



IIBA 25th International Bioenergetic Conference

Praia Do Porto Novo - Vimeiro, Maceira - Portugal May 22/26 May 2019

Social Work Project

~ Pilot Project Gender Violence prevention and health promotion ~

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Summary:

From informal appraisals with fellow psychotherapists on the topic of gender violence, it has frequently emerged the need to identify a basic set of guidelines, necessary for steering the work in a psychotherapeutic setting in a way that enables a professional to appropriately deal with the multiple dimensions of such traumatic events in patients life. The project is divided in different engagement phases, to accommodate the various stages that a victim of gender violence goes through. Therefore, and with the purpose of steering the action/timing of the bioenergetics setting, it is necessary to carefully assess both the initial request for help, the escalation risk and the body-centered counter-transfer.

Methodology:

Alexander Lowen underlines how what affects the body, equally influences the mind's health, and vice versa. Starting from there, we may infer that the human being is similarly affected by social and cultural forces while, at the same time, he/she may influence the society and its cultural substrata by starting from him/herself. Gender violence issue deeply affects both the society and individuals of both genders, although in different ways. My proposal is to improve the already existing clinical and social "safety network", namely **Siab Clinical Centres (SCC)**, which is a Psychological Support Project for the improvement of body-mental health on the Italian territory with the main goal is to allow access to a Bioenergetic-based "healing path" to a wider audience, regardless of their financial resources. The project's idea is to screen all violence-related incoming patients at the SCC, wanting to start a psychotherapy treatment, capture any explicit and implicit needs and to professionally and specifically respond to them, whether they be immediately evident or emerge at a later stage.

Basic Assumption:

-**Gender violence is a socio-cultural and often cross-generational problem.** Worldwide, it affects at least one billion women and girls (and therefore at least involves as many perpetrators). We must be able to **provide a complex answer to a complex problem** that affects a wide audience and requires an articulated response, capable of integrating both knowledge and good practice.

-Gender violence is a complex, **multidimensional phenomenon.**

-The different **critical areas** emerging from the experiences of the victims **imply working on different time-scale and contexts and establishing strong synergies among professional networks capable of "taking charge" and working collaboratively.**

Tools:

▶ **Individual risk evaluation:** After each analytic session, the psychotherapist will assess each case by using a simple checklist (e.g. SARA - Spousal Assault Risk Assessment Guide) just as a guideline, for assessing the risk of recurrence and/or escalation of violence, the development of a risk management plan, buffering the risk of underestimating each different situation.

▶ **Supervision groups:** Each month, for about 2 hours, a supervisor will manage a roundtable with all the therapists that need to "dissect" each case of abuse, gender violence and their counter-transfer according to the Bioenergetic approach, mainly working on the therapist's own emerging sense of frustration, rage, impotence and fear.

▶ **Self-training Focus Group:** Each couple of months, a group of therapists will be engaged in discussing their work experience on a pre-defined topic, related to gender violence, with a professional specialized in gender-related topics

▶ **Three kinds of interventions:** The main focus here, is on women victims of violence and abuse (mostly because my main experience is in this area).

→ **Long terms:** An individual psychotherapy treatment, implies a lasting, constant and respectful work in the patient's tolerance window to deal with deep issues connected to trauma, abuse and body, using all Bioenergetic criteria and instruments (including T.R.E Berceci Method, Bennett Shapiro Work Method, and Downing Trauma Work Method, also through the body) to integrate dissociative aspects, post-traumatic stress disorders, sense of mental and body fragmentation, sensory disparities, deep work on traumatic memories removed (dreamlike material, flashbacks...), sense of shame, social isolation, humiliation.

By the end of the first year, the psychotherapist will also use a self-evaluation questionnaire, specifically conceived for this project (Self-Confidence about Gender Violence Issue on a Bioenergetic Psychotherapy setting), to focused the functionality of this pilot project on promoting a supportive professional net able to improve sense of self-efficacy in psychotherapists who are working with violence victims (and/or authors).

→ **Medium terms:** together with patients, creating connections outside the psychotherapeutic setting, **supporting the legitimate and gradual ability to imagine different (internal and external) opportunities**, to expand their views, exploring their imaginary by helping them to modulate, overcoming freezing and learned impotence, projecting towards prospects for greater autonomy, empowerment and a sense of self-efficacy. Subsequently, giving substance to the proposals by providing contacts on the territory, able to take on gender violence technical aspects (e.g. social services, lawyers, shelters, police).

→ **Short terms:** attending Bioenergetic Classes of Exercises with assiduity, helps to antagonize the effects that gender violence, may have on the subjects who suffer it, first and foremost to get out of social isolation and to attenuate the experience related to helplessness, sense of shame, fear of the judgment and the gaze of others, which has become mostly persecutory and regain control of oneself.

Expected results:

The main objective of the project is to promote competence about gender issues, sense of self-efficacy and self-control in psychotherapists who are working with violence victims (and authors). From the beginning of the project, we expect to have the first results a year from the assessment, through a self-evaluation questionnaire specifically conceived for this project.

At the same time, the presence of a network to support one's own work, can be a secure basis for creating and sharing good practices and making the patient feel less isolated and therefore more welcomed and emphatically understood from her (his) therapist. This can be possible also because there's specific attention and mental space in the therapist mind, which can look at gender violence issue from the *cultural phenomenon prospective* and not just like an isolated event.