflect and to give closure. I close the North's chapter, it's a transitional moment.³⁵

Renata feels able to set up a good boundary between work and home, but she stated her contradictory feelings about being the witness of domestic violence at home:

I feel like throwing it all away and saying how long will it last if it cannot go on anymore (...). I learnt how to disconnect myself a little bit, not to bring it home. But, when you have it at home alive, and sleeping in your home, then it bothers you (...).³⁶

This opposition can become strikingly critical if family violence events are witnessed at home where some of the dissociative mechanisms she was using to separate work from home do not work. This professional inadequacy also occurs at work where other factors undermine interviewees' expertise.

In sum, boundaries between their work and their personal lives is a theme that teams are very concerned about. Setting those boundaries is affected by the quality of commitment requested by some teams, the need to empathize with clients' stories, and the lack of structured time to reflect on these issues.

³⁵ Eliana: Nos hemos planteado el poder hacerlo, nunca ha resultado. El tener un tiempo entre paciente y paciente de reflexión. Digo 'anotaríamos', donde uno ya pone una reflexión en todo el sentido. Lo que anotamos es lo concreto, lo que pasó. De manera que cualquiera que agarra la carpeta y cualquiera que vea a un paciente, (...) lo que sería rico hacer. El anotaríamos creo que en mi caso, fué dicho en forma de talla en algún momento ahora, es la parte que yo no cambiaría, que es mi viaje en auto. Me sirve hartito, (...) en auto me quedo pensando, reflexionando. Cuando viajamos juntas también. Que ese espacio entre acá y la casa, yo también lo valoro (...). Como instancia de la reflexión y la instancia de cerrar. Cierro mi capítulo de Conchalí. Tengo una instancia de transición. [735]

³⁶ Renata: De querer mandar todo a la mierda y decir hasta cuando si no se puede más (...). Aprendí a desconectarme un poco, no llevarlo a la casa. Pero de repente cuando lo tenís en vivo y en directo en tu casa y durmiendo en tu casa la cuestión, ahí te jode, (...). [29]

6.4.3. Feeling Out of Place, *But We Have the Obligation to Do Something*

Experiencing professional inadequacy is part of the process by which teams and their members burn out. Antonia talked about her feelings of professional inadequacy arising out of a lack of theoretical and interventional models to work with their clients: "to work in this has been like going back to the first year in psychology, the first year in your internship, or the first case after you graduate: that's the feeling in this field."³⁷ Jimena, a sociologist from the Central team, echoed this continuous feeling of inadequacy: "Still, I am impressed by the fact that the abused person is ashamed after the victimization, and not the abuser (...). It truly makes me feel out of place."³⁸

Extensive work experience does not necessarily preclude feelings of inadequacy. A counselor, who conducted one of the first exploratory domestic violence inquiries in Chile (Molledo, 1993), shared her thoughts about not being sure what theoretical model she ascribes to. For her, moving from a lineal feminist perspective to one that includes a systemic one generates confusion and makes her question her sense of certainty that the adherence to one model provided:

There is something creating many conflicts because I do not know what to do. When I started working in this issue, working before with women and really immersed in the feminist world or with women's groups, I was at ease with the idea of 'man equals power abuse of women.' In that framework I would be very comfortable and I was clear. Now I have changed my perspective, it has been eye-opening, but it is a mess in my mind (...).³⁹

³⁷ Antonia: Esto ha sido como volver a primer año de psicología, o primer año de internado, o el primer caso de psicología después de titulada, esa es la sensación en esta área. [439]

³⁸ Jimena: A mi todavía lo que me impresiona es esta cosa de que la persona que es abusada se avergüenze y no el abusador. (...), a mi me descoloca. [158]

³⁹ Marta: Lo otro que me está creando un montón de conflictos porque no se como hacerlo. Cuando yo empecé a trabajar en este tema, y trabajando antes con mujeres y muy metida en el mundo feminista o con grupos de mujeres, etc. Me era muy cómodo y muy fácil poder encuadrar y decir 'esto es hombre que abusa

An overall sense of duty and responsibility was a repeated theme across teams. This sense of responsibility translates into a serious commitment to the welfare of clients which can be overwhelming in the context of scarce resources. Teams evaluated their activity as decisive. However, they complained about the lack of various resources, financial and legal support, and understanding by politicians at the local and governmental levels. In spite of these limitations, their clinical and preventive activity is permeated with a caring disposition. A South team member, Carolina, was explicit about this: "The problem is serious, we have the obligation and the possibility of doing something."⁴⁰ This particular stance is similar to accounts of human right workers during the Chilean dictatorship period, in which observers described a context that seemed to facilitate "an excessive belief in personal responsibility for the therapeutic process" (Agger & Jensen, 1994, p. 285). This belief could make negative affective reactions about work to be silenced, because the therapists and clients were all part of the people who were against the dictatorship. This silence, accordingly, would mirror the silence that is usual in victims and survivors of family violence.

The burden of feeling overly responsible is not only the product of a team dynamics, but part of the pressure exerted by clients who have limited access to resources. Carla, the lawyer in North, shared her perspective about this:

The women who come here are not necessarily looking for therapy, then you cannot help her totally (...). And legally there is not a response or solution now (...). The women want solutions now (...). That's the problem I confront, the women want a fast response or an immediate solution. For the husband to give

del poder hacia la mujer.' Y yo en ese cuadradito me movía perfecto y lo tenía muy claro. Ahora yo también he cambiado mi perspectiva, se me ha ido abriendo, pero tengo el escándalo en eso. [221]

⁴⁰ Carolina: El problema es serio, impactante, tenemos la obligación y la posibilidad de hacer algo (...). [55]

them money and that's it. Sometimes I start to justify the legal system, but I feel guilty because things happen so slowly. A woman gets angry (...), others disappear after a lot of paperwork, (...). Or they return after a year when the violence emerged again.⁴¹

Finally, another burden occurs when their professional peers discount colleagues who belong to these teams. This attitude by colleagues reminds her of previous work in human rights in the eighties, when it was common for professionals to be seen as marginal if they worked in grassroots organizations. Such a perception by others is probably similar to the repressive and discriminatory tone survivors of family violence have felt. Carla, for instance, has been patronized by many of her peer psychologists:

When they ask me where I work, and I talk about the domestic violence program, they immediately look at me in a way that tells me 'how interesting: it's social work' (...). They also label me within a group that works from an idealist and utopian perspective. It was the same thing when I worked in human rights (...), at the other place where I work, the same kind of comments have been made to me. And 'why I would choose this work, if I could earn more money somewhere else, or how terrible it is to work in this, or the time it consumes.' I have felt that segregation from colleagues; well not segregation, but a differentiation from colleagues.⁴²

⁴¹ Carla: La mujer viene acá (...) no está llana a asumir una terapia para ella. Entonces no se le puede dar a esa mujer, no se la puede ayudar totalmente (...). Y el problema en el área legal es que no hay una respuesta ahora y una solución ahora. (...). Las mujeres quieren respuestas ahora (...). Ese es el problema que yo me enfrento, las mujeres quieren respuestas muy rápidas o quieren una solución inmediata. Que el marido les de dinero y punto. Ahí yo de repente, empiezo a justificar el tema judicial, igual yo me siento culpable porque las cosas andan más lentos de lo que yo quiero, pero no puedo más. Una mujer se enoja (...). O mujeres que desaparecen, dejo las demandas hechas y no vuelven nunca más. O vuelven en un año más como han pasado mujeres, cuando el problema de la violencia nuevamente volvió. [74]

⁴² Carla: Al preguntar donde trabaja, y es un programa de violencia doméstica, surge inmediatamente la mirada y me dice "que interesante, trabajo social." (...) me catalogan ya dentro de un grupo que trabaja como utópico e idealista que trabaja en esta área, igual me pasaba cuando trabajaba en el área de derechos humanos. (...) en el otro lado, en el otro trabajo, igual me han hecho comentarios de que porque, si estoy ganando bien, cuanto estoy ganando, el tiempo que me depara esto, que terrible que estés trabajando en una cosa así. Yo he sentido esa segregación. No te puedo decir segregación, sino una diferenciación con otros colegas. [716]

Peer psychologists label their colleagues in the teams as community psychologists, a lower status specialization within the psychological establishment. Even within the community psychologists, working in the family violence field is perceived negatively.

Constanza from North explained how the stigmatization evolves:

Generally they say: 'Ummm, how interesting, listen how courageous, so you work in that?' Well, I have always worked in the community thing, which puts you in a weird spot anyway. But even in the teams in which I have work the community thing, they see me as different: 'you're becoming a feminist.' (...), and they put you in one category (...). It becomes dangerous in everyday life, this character who talks about the gender story all the time. Amongst women, it is not so dramatic (...). But men restrict you and label you: 'Ah! You work with battered women, *do that*' (...). Among psychologists, it is okay but there's some resentment anyway.⁴³

This professional disqualification by colleagues creates a traumatic atmosphere for practitioners associated with family violence teams. This means that the trauma does not only have an origin in the trauma stories told by their clients, but also it is provoked by those people that should be a support network for these practitioners. These forms of discrimination are more vague than the one detected as a product of the clients' stories, thus, difficult to distinguish as a traumatizing factor (P. Hernandez, personal communication, May 23, 1994).

Trauma stories, in sum, impact therapists and other professionals dealing directly with clients, an issue that is explicit in the accounts of how teams feel about their work and roles. The clients' problems and the scarcity of resources to help them, challenge the

⁴³ Constanza: En general sí. Te dicen 'Aaah que interesante, oye pero que valiente, oye tu trabajas en eso.' Bueno yo siempre he trabajado en la cosa comunitaria, que ya me han tildado de rara. Pero además en los equipos en los cuales yo he trabajado en la cosa más comunitaria te cachan como más distinta (...): 'Aah te estás poniendo feminista.' Me hechaban tallas (...) y te encasillan al tiro. (...). Empieza a ser peligroso para el mundo común este personaje que se mete en este cuento de la cosa del género a cada rato. Entre mujeres no es dramático. (...) Entre los hombres, tengo la sensación que te van acotando 'Ah! ya tu trabajas con mujeres maltratadas, dedícate a eso.' (...), dentro de los psicólogos es más permitido. Pero hay algo de esa sensación de recelo. [717]

interviewees in a way that their professional training may not have prepared them for. Teams' overall sense of duty and responsibility increases their vulnerability to burning-out. Finally, their own professional colleagues tend to demean their involvement in teams that confront family violence. This is specially complicated for professions that a higher social status, such as psychologists and lawyers.

6.5. Teams' Responses to Their Own Stress

Teams have found various ways to help their members deal with the effects of stress, traumatization, and burnout. Some are actively engaged in practices to prevent further burnout. Personal commitment appears as a foundation of team members' survival in their work. Paradoxically, commitment also creates problems, because they may get too involved with their clients, and may make them less attentive to other aspects of their lives, which could help balance the stress associated with this work. Second, friendship and socialization among members is often important. Talking with each other about what they are going through is useful, a dialogue that would also help members to know themselves better and be more effective as therapeutic agents. Sometimes, an outside professional can help establish trust and facilitate team discussions. Finally, support from the greater network of social services is important not only for their clients, but also for the team members themselves, because a lack of coordination among agencies itself produces a strain on team members. In this situation, many institutions that were the "enemy" during the dictatorship, have an important role in helping teams to aid clients.

The Central team has requested aid from outside consultants to help them deal with issues of stress and burnout. From the beginning, North team members have engaged in some social activities together outside work to aid them in easing the stress of working

with trauma. The Southeast team leader has institutionalized limits on the number of clients and balanced work with clients with community outreach work. The South team is starting to realize that burnout and vicarious traumatization are professional and ethical issues which should be addressed.

The lack of institutionalized policies and resources makes individual commitment a difficult stance. For that reason, teams create a working context supported on relations of friendship and the interest other professionals may have about their work. Therefore, besides the ethical and moral grounds, a social network makes the teams viable, rather than policies providing orientation and resources. Ester voiced these concerns:

There is not enough institutional support of alternatives. As a consequence, you end up doing more things than the ones you consider appropriate within your role (...). Lack of institutional support also affects coordination (...). We do things out of good faith (...); this team really emerged from a moral and ethical imperative.⁴⁴

Again, it is an underlying sense of higher commitment and the team as a survival tool that sustains this endeavor, even though each participant may define this commitment in different forms. In this regard, there are striking similarities between these teams and the counter-authoritarian forms of organization that flourished even in a context of little financial and institutional support during the dictatorship years. At that time, human rights task forces, kitchen soups collectives, women's groups, and other organizations aided survivors of economic and political violence.

Being part of a team becomes a survival tool to overcome adversities, but members said they also need people and institutions in the larger system for support. To

⁴⁴ Ester: Falta de soporte institucional, de alternativas hace que uno empiece a hacer muchas más cosas que las que uno considera como adecuado dentro de su rol. (...) este problema de coordinarnos y de poder trabajar tiene que ver con que no hay soporte institucional. (...) está haciéndolo de buena voluntad, (...). Realmente este equipo surge de un imperativo moral y ético. (...). [415]

tell the others and to be taken care of is one of the few tools they have as a way of persisting in their actions. Hence, the team participants' commitment is not only with their clients but with themselves too. This commitment would create a holding environment which team members can rely on to work through the trauma as it affects them.

How necessary it is to work with interventions that need to be within a team and feeling the institutional support. But not only institutional, it also means to be able to embrace another, to be able to tell you about it. For instance, in a case last week, the judge was with us; we were not the crazy ones from the mental health clinic who were doing this. It was the judge, the judge who changed her verdict after some of our recommendations, and who decided about other things relying on our information, all of which makes our work easier and possible. Then, the expectations of doing something are little bit more real.⁴⁵

In the view of one team leader, interviewees modify their prejudices if they get involved in therapeutic processes that requires them to trust the team as a safe context for personal disclosure. One of the team leaders called this *personal processes*: "We need help (...). in this thing you have to review yourself, almost like in a confessional mood. There are still people in this team who don't understand it, because they don't have personal processes, thus they don't have clarity." She implied that not knowing yourself will give birth to workers who: "when they talk with women, reproduce every myth about domestic violence." The team would function well if it allows disclosure, a process that would build trust. Marta also reported that the team is now a place "where we are starting to have

⁴⁵ Carla: Es extremadamente necesario trabajar en equipo en este tipo de casos, con intervenciones tienen que ser necesariamente en equipo sintiéndose con un apoyo institucional, pero no solo institucional, de repente de agarrarte y contarte o decirte. El hecho de esta decisión que tomamos la semana pasada en ese caso. De haber sentido que la jueza estaba con nosotros, que no eramos las locas de la clínica psicológica las que estábamos haciendo esa cuestión. Sino que era la jueza y la jueza con algunos comentarios nuestros que cambiaba su veredicto y decidía otra cuestión por información que nosotros le dabamos, lo cual lo hace mucho más aliviador y posible. Expectativas de poder hacer algo se va haciendo un poco más real. [419]

more trust between each other so that there is the potential to get into each others selves, without the expectation of a crisis to check what's going on."⁴⁶

Eliana, a psychologist and family therapist, stated that the team has helped her to endure:

We really work as a team, try to set up meetings. We try because sometimes it doesn't work out; nevertheless, we are always aware of the others' needs (...), but we try to maintain limits. To work as a team is a good way of balancing the costs (...). Sometimes I ask myself if this team's work is comparable to others. The way you work is different, the costs are different. It sounds reasonable to have many weeks of vacation (...). This need for rest is not necessary discussed (...). There's no consciousness about it, but it should be part of it.⁴⁷

Interviewees tend to rely on the team to resolve issues that make them vulnerable. Although, the team internal support system aids in overcoming demeaning social labels, the team can become the source of too many expectations. Constanza, a psychologist from the Conchalí team, stated that her team is going through a stable period internally. However, the instability of local politics makes the future of the overall team project uncertain:

⁴⁶ Marta: Yo creo que si necesitamos ayuda (...), en esta cosa hay que revisarse, casi confesionario, todavía hay personas en el equipo que no tienen, que no cachan porque no tienen procesos personales, entonces no tienen muy claro que...

Marta: (...) cuando hablan con las mujeres, cuando de la guata salen todos los mitos, salen todas esas cosas. Estamos empezando a tener más confianza unos con otros, como ya decir ya metamonos, no esperar que venga una crisis. [112]

⁴⁷ Eliana: Creo que como equipo nosotros, hemos trabajado muy bien, trabajamos realmente como equipo, tratamos de hacer reuniones de equipo, digo tratamos, porque a veces no resultan. Sin embargo estamos bastante atenta a las necesidades de las otras. (...), pero tratamos de poner harto límites, (...). Trabajar en equipo es una buena manera de compensar los costos. (...). Yo me preguntaba si es comparable el trabajo de un equipo que trabaja en esta temática, que implica trabajar muchos contenidos, si es equiparable a otro tipo que trabaja en otro tipo de temática. Las formas de trabajar son distintas, los costos son distintos. Hasta me parecía lógico que este equipo tenga tantas de semanas de vacaciones, (...). No hay consciencia de eso, no se habla, (...), pero debiera ser algo parte de si misma. [618]

For periods, we feel the pressure of different situations. We are tired. A lot of tension. It helps to be friends. There's a good relationship; when one is entrapped in something, we try to say it. Sometimes it takes some time (...). I work in another team, and it is not the good experience I have here (...).⁴⁸

She also told how the team's secretary is very involved in local politics. This person is able to handle well relationships with the municipal bureaucracy, which aids in providing the team with support at the county level.

Another level of complexity emerges because many of the institutions they need to network with are law enforcement agencies, which were dangerous and oppressive during the dictatorship years. Other state bureaucracies are also still permeated by repressive practices, clients and teams need to negotiate with to educate, obtain resources, and get support. Therefore, to create a wider support network, to overcome the isolation and burnout, may also be the source of stress and the reliving of traumatic memories. During one of the interviews in South, we were interrupted by the policeman who was helping the team to deal with a battered woman who needed a ride to a safe place that night. The following excerpt illustrates this point and the difficulty at speaking about what it means to work with the police. At the same time they recognized the need to join efforts in confronting the problem.

Antonia: I just open the door, and we handed over the woman to the detectives. I just met the person because of the issue of maltreatment. And I'm free of worry, and you know *I have a lot of respect* [the police]..., *without comments about that*. But I also know (...) the Sheriff (...)

Carla: An intervention network starts, which makes everything more attainable.

Cecilia: It doesn't create so much resistance.

⁴⁸ Constanza: Cada cierto tiempo estamos agotadas, nos pasa que nos vemos presionadas por distintas situaciones. Eso nos ha tensionado. El equipo si ayuda mucho, somos buenas amigas, hay una buena relación, cuando estamos entrampadas en alguna cosa puntual, tratamos de decirlo, de repente nos demoramos (...). Ha sido buena experiencia, porque yo trabajo en otro equipo con mujeres y no tengo tan buena experiencia como la tengo acá. (...). En un principio no teníamos a la Ana, que ha sido super importante como secretaria, ella ahora trabaja en el área de la mujer. Pero tiene una capacidad de inserción en lo que es el municipio y lo local, que nos ha dado(...). [77]

Carla: *Yes. Not so much panic.*

Cecilia: With institutions that were destructive in the past for our society (...).⁴⁹

The lack of interinstitutional organization makes the interviewees question their defined professional roles. Carla shared some of the painful processes created because of the isolation of her own or even her team's effort. Besides this, she insinuated the need for a balance between this policy aspect and the need for emotional and personal support:

There is a lack of coordination between institutions (:..). It wears you out as a person, emotionally (...). There's a personal lack of coordination too. Many times I felt that I have been doing things that do not correspond to what I have studied to be a psychologist (...). Still, everything is in the hands of the individual who decides to do something to prevent or stop a violent situation or of maltreatment. It makes everything too burdensome, costly, (...). It is difficult to be a team, to supervise each other, how we throw at each other our anxieties. We struggle with this anguish intrinsically associated with this work and the need for common interventions (...).⁵⁰

In sum, teams are a substantial support for their members. Their whole field is at the center of society's dilemmas about the boundaries between the private and political; these teams have not escaped from a similar dilemma. In thinking about members own care, the personal, the professional, and the political intersect. Commitment and the existence of a supportive team as a survival tool aids them in counteracting the

⁴⁹ Antonia: Acabo de abrir la puerta y entregamos a la persona a Policía de Investigaciones y la persona acabo de conocerla a propósito que estás hablando de maltrato. Y que me quedé más tranquila, tú sabes que tengo bastante respeto..., sin comentarios. Conozco (...) el comisario (...)

Carla: Se empieza hacer una red de intervención, lo cual lo hace muchísimo más posible.

Cecilia: No te crea tanta reticencia

Carla: Claro. Ni tanto pánico.

Cecilia: Ante instituciones que fueron desestructurantes para nuestra sociedad tiempo atrás. (...). [420]

⁵⁰ Carla: Hay clara descoordinación intersectores e instituciones que necesariamente tienen que ver con el tema. (...) te desgasta como persona, emocionalmente. (...), hay una descoordinación incluso personal mía. (...), yo muchas veces me sentía haciendo cosas que no correspondían a lo que yo había estudiado como para ser psicóloga (...). Todo está todavía muy en manos de el individuo que decide hacer algo por evitar o por detener una situación de violencia o de maltrato. Lo cual lo hace super desgastador, costoso, (...) nos cuesta hacernos equipo, supervisarnos, como nos tiramos las angustias, las pelotas de la angustia,...). Nos peloteamos esta angustia que va intrínsecamente asociada a este trabajo y la necesidad -aparte de sentarse a hablar de una definición es como de hablar de las intervenciones en común (...). [414]

traumagenic aspects of their work. Paradoxically, the same strategies may also make the teams vulnerable to other problems. These are problems that refer us to the issue of how to be close to a client's experience without becoming traumatized yourself. To be committed to the work teams do is also a complex response due to its capacity to burden team members by making any other commitment in life unimportant and/or secondary.

Family violence teams, to recapitulate, are starting to confront as groups their participants' reactions to the complexities of their work. For participants, the teams are clearly a unique source of support and grounding. This awareness by the teams, about the impact clients stories and the expectations for solutions, still lacks complete clarity in terms of particular steps to follow. In addition, considering the lack of policies and resources, the teams discuss how they commit to their work in the context of their own personal commitment which resembles in some cases a form of political militancy.

Teams are also becoming aware of the need of outside consultants and time within the team to address these issues. To take care of themselves will certainly have an impact on the survival and continuity of the teams to attend clients, to educate the community, and to collaborate in changing the social climate that supports family violence. In different degrees, this endeavor is for participants the result of a personal history involving family violence, a commitment to issues of social injustice, and the same traumatizing factors that can impact them negatively.

6.6. Conclusions

As the interviewees became members of the teams, they created an identity for each team. In turn, team membership provided them with personal and professional

identities. This process was also often part of turning points in their lives or part of a continuous awareness process in regard to trauma. This engagement is mediated by personal, familial, social, and political circumstances that combine in different degrees to make them part of a team or to create a team. Although the country's democratization created an overall context which fostered the teams' existence, participants' personal endeavors to resolve injustices or to be allied with abuse survivors aided the process.

To be a member of a family violence team implies a continuous drawing of personal, professional, and political boundaries. To work in the family violence arena makes teams continuously question the boundaries of domestic and political spheres. Thus, it is possible to conclude that the interviewees continuously draw their own personal and professional identities as they move along in the field. Their identities as family violence experts are constituted in team conversations, influenced by clients' stories, and the texts that tell or have told them what they should do as practitioners.

To be a participant in the team could have been a circumstantial matter in many cases, even though they had a clear intention in being part of it. Their clients' stories of victimization become a close story to which they cannot be neutral bystanders. Their clients' stories touch them at the core of their belief systems and how they feel about themselves and others--their own families. This process makes their task extremely complicated but it may be the only form to access the painful experience of clients. Moreover, their frustrations may mirror the clients subsequent frustrations after telling the story and becoming traumatized by the social indifference, the lack of effective aid, and a "just therapy" (Waldegrave, 1990). Interviewees, in reflecting about their praxis, are not only testing hypotheses about a reality that is independent of them. They are actually shaping a reality which includes themselves. To assess others' trauma is to also assess their own past and present circumstances.

The teams interviewed have begun to find ways to deal with the impact of their work on their own members. But there is still much to be done. Basic questions include: How can teams best maintain a balance between professional and political expectations, and their emotional needs? What can teams do to balance their ethical and professional responsibilities towards clients, with the limitations imposed by lack of resources and minimal social support? How can the teams support their members without burning out each other? What are the theoretical constructs that will restrain or facilitate an integration of their experience in the clients' healing?

CHAPTER 7

CONCLUSION: FAMILY VIOLENCE IN CHILE, *WE KNOW THAT THIS IS ONLY THE TIP OF THE ICEBERG*

7.1. Overview of the Chapter

In this chapter, based on the data analysis, I summarize the main components of teams' perspectives about discourses on family violence in Chile. Second, I outline the problems with the research methodology and offer suggestions for further inquiries. Finally, I analyze the personal and professional issues involved in researching the problem of family violence in Chile as I experienced them during the fieldwork, the data analysis, and the writing of this dissertation.

The first part of this chapter is divided in six sections. First I write about the significance and importance of family violence in Chile in its social context. Then, I highlight the main ideas and threads that characterize the research literature about family violence in Chile, based on the literature review. The two sections that follow introduce the processes associated with defining family violence as experienced by the teams, and how the teams defined family violence. In the fifth section, called "the politics of caring," I expose the principal aspects how teams care for their clients. At the end of this part, I outline the issues that refer to how the teams react to the stories of trauma.

In the second part of this chapter, I analyze some of the implications and suggestions for further research as it emerges from this dissertation. Finally, I describe some of my personal thoughts about the research process and its potential implications for family violence research using a qualitative approach.

7.2. Family Violence Discourses in Chile

7.2.1. Defining the Context of the Problem of Family Violence

Chile, as other countries, experiences a high incidence of family violence, as demonstrated by the data quoted in Chapters I and II. Prior to 1990, some efforts were made by non-governmental agencies (NGOs) to intervene at the community level during the dictatorship, but these efforts reached only a small percentage of the population, due to the lack of resources and the hostility of governmental agencies during that period. The first groups that worked in the field relied solely on the political commitment of these NGOs' practitioners. In their work, definitions of family violence varied, but they were influenced mostly by feminist ideas, intersected with theories of oppression professed by progressive grassroots movements. Larger intervention programs only started with a governmental mandate at the beginning of this decade. The election of a democratic government in 1990 was an opportunity for making this issue public. A higher awareness by practitioners about family violence is the source and the result of this new dialogue as well. Definitions about family violence underlying the work of NGOs and later the work of groups sponsored by the elected democratic government became blurred and difficult to assess considering the variability of populations served, as well as the composition of the field teams, and the changes in the politics of resistance. As a result, family violence became a controversial social subject in which not only practitioners but many other actors started to play a role.

Family violence is a social construct defined by political, social, and cultural factors. In settings like the Chilean teams dealing with family violence, the knowledge of family violence that arises is derived from their field experiences. Hence their ways of talking about family violence constitute a system of knowledge, often with

institutionalized truths and practices informed by and informing the practitioners' experiences.

In the case of this research, family violence constructs in Chile reflect the individual histories of those who define it. These teams of practitioners both shared perspectives and experienced interdisciplinary conflicts, compounded by the social and political context in which the teams are located and the interacting nature of all these factors in a country emerging from a traumatic past of state terrorism. Although there has been an opening in the public dialogues about family violence, their critical potential has been limited due to social control of what could be seen as destabilizing of the democratic transition.

The issue of family violence questions the unequal gender arrangements that affect all levels of society. It speaks about the domination and control of women and children in the private space of the family, but it also speaks about the control of women and children in the public arena. If family violence is conceptualized as a part of the continuum of oppression of women, then there is a need to question other forms of domination in Chilean's society as well. For instance, to analyze family violence as a traumatic social element may imply the unresolved issues of violation of human rights and other forms of social violence.

7.2.2. Observations about Family Violence Research in Chile and Dialogue Among Professionals

Analyses of child abuse in Chile were first included in non-governmental studies sponsored by professionals exploring the consequences of the extreme measures of the

dictatorship. For example, as quoted in Chapter II (see pp. 29-32), some studies deconstructed obedience and the respect for those in power as essential values to domination during the military regimen. Thus, child abuse and women's battering were condoned and legitimized by that regime. Other studies on child abuse conducted during the late eighties and early nineties conducted by the academic community were influenced by the research on child abuse from the United States. These studies have been generally biased towards women who are seen as responsible for the abuse or as the ones who should change on behalf of the children. Thus, mothers are given the power to modify an abusive situation, but they are also blamed for the parental dysfunction. Another research bias that still exists is the focus on families from low-income neighborhoods as being the subject of family violence studies. Studies about the victimization of women came later as part of efforts by women's grassroots organizations as well as the support of the Ministry of Women. Until today, there is no clear division between the child abuse and gender violence literature in Chile.

In this study, I found no direct links between the work done on behalf of survivors of political violence and the ones surviving violence in the family. The teams, however, were more explicit about some of these links when reflecting on their own experiences with political trauma. The teams exercised the need to elaborate upon their own victimization and survivorhood, making definitions of violence a way of naming their fear of the earlier violence. The issue of considering family violence a human rights violation has divided people since it levels family violence with other violations that have been publicly traumatizing. Political terrorism survivors have a more legitimized voice in Chile today; survivors of family violence do not have the same legitimacy in the public forum. For instance, initially there was rejection of efforts at having women talk about domestic violence in women's groups because many activists felt that the state violence had priority. The silence about the violations of human rights due to political terrorism has been

broken, but the silence about intimate violence and its complexities still exists and is not addressed vigorously. To address this matter publicly may mean to question long accepted norms of coexistence that may prove to be more difficult to challenge than rules about political democracy.

If the conditions imposed by the military dictatorship prevented in-depth analysis of family violence for two decades, the emerging Chilean family therapy movement during the mid-1980s did not help either. Family therapy trainees who were the first mental health practitioners with opportunities to observe or listen to family violence stories were discouraged from intervening on behalf of family violence survivors. As shown in Chapter II (see pp. 49-52), the family therapy literature in Chile, however, is not pure, it presents contradictions and struggles among its proponents. Fortunately, grassroots organizing, the creation of services for family violence survivors, and work in human rights organizations have counteracted the neutrality showed by systemic practitioners. Many practitioners included family violence work as part of their grassroots activities rather than as a result of their professional activities. Thus, the prevention of family violence has emerged from feminism, popular education, participatory research, and community psychology. These represent theoretical frameworks displaced for a long time from formal training in the Chilean universities.

7.2.3. Definitional Processes

A lack of reflection about criteria for defining family violence was evident in the teams, a trend that is described as typical in the literature on family violence around the world. Although teams may be dissatisfied with the ambiguity under which they operate, there are contextual difficulties at resolving this problem; e.g., a crisis oriented approach

pushes the teams away from reflecting on their own practices and working hypothesis. Therefore, an ambiguous and sometimes contradictory discourse is common among Chilean practitioners confronting family violence. Also, interdisciplinary conflicts add difficulties to generating consensus among practitioners.

To define family violence is a process. Naming family violence as a problem became possible as the interviewees began accessing new conceptual tools to assess clients as survivors of family violence. The choice of terms was affected by personal, professional, institutional, and contextual idiosyncrasies. The teams' views of family violence have been influenced by the incorporation of new frameworks from the literature, their modes of intervention, and the population with whom they work. If a team worked primarily with battered women, family violence was defined as domestic violence. If a team's target was child abuse, what prevailed were larger community interventions and family therapy approaches. If a team attempted to engage couples, a systemic perspective became their theoretical orientation. A community and psychosocial approach prevailed if the goal was preventing the battering rather than treating its consequences. The act of defining family violence was a very personal undertaking too. It raised questions about the practitioners' own abusive present or past, in which their family histories played an important part. Definitions of family violence, then, involved reaching a balance between professional standards and personal histories.

Differences within the teams were influenced by the diverse professional backgrounds of the members of the teams, and their previous participation in grassroots organizing. These differences across teams did not seem to play an influential role in the themes that came to prevail in their efforts to define family violence. What characterized the teams' definitions were the diversity within them rather than a great variation amongst each of the separate teams.

7.2.4. Defining Family Violence

In this study, the Chilean teams defined family violence as *a political problem*. The conclusion that family violence is a political matter refers to the notion that although family violence is experienced as a personal matter mostly by women and children, it is in fact about relations of power between men and women, and between parents and children. Teams explored the subject of family violence from the perspective of societal socialization and as a human rights violation. Both aspects appear interspersed through the teams' accounts and show the importance that the political and legal contexts have in what the teams explicitly or implicitly choose as the assumptions underlying their work. That the teams defined family violence as a political rather than a localized aspect of what is affecting their clients may make the teams more active in the public arena as advocates against family violence.

The ways of defining family violence fell into four categories: individualistic, gender-sensitive, societal, and systemic. Attempts at integrating them emerged during the interviews and as part of the data analysis, as reported in Chapter IV (see pp. 132-137).

Individualistic categories emphasize an inner understanding of the causes for family violence and its consequences on others. The term aggression is frequently used in the discourses that locate violence in the individual. This approach places little attention on social relations or the social context in which the violence occurs. This psychological discourse leads practitioners to act as individual healers rather than as community interventionists and agents of social change.

Gender-sensitive categories are those derived out of feminist theory; these focus on changing the larger cultural context. This perspective integrates the values proposed by

larger social movements into the clinical work done by the teams. This care-giver approach is collaborative, educational, and seeks to empower women as emancipated political actors. Sometimes it incorporates individualistic concepts that allocate the responsibility for "being safe" to the woman.

Gender-sensitive definitions emerged out of empirical observations about violence against women in families rather than a committed feminist position. Gender-sensitive categories reflect an orientation that intersects a feminist approach, with a human rights ideology, and a critical social analysis. The invisibility of family violence in the public sphere is the central problem for the teams, because a form of social silence legitimizes violence as a way to dominate women and children. This gender-sensitive approach fosters an educational stance to make women aware of their rights and it also makes the case for clients to actively participate in the resolution of "their" problems. The responsibility for the violence is clearly delimited and a strong emphasis is placed on challenging the split of the personal and the political.

A third way of making meaning of family violence included the societal categories. Societal definitions frame any explanation for domestic violence in a larger socio-political context because psychological explanations, gender-related terms, and systemic concepts exist within a social realm. Interviewees reiterated the close relationship between the private, the professional, and the political levels, and the linkage of human rights and mental health. For the teams, violence in the privacy of the family also mirrors the violence exerted by social institutions like the schools and an unequal economic structure. I believe though that if blame becomes unspecified or too broad, a potential outcome is that practitioners may hold trauma survivors somewhat responsible for their own tragedy. If the person that is directly responsible for the abuse is unnamed, the implicit message communicated to the survivor is that the latter may be responsible for the violence.

In the societal categories, issues of social class and family violence as a mirror of larger forms of social violence were brought forth. As exemplified in Chapter IV (see pp. 118-122), social class distinctions were introduced by the teams as they described the problem, although in contradictory forms. There was a tendency by the teams to ignore or minimize social class distinctions among the battered women they saw. Thus, women from a privileged social class background would suffer the same consequences of trauma as poor women. Moreover, in many practitioners' words: "poor women are accustomed to instability in their lives," hence they would be better prepared to face the consequences of battering and less affected by the traumatic experience. This point of view denied the complexity of issues that the poor women confront. Based on the data analysis, I also pose the hypothesis that interviewees idealized low income women as especially strong and resilient. This is similar to a conceptualization of low income women in social science literature where they are construed as the focus of the families' strengths and failures, but this literature has denied the high levels of negligence and abuse suffered by certain members of low income families.

The teams' systemic-oriented conceptualizations are centered around treating a family dysfunction or considering the violence in the context of an interactional pattern. The defining concepts are descriptive, akin to a therapeutic stance that privileges a neutral stance. Interactional and constructivist perspectives highlight the difficulty of defining family violence using the fixed roles of victims and victimizers. In turn, this perspective gives the appearance of holding the abused woman and/or children somewhat responsible for co-constructing the relationship and thus, in part, as responsible for the actual violence. The intergenerational transmission of violence hypothesis undoubtedly holds high appeal for the teams and it can be tracked to ideas prevailing in the literature about family violence research in the United States, the intergenerational or transgenerational

approaches in family therapy, and the cycle of violence concept. Independent of its validity, the hypothesis is a rhetorically attractive message for the public and other professionals. Its knowledge by the public could lead to higher levels of awareness and change of parental practices. It may also be a useful hypothesis when teams work with a batterer or an offender who can be seen as an abused child too, because it may provide the therapist with a tool to help the perpetrator to empathize with the pain of the survivor. However, from a therapeutic and legal perspective, the intergenerational explanation may diffuse responsibility for the abuse within the family members.

I have relied on the above four conceptual categories to explain how the teams define family violence. Out of these four, the gender-sensitive and systemic categories pose the most complex challenge for reconciliation. The individualistic approach is frequently integrated with systemic concepts, and the gender-sensitive category is frequently associated with societal dimensions. The challenge for the teams is to integrate systemic analysis and practices into a gender-sensitive analysis. An important dilemma for professionals using these categories concerns how much the therapeutic agent should intervene. An attempt at integrating systemic and feminist constructs may provide some response to this question. The systemic perspective aids practitioners in construing the problem as located in the relationship between people involved, but it lacks a comprehensive understanding of structural inequalities in social arrangements. A gender-sensitive analysis incorporates the issue of inequality and oppression into the intervention process, but it can alienate some of the family participants, because it is focused on the traumatized survivors. A gender-sensitive approach also aids teams in perceiving causes beyond the individual.

These four theoretical and practical categories provided the teams with a set of beliefs and concepts that support allocation of responsibility and causes for the violence.

Although each team member remained biased by the current theoretical hegemonies in each of their professions, their definitions have been greatly shaped by the challenges they face in their team practices. At the moment, these definitions are not explicit, nor do they provide comprehensive guidelines for intervention. However, I think that a continued analysis by the teams of their own evolving theoretical perspectives and implications for practice is a critical step in the development of legal, social, and professional protocols for family violence interventions. For instance, Table 4.1. (p. 142), could be filled out by the teams in response to a specific vignette. A team could analyze a videotape of a session to discuss the particular theoretical dimensions and assumptions exemplified in a particular context. This kind of exercise may also resolve the lack of reflection about theoretical matters due to the continuous emergencies to which the teams have to respond.

7.2.5. The Politics of Caring

There is a dialectical relationship between care and how clients were characterized. Interviewees described clients using statistical criteria such as the kind of population they represent and assessments of the clients' internal motivation, an issue I explored in Chapter V (see pp. 144-150). At the core of their work, the teams wished to empower their clients, although teams might have expectations about what their clients *should want* or what their requests for help must be. Another way of interpreting this phenomenon may include clients' motivation as constructed in the context of an interview with a specific professional; that is, clients do not necessarily have a unique and fixed motive to consult that gets repeated in each context in which they tell their stories.

As presented in Chapter V, there was a recognition by the teams that their present work tends to be organized in terms of ongoing crisis interventions, or remediation of the

effects of extreme and/or chronic forms of abuse. To navigate these crises also implies a definition of each client as a unique person, a description that probably emerges from an implicit feminist sensibility. Differentiating themselves from other services was an important rhetorical device in developing teams' identities as well as in starting to be explicit about their own forms of care. Nonetheless, as I explored in Chapter VI, the critical situation in which most clients live frustrated team members and made them vulnerable to some of the same difficulties' clients face. A chronic lack of resources not only affects clients but also affects the teams' capacity to respond effectively to clients' demands.

To care for clients meant, for many of the teams, to instruct clients about defining family violence. From my perspective, the belief that a client can be fully aware of her problem after an instructive interview may trivialize the complexity of the survivor's experience. However, as I explore in Chapter V (see pp. 151-159), it is an explicit gender-sensitive approach that the teams want to transmit in the contact with their clients. I was also able to tease out some family therapy guidelines that clinicians use, namely, the co-construction of the problem, unconditional support, and definition of attainable goals. Legal services are an essential element that is already integrated in the teams' work or perceived as a future necessity. Ongoing groups provide clients with a social support network that starts immediately after the first intake, and if no group is part of the team intervention, the teams agreed that it was an important element to implement.

The teams carry on educational activities in the community that reach other practitioners, law enforcement agencies, and people in the community. Also, if teams are part of a network, it often means that to get funds from larger institutions they must demonstrate that they are providing services to a large population. Because the team approach requires more professional hours per client, it does not allow for a large volume

of clients. Team members are forced to perform as individual professionals seeing individuals, to reach a large number of clients as measured by quantitative criteria. The result is that isolation and individual work starts to prevail, a situation teams lament.

To achieve these continuous adaptations and to ensure clients' empowerment, other larger systems are brought forth. The teams themselves questioned the possibilities of an isolated team approach in improving the lives of their clients or in the prevention of further abuse in the community. Their own capacity to support a survivor of family violence is sustained by the support they can obtain in a larger social milieu. To attain coordination also highlights the cultural and contextual nature of their clients' beliefs and social background. In other words, to attend to the larger system implies a sensibility towards interventions that fit the person in a cultural and historical context. A well-coordinated network has a better chance to aid clients and to help therapists to provide better care. For most of the teams, some form of coordination exists to give comprehensive service to clients; this interaction with the larger system is also related to their survival as teams. To address the larger cultural factors and if a team deals with violence as a community issue, denial and secretiveness affect its efforts. For instance (see pp. 165-166), one of the teams resolved the problem of community rejection, when publicizing a community workshop, by splitting the publicly promoted name of the workshop and the team's implicit agenda. I believe that this split has both advantages and disadvantages for both clients and therapists. Disadvantages include the dangers of confusing community members, or of colluding with the prevalent denial of the existence and seriousness of family violence. Yet, the indirect approach can successfully open up the issue of family violence situations where a direct approach would fail.

Teams members' learn from their clients how to modify their interventions and adapt the general design of their programs. Interviewees struggled with their notions of

what is professionally accountable or proper, and tried to balance these with the demands for creative ways to care for their traumatized clients. Theoretical ideas, then, do not develop in a pure form; they are mediated by the care process itself, which modifies them and in turns reveals the tentativeness of the teams' approaches. As they interact with clients, clinicians and other team members become increasingly aware of the complex experiences of family violence survivors. The interactive, but not necessarily explicit, process between clients and team members results in a continuous reformulating of care-taking activities. Still, teams attempt to systematize or use specific concepts that are furnished to their clients, a matter that may empower or reify clients' experiences in the process.

7.2.6. Reacting to Stories of Trauma

In listening to stories of trauma, practitioners reeled with the enormity of the trauma as it affected the clients. As it was explored in Chapter VI, some interviewees in this inquiry are *at risk* in the sense that their clients' experiences evoked memories of their own victimization or survivorhood. To be socially close to a "survivor" and to realize one's closeness increased the teams members' emotional involvement with the survivor's pain. Often, clients' experiences reminded practitioners of their own vulnerability: they all could be potential survivors of family violence. This sense of vulnerability and closeness with the clients' experiences can certainly aid in understanding clients. I explored how these practitioners managed their own situations as they confronted abuse in their work and in their personal lives. This process interacted with their own self identities and was dependent upon their contact with clients, their histories, and their professional support network. These personal identities were defined within the team context and the communities to which they belong, including the local and governmental agencies. Other

factors that influenced these identities were the groups' history, outsiders' expectations of their work, and the research interview itself.

To work with survivors of family violence is constructed as a *cause* that requires more than a routine professional commitment. How each member defined his or her personal level of commitment holds a moral weight that would directly affect their performance. For some participants, for example, family violence work was understood as a commitment similar to political activism, a protest against the status quo. This stance provoked conflicts in some teams because some members identified only with their professional role. Setting those boundaries is affected by the quality of commitment requested by some teams, the need to empathize with clients' stories, and the lack of space to reflect on these issues.

Burnout due to the contact with accounts of abuse and violence was not predicted as a relevant issue when the teams were formed. An aspect of the burnout process was the scapegoating of team members. In the reports of the teams, ambiguous boundaries between work and other life domains has threatened the viability of their individual and professional selves. A dilemma in the contact with clients has been that team members need to be with the "other" to truly listen their clients. It has been this *togetherness* that can lead to ambiguous boundaries and difficulties at separating their own pain from the clients' traumatic accounts.

Interviewees associated with the teams in personal, familial, and political ways, demonstrating a continuity of work and/or political identity. No matter what route they took to this work, teams members' revealed that their motivation to remain in the teams is most related to how they perceived themselves as meaningful contributors to the well-being of others. This sense of responsibility translated into a serious commitment to the

welfare of clients that can be overwhelming because of the lack of resources and understanding by local and governmental authorities. In spite of these limitations, their clinical and preventive activity is permeated with a caring disposition. This particular stance is similar to accounts of human rights workers during the Chilean dictatorship in which observers described a context that seemed to facilitate an excessive belief in personal responsibility for the therapeutic process. This belief silenced negative affective reactions about work because the therapists and clients were all part of the people who were in conflict with the dictatorship and not with themselves. For practitioners to be discouraged by the stories of trauma was seen as contradictory with the belief that the unity around a shared cause --to resist the dictatorship-- would be endangered by the open confrontation of personal and group conflicts.

A problem for the teams that also affected human rights workers was that the teams felt patronized by many of their peers. This professional disqualification created a threatening atmosphere for practitioners associated with family violence teams. These forms of traumatization are more vague than the ones detected as a product of the clients' stories, thus, difficult to distinguish as a traumatizing factor. Although, their experiences are *not comparable* with the trauma suffered by the clients, the quality of them may mirror the ones suffered by survivors when they tell their stories and no one believes them.

Another form of stress has an origin in the teams' actions to overcome the problems of being isolated. Many of the institutions with which they network are law enforcement agencies that were dangerous and oppressive during the dictatorship years. Thus, creating a wider support network may also be the source of stress and the reliving of traumatic memories.

The teams are clearly a unique source of support. The teams are a holding environment that helps team members to take care of themselves to ensure the survival and continuity of the teams. Teams have found various ways to deal with the effects of stress, traumatization, and burnout. Although the team internal support system has aided in overcoming some of these problems, the teams have become the source of too many unfulfilled expectations. As a result, some teams were already engaged in some form of consultation to review the personal and professional impact of their work.

To be a member of a family violence team implies a continuous questioning of personal, professional, and political boundaries. Their identities as family violence experts were grounded in team conversations, influenced by clients' stories, and the texts that told them what they should do as practitioners. Their clients' stories touched them at the core of their belief systems and how they felt about themselves and their own families. This process made their task extremely complicated but it may be the only way to access the painful experience of clients. In consequence, interviewees, in reflecting about their praxis, were not only testing hypotheses about a reality that is independent of them, they were actually shaping a reality that includes themselves.

7.3. Research Implications and Suggestions for New Research

A qualitative research methodology was chosen due to the limited amount of information about family violence in Chile. This inquiry not only forced a collaborative dialogue with the interviewees, but allowed an invitation for a critical reader to contribute to the reinterpretation of the findings. Though I approached the teams from a not-knowing position as a reflexive therapist may attempt, I had some ideas about the problem of family violence in Chile. In this regard, the design of the reflecting team format and the transcript

analysis included a distancing and a certain amount of neutrality towards the data in order to encourage credibility and the development of a knowledge that can empower the teams.

However, my interpretative analysis is not the final truth. The "truth" about the discourses on family violence is an ongoing process. This research proposed a methodology to study them, a heuristic device to follow through and an opportunity for some of the actors to express their perspectives. Their reinterpretation of the data and later reading of the completed dissertation should balance my interpretations about the subject in the future. The teams' reading of this study should further the power of this study to bring forth more accurate observations about defining family violence and intervening to prevent it.

Catalytic validity, the research process as a source of self-understanding and self-determination, will prove relevant as time passes, and when the issues raised by my analysis are again discussed by the teams. As noted earlier, a central goal in the general design of my project was to empower the participants to use the material emerging from this inquiry as a tool in their own personal, professional, and political lives. The research itself was an opportunity for the teams to reflect upon their own indigenous definitions, the kind of care they provide to clients, and the impact this work has had on them as professionals. Reflections at the theoretical level should activate reformulating of what can be done differently and what concepts could be incorporated. A limitation of the research is that the process of utilizing this analysis was not included in the inquiry; further research is needed to assess its impact.

The reflecting team research interview has the potential of being used for other inquiries that require a collaborative participation of those that are the experts in a particular field. The reflecting team method proved to be useful in exploring a highly

complicated social construct in which all interviewees put at stake their personal, professional, and political identities. Interviewees' interest in exploring how their personal lives relate to their work was greater than I had expected. The reflecting interview format may have been instrumental in this, because it fosters connections between personal stories and theoretical ideas within a safe context. The application of a reflecting team method can lead to a non-manipulative form of research in which the researcher can explore the meaning of an issue as defined by the participants rather than a standard defined previously by the researcher.

This inquiry has been the first to address therapeutic discourses from the perspectives of Chilean family violence teams. Practitioners in these teams generated a body of knowledge as a product of a community of interventions, rather than as an isolated product of separated experts. Their practices are the result of reflection-in-the-action processes that are not necessarily explicit in the day-to-day practices of the teams. Accordingly, the research methodology privileged in the fieldwork was of a reflective nature. The research process could be a step forward in validating the need for explicit reflection, and the need to create ways of making sense that consider practitioners' particular context and practices.

The interdisciplinary character of the teams could also be material for analysis considering the United States' context where family violence teams are usually composed of practitioners from no more than two similar professions: psychologists and psychiatrists, family therapists and social workers, pediatricians and social workers, among others. That Chilean teams are interdisciplinary could be considered an advantage to integrate research and professional practices, and be attentive to client and community prevention, as well as political work interspersed with social control measures.

The need for larger policy changes emerges from this inquiry. There is a need for a legal framework to develop sound interventions to prevent and counteract the effects of family violence. As it has been demonstrated in this study, each way of understanding constructs family violence as a particular kind of problem, placing particular demands on the terms of potential legislation. Emerging from these ways of understanding is a potential legal category 'family violence,' which will be dependent upon any one of those ways of understanding for defining its parameters. Paraphrasing Bell (1993), the legal prohibition of family violence will be the result of several different ways of speaking about family violence, spanning the continuum of ways of speaking about it. I did not assess the relative "truth" of these ways of understanding, but indicated how they produce different arguments about the need to prevent family violence.

Financial constraints limited the amount of my time spent with the teams and the number of teams involved. An obvious suggestion for new research would be a replication of this inquiry, namely, a new round of interviews with the teams using a similar methodology or to interview other teams in Chile. Networking among the teams should be fostered to create new knowledge and continuously adapt the language in use about family violence in Chile. Another avenue of research would be to explore family violence with teams in other Latino American countries.

This inquiry touched upon only one aspect of the therapeutic system: the practitioners, but not the clients. To incorporate interviews with clients is another obvious research project. It may be of interest to apply a similar methodology with clients alone to analyze their perception of the teams. Later, interviews in which a combination of former clients and teams participate may aid in refining the teams' practices and truly empower clients into more active participation in preventing family violence in their neighborhoods and larger social movements.

The lack of hard data may discourage policy makers to act upon the results of research like this. No statistical inquiry was carried on a parallel basis, though the existing statistical data was used as a way to analyze the other data emerging in the qualitative interviews. Statistical research is needed to force policy makers to understand the costs that violence in the family has for the country's economy, e.g., health care costs if no family violence prevention programs are implemented.

Themes that need to be further addressed are: how commitment to this line of work is developed by practitioners over time, and where practitioners obtain strength to start and then continue in this line of work? This line of inquiry responds to the question of how teams can best maintain a balance between professional and political expectations and their emotional needs. Using a developmental perspective, another important line of research is to study further how work with family violence survivors affects practitioners' identities. It would be important to describe the evolution of awareness between practitioners and the public about the issues of child abuse, domestic violence, and sexual abuse. Usually professions have recognized first child physical abuse and neglect, then the battered women, and finally child sexual abuse (Walker, 1990).

Further studies of the connections between political terrorism and intimate violence are needed. In comparing the consequences of each form of victimization, the definition of both forms of violence could emerge as relevant. Family violence could be a more destructive experience since it is a violence with no *ultimate motive*. Political violence may shock victims at a different level since it may have a different meaning ascribed to it. These connections could be also explored in the sense of how survivorhood is experienced and construed differently depending upon the form of trauma.

There is need for more research that is not biased towards the definition of women as ultimately responsible for the well being of children, husbands, and families. For instance, researchers would need to carry on action and participatory research in which women and men can deconstruct their internalized roles and societal discourses about gender. Research projects would then need to include an educational component that evolves considering the people participating in a particular project. Gender inequalities get distorted through the usual "neutrality" of research or its invisibility in most of the research about child abuse in Chile. Further research in Chile about family violence, therefore, needs to unearth the meaning of social experiences as expressed by women in the context of unveiled gender inequalities.

Another relevant issue, in regard to gender based research, is that none of the teams explicitly talked about the importance of maids in Chilean families. This issue was not visible in my inquiry until a graduate student in Temuco told me the story of a sexual abuse case in which she pointed out that her client's mother was a maid in a house where the employer abused the client's daughter. This account is particularly poignant in making visible a subject that none of the teams accounted for, though its inclusion would be necessary in a critical gender approach to Chilean families. Indeed, even in the lower income families, women are able to work in upper to middle-income homes because they can hire a maid to take care of their children or their homes. Chilean studies on child abuse include economics and cross-cultural variables, but they neglect a critical analysis of race, class, and gender in the study of child abuse. If those aspects are incorporated, the role of maids in Chilean families would probably come to light.

Furthermore, academic programs need to consider the theoretical, practical, and personal challenges of the practice and research in the field of family violence. The counter-transferential aspect of working with traumatized persons is not a subject for

which any of the practitioners I interviewed was prepared. Besides the issue of researching family violence and evaluating the literature generated from abroad, potential family violence professionals need to learn how to confront the personal aspects of their work. To cope with this, the universities and post-graduate centers must acknowledge the need to incorporate this into their programs of study. Future practitioners may need to explore on an experiential basis the effect that it has on them to listen stories of trauma. Their learning process would have to include specific therapeutic tools and to know how their family history is intersected by trauma too. For any practitioner to come to terms with its own traumatic history, they will need a non-pathologic context in which their experience is normalized. In this process, issues of safety, confidentiality, and respect for each practitioner's experience is crucial. In this curriculum, research methodology that is critical of gender and class biases needs to be included as well.

7.4. Personal and Professional Issues in Investigating Family Violence in Chile

Positioning myself as a researcher in each team implied a specific interface with larger systems in each particular interview because each team has different degrees of autonomy from local and state authorities. My analysis was also a complex task because I investigated teams that are perceived as experts in family violence in Chile. My own identity as a practitioner in Chile has been shaped through conducting research coming from the outside, and going into my own country and then going back outside again.

To study a community that already has an alternate and sometimes marginal understanding of a problem, in this case a critique of mainstream values about family violence, may create resistance to investigation, since the participants may want to have their interpretation be the final interpretation, limiting critical examination. Hence, my

experience as a practitioner was questioned as I reviewed the transcripts. I was an insider and at the same time an outsider. I was not a neutral bystander in researching family violence in Chile. For instance, I was surprised at how family violence is also part of the interviewees' intimate lives. This new awareness brought forth one of my underlying expectations that consisted on getting from the teams only *theoretical definitions* of family violence.

In attempting to counteract the traditional perspective of an omniscient researcher, one of the most difficult tasks was to balance my own interpretations with the participants' perspectives. This balance has been difficult to achieve because as a researcher I had the privilege to review their words more than once. My interpretations incorporate more ideas than the ones touched upon during the interview experience. I highlighted their concerns, but it has also been important to interpret their discourses in light of the overall context in which those discourses emerged. Indeed, in interviewing practitioners, I encountered the dilemma of evaluating their ideological agenda while still honoring the authority of indigenous interpretation.

Another issue I confronted was that different discursive emphases emerged in different contexts. Context refers to resources available, the existence of a professional network, the sociopolitical situation, the political beliefs and militancy, the local and governmental politics, gender asymmetries, team's processes, personal and professional life cycle stage, professional standards, relationship with clients, tempo of specific intervention, care giving underlying motivations, and personal experience. I propose then that to assume that their practices mirror their emerging definitions could lead to a simplification of their practices as emerging from particular theories rather than a complex changing context. Maybe this would allow us to think of what we would call a theory that is truly native in the sense of being local and the product of a collaborative endeavor.

The interviewees' narratives about the contexts are a construction of my own based on the analysis and observations of what the interviews produced. How do theories inform the team's work? Specific concepts emerge through the analysis of the transcripts content. However, in trying to make sense of the data, I started to question the link between underlying theories expressed through the participants' narrative and their actual practices. It seemed more useful to think about the contexts in which those practices occur for the purpose of understanding their actions and for them making sense of them. If theories guide practitioners' practices, the implication is that it is in practitioners' minds where responses can be found. I believe, however, that it was more appropriate to think of the practitioners' responses as restrained and facilitated by various stories and contexts.

Personally, as the research advanced, I had to struggle with an increasing belief that family violence was not after all such an important theme to study and to give so much thought, considering so many other problems in Chile today. Besides the obvious strain caused by the research process itself, these doubts can be another sign of how cultural factors instill silence and allow people to discount the issue as a significant problem. In the last months of writing this dissertation, I was confronted as a therapist and supervisor with the rape and murder of a child in her family. This experience placed me in contact again with the experience of pain that is needed to assign real weight to the problem. As the people I interviewed, I believe that the experiences of pain associated with witnessing stories of trauma allows practitioners, activists, researchers, and policy makers to truly make a difference in changing the conditions that legitimize family violence. However, as I have shown in this research, these stories can immobilize you and make people indifferent and numb to them.

As I write the last pages of this study, I realize that the written results of this research, as well as other Chilean accounts, are part of a larger therapeutic process in which traumatic experiences are becoming integrated into the whole process of recovering and recreating new lives. The data analysis process made me question and recall my own processes of traumatization in the past. I have struggled with how I make sense of many aspects of the interviewees stories, because their experiences may be part of a shared experience. This shared experience, or taken-for-granted realities, about their lives are also shared aspects of the lives of a Chilean generation, myself included. What the reader has witnessed, then, is not just an outsider's analysis about some people in the field, but research which tapped the researcher's experience both personally and professionally with this work.

APPENDIX A

INTERVIEW GUIDE: ENGLISH TRANSLATION

Demographic data

- Professions, ages, time commitment, role, time in the position, theoretical identification, etc..

The history of the ideas and problem definition:

- What is family violence? Is family violence a psychological problem?
- How did you learn about family violence?
- Where did you learn first about this topic?
- When did you first try to implement your own ideas about family violence?
- Do your clients know your definition of family violence?
- Is family violence increasing? How violent are Chilean families (awareness of the problem)?
- How much family violence do you observe in your work?

The work experience and the self of the therapist:

- What do you do now?
- How do you make meaning out of what you do now?
- What experiences have greatly influenced your work?
- How does your work affect your personal life, professional life, and/or political life?
- Tell me about the struggles you have confronted while you constituted the team?
- What are the lacks/absences in the work you do?
- Who helps you in your work? How?
- How do you think this kind of work will evolve?
- Will you be doing this work in the future? Why?
- Let's assume there are/were different ways of doing your work, what would it look like?

Professional expertise and the larger system:

- How do you develop a treatment plan? Could you give me examples?
- Where do you go to get answers?
- How has your professional identity changed as a product of this work? How do you think your colleagues perceive you as a professional engaged in this kind of work? (Prejudices, myths, ideas ascribed to clients transferred to the therapist).
- How does the staff (doctors, judges, etc.) from other services understand your job and the clients you serve?
- Do sociopolitical conditions affect your work? If they do, what are they? (legal, economic, political, other)? Will those conditions change?
- Do you know other people doing this kind of work? Who are they?
- How different is the kind of service you provide in comparison with other services in the community?
- What are the differences you perceive in the approaches of your team colleagues? In other teams you may know?
- What are typical questions you are asked about the subject by people with whom you come into contact?

The clients:

- How different and similar are your clients from yourself (social class, culture, and life cycle)? Would your therapeutic work be different if you were to come from a different background (gender, social class, culture, race, age)? And if you were to come from a similar origin?
- Do you think family violence is related to systemic/political issues?
- Is there a population at greater risk of getting traumatized by the effects of family violence?
- How do you work with your own values about family violence in therapy?

Explicit discourses:

- What theories of treatment guide your work?
- What theories will guide your work in the future?
- What do you write about after a session or a group of sessions? How is violence represented in your writing (progress notes, conference presentations, articles, school papers)?
- What are the contexts you consider when speaking and/or writing about it?

- If you were to give a talk about family violence to a group of lay people what would you say? To a group of professionals? To a group of politicians and legislators?
- Let us assume you are the expert on the subject, what would you say to the people that create policies related to this problem?

Social issues:

- If you have not mentioned issues of race, culture, class, could you tell me of any such concerns you have and how they relate to the question of family violence?
- How do you bring the larger sociopolitical, economic, and historical context of gender into treatment? (From: Roberts, 1991, p. 129)

Closing the interview:

- What did you learn in this interview that was new about your work?
- Is there anything I did not ask about that you would like to share?
- How could the interview have been different to facilitate our conversation?

APPENDIX B

INTERVIEW GUIDE: SPANISH VERSION

Datos demográficos:

- Profesiones, edades, tiempo dedicado al trabajo, rol, tiempo en esta posición, identificación teórica, etc.

Definición del problema e historia de las ideas:

- ¿Qué es la violencia familiar? ¿Es la violencia familiar un problema psicológico?
- ¿Cómo aprendió Ud. acerca de la violencia familiar?
- ¿Dónde aprendió Ud. por primera vez de este problema?
- ¿Cuándo fue la primera vez que Ud. trató de implementar sus propias ideas acerca de esto?
- ¿Conocen sus clientes acerca de su definición de violencia familiar?
- ¿Está la violencia familiar aumentando? ¿Cuál es la gravedad del problema?
- ¿Cuánta violencia familiar observa Ud. en su trabajo?

La experiencia de trabajo y el ser del terapeuta:

- ¿Cómo es la experiencia de hacer lo que Ud. realiza ahora?
- ¿Qué significado tiene para Ud. este trabajo?
- ¿Cuáles son las experiencias que más han influenciado su trabajo aquí?
- ¿Cómo el trabajo terapéutico afecta su vida personal, profesional, y/o política?
- ¿Qué falta en el trabajo que Ud. realiza?
- Cuéntenme de los problemas que tuvieron para constituir el equipo.
- ¿Quién le ayuda en su trabajo? ¿Cómo le ayudan?
- ¿Cómo piensa Ud. que este trabajo se va a desarrollar en el futuro? ¿Por qué?
- ¿Va Ud. a continuar realizando este trabajo en el futuro? ¿Por qué?
- Supongamos que existan otras formas de hacer su trabajo. Imagínense como serían.

Conocimiento profesional y contexto social:

- ¿Cómo desarrolla Ud. un plan terapéutico? ¿Podría ejemplificar?
- ¿Dónde Ud. encuentra respuestas?
- A partir de este trabajo ¿Cómo ha cambiado su identidad profesional? ¿Cómo cree Ud. que lo evalúan sus colegas en el mundo profesional?

- ¿Qué entendimiento de su trabajo y sus clientes tiene el personal de otros servicios?
- ¿Existen condiciones socio políticas que afecten su trabajo? Y si es así ¿Cuáles son esas condiciones? ¿Esas condiciones van a cambiar?
- ¿Conoce Ud. a las otras personas que trabajan en este mismo problema? ¿Quiénes son esas personas?
- ¿Cuán distinto es el tipo de servicio que Uds. proveen de aquel brindado por otras instituciones?
- ¿Cuáles son las diferencias de acercamiento al problema que Ud. percibe entre los miembros de su equipo de trabajo? ¿En otros equipos similares que Ud. conozca?
- ¿Cuáles son las típicas preguntas que a Ud. le hacen acerca de este tema por personas que saben de su trabajo en este campo?

Los clientes:

- ¿Cuán similar y diferente son sus clientes de Ud. mismo(a) (clase social, cultura, estadio del ciclo vital)? ¿Sería su trabajo terapéutico distinto si Ud. viniera de un contexto similar (género, clase social, cultura, raza, edad)? ¿Y sí proviniera de un contexto diferente?
- ¿Piensa Ud. que la violencia familiar está relacionada con problemas político-sociales?
- ¿Existe una población con un mayor riesgo de ser traumatizada por efectos de la violencia familiar?
- ¿Cómo incorpora en su trabajo terapéutico sus propios valores acerca de la violencia familiar?

Discursos explícitos:

- ¿Qué teorías terapéuticas guían su trabajo?
- ¿Qué teorías piensa Ud. van a guiar su trabajo en el futuro?
- ¿Qué escribe Ud. en sus notas después de una sesión o grupo de sesiones? ¿Qué palabras utiliza para referirse a la violencia familiar en forma escrita (registro de sesiones, artículos y conferencias, trabajos académicos)?
- ¿Cuáles son los contextos que Ud. considera cuando se refiere en forma hablada o escrita al problema de la violencia doméstica?
- Si Ud. fuera a dar una charla sobre el tema a un grupo de personas legas en el tema ¿Qué les diría? ¿A un grupo de profesionales? ¿A un grupo de políticos y legisladores?

- Por un momento asumamos que Uds. son los expertos reconocidos en el tema. ¿Qué tendrían que decirle a las personas que tienen el poder para crear regulaciones y leyes relacionadas con este problema?

Los macrocontextos:

- Si Ud. no ha mencionado cuestiones de raza, cultura, clase social y género ¿Cómo estos elementos se relacionan con el fenómeno de la violencia doméstica?
- ¿Cómo incorpora Ud. los contextos de raza, cultura, clase social e historia que afectan las relaciones de género?

Terminando la entrevista:

- ¿Qué aprendió de nuevo en esta entrevista?
- ¿Hay algo que Uds no preguntaron y que les gustaría compartir al finalizar la entrevista?
- ¿Cómo podría haber sido la entrevista diferente para facilitar nuestra conversación?

APPENDIX C

INTRODUCTORY LETTER TO TEAMS: ENGLISH TRANSLATION

Dear Team members:

This letter is to kindly ask you to cooperate and participate in a current research project. This inquiry addresses Chilean professional discourses about family violence. The project examines the theories, conceptualizations and ideas that guide therapeutic teams in their work with families. The study is performed as a partial fulfillment of the requirements for my Ed.D. degree in Consulting Psychology (Family Therapy) at the University of Massachusetts at Amherst.

Your participation in this project will provide significant information on this topic. It will also serve to advance our knowledge about the situation in Chile. Your team is a source of important information because you have engaged with clients affected by family violence. Therefore, I would like to consider your team as a full participant in this research. You would be required to participate in an interview with your team that would last approximately six hours. If you wish you could later write an evaluation of the experience as well as in the discussion of the results of the qualitative analysis of the data I have collected through the interview.

Participation in the study is strictly voluntary. You may withdraw from the study at any point if you wish to do so. Participation in the study may be beneficial for the group in terms of: clarifying your own approach to the topic, and learn a methodology that can be applied to the clinical work or in peer supervision. I will also be available for consultation at a later date to facilitate any kind of team work you may want to perform. I will also be available to discuss with you issues that are specific to the problem of family violence.

All data from this project are confidential and will be used for research purposes only. Names of participants will not be disclosed unless you wish to do otherwise. The interview will be carried on in a non-threatening context in which no one will have to answer to any question they do not wish to. I will also be open to any suggestion or activity you may want to develop for the purpose of fulfilling the research agenda. For instance, I would be delighted to interview the team after we have observed a therapeutic interview by any team member. The discussion will serve to highlight the team ideas about family violence, but it may also help the clinician and client to work more effectively in the future.

Please let me know in writing if you are interested in participating. I will be at the end of June and beginning of July in Chile to carry on these interviews and to discuss the specifics details of this endeavor. And if you know of other teams that may be interested in this research, I would be happy to know about them too.

Thank you for your assistance. Gonzalo Bacigalupe PO BOX 2263 Amherst MA 01004

APPENDIX D

INTRODUCTORY LETTER TO TEAMS: SPANISH VERSION

Estimadas (os) colegas:

La presente carta tiene por objeto solicitarles su cooperación y participación en el proyecto de investigación en que estoy embarcado. Este estudio aborda los discursos de profesionales Chilenos acerca de la violencia familiar. El proyecto examina las teorías, conceptualizaciones e ideas que guían los equipos terapéuticos en su trabajo con familias. Este estudio se realiza como parte de mis estudios de Doctorado en Educación en Psicología de Consultoría Psicológica (especialización en Terapia Familiar) en la Universidad de Massachusetts en Amherst.

La participación de Uds. en este proyecto es de suma importancia para avanzar en el conocimiento sistematizado de la situación Chilena en este tópico. El equipo de Uds. como otros que entrevistaré son una fuente significativa de información porque han estado proveyendo atención a personas afectadas por la violencia familiar. Nuevamente, me gustaría entonces invitarlas(os) a considerar el equipo de Uds. como participante de este estudio.

Su participación implica una entrevista con el equipo de aproximadamente seis horas. Además si Uds. desean pueden escribir una evaluación de la experiencia o una evaluación de los resultados para contribuir al análisis cualitativo de los datos que obtendré a partir de las conversaciones con los equipos que participen.

Su participación en este estudio es completamente voluntaria. En forma individual o en equipo pueden retirarse del estudio si así lo desean. La participación del equipo puede traer ventajas como por ejemplo: clarificación del acercamiento al problema y practicar una metodología que puede ser aplicada en el trabajo clínico y de supervisión o consultoría. Estaré posteriormente dispuesto a participar en una consultoría con Uds. para facilitar cualquier trabajo de equipo dentro de mis áreas de conocimiento si así lo desean. También estaría dispuesto a discutir con Uds. aspectos específicos del tratamiento de clientes afectados por la violencia familiar.

Todos los datos obtenidos en el proyecto se manejarán bajo estricta confidencialidad y serán utilizados solo para fines investigativos. Los nombres de los participantes no serán expuestos a no ser que el equipo o miembros de este así lo deseen. La entrevista se realizará en un contexto no-amenazante, en el cual cada participante es libre de emitir o no su opinión. Estaré dispuesto a hacer modificaciones a la entrevista o a realizar actividades alternativas. Por ejemplo, sería interesantísimo el observar parte del equipo trabajar con una familia y posteriormente realizar un

análisis de la sesión. La discusión servirá para resaltar las ideas-fuerza del equipo acerca del problema, así como al terapeuta para trabajar más efectivamente.

Dejenme saber por escrito si están interesados en participar en el proyecto y sí conocen de otros equipos que puedan estar interesados en esta investigación. Estaré a fines de Junio y durante Julio en Chile para llevar a cabo las entrevistas y para discutir detalles específicos.

Gracias por su atención,

Gonzalo Bacigalupe
POB 2263
Amherst MA 01004

APPENDIX E

INFORMED CONSENT: ENGLISH TRANSLATION

This study considers family violence conceptualizations by therapeutic teams. It is performed as a partial fulfillment of the requirements for the researcher's Ed.D. in Consulting Psychology (Family Therapy specialty) at the University of Massachusetts at Amherst.

There are no foreseeable risks with this research. If any problems should arise regarding material addressed in the study, participants can contact me through writing [PO Box 2263 Amherst MA 01004] or can call me at the following number in Santiago [62-277-0400] or Temuco [45-213737] to ask questions or discuss their ideas. After the team interview participants can contact the researcher to provide additional input and new ideas. These ideas will be helpful during the data analysis process that starts immediately after the interview.

I agree to participate in this research project and I understand that:

1. The time required for this study is about six hours.
2. The nature of my participation includes being part of an interview with my team members in which I will discuss and comment on the researcher questions and my own peers comments.
3. My participation is entirely voluntary I can refuse to answer or comment any question and I will not be pressured to do so.
4. All my data are confidential.
5. All data are for research purposes only and will not be provided to any agency involved with our team unless I state so later.
6. If I have questions about the research, or need to contact the researcher after the study, I can contact the researcher by calling or writing to:

Gonzalo Bacigalupe
PO Box 2263
Amherst MA 01004

Signed _____ Date _____

APPENDIX F

INFORMED CONSENT: SPANISH VERSION

Esta investigación aborda las conceptualizaciones que sobre la violencia familiar tienen los equipos terapéuticos en Chile. Es un estudio que se desarrolla como parte de estudios de Doctorado en Educación en Consultoría Psicológica (especialización en Terapia Familiar) en la Universidad de Massachusetts en Amherst, USA.

Es un estudio que no implicará riesgos de ningún tipo. Si algún problema emergiera a partir del material abordado en el estudio, los participantes pueden contactar en forma escrita al investigador o pueden llamarlo durante su estadía en Santiago [62-277-0400] o Temuco [45-213737] para discutir o hacer cualquier pregunta que los inquiete. Después de la entrevista, los participantes pueden contactar al investigador para proveer input adicional o nuevas ideas y preocupaciones. Estas ideas serán de gran utilidad durante el proceso de análisis de datos que comienza inmediatamente después de la entrevista.

Entiendo que este proyecto requiere de los siguientes compromisos y con mi firma acepto:

1. Atender a la entrevista con el equipo de trabajo por una extensión aproximada de seis horas en un horario y día que todos acordaremos.
2. Que mi participación incluye el ser parte de una entrevista con mis colegas de equipo, en la cual conversaré y comentaré las preguntas del investigador y la de mis propios colegas.
3. Mi participación es completamente voluntaria, puedo decidir no responder o comentar cualquier pregunta y no seré presionada(o) a hacerlo.
4. Todos los datos obtenidos son confidenciales.
5. Los datos serán utilizados sólo para fines investigativos y no serán divulgados o proveídos a ninguna institución involucrada con mi equipo a no ser que demos expresa autorización para ello.

Gonzalo Bacigalupe

PO Box 2263

Amherst MA 01004

Firma _____ Fecha _____

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