

THE CRISIS IN THE FAMILY INTER-PARTNER RELATIONS AND INTERVENTION TOWARDS WOMEN

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Abstract— In this paper, the concept of the victim of violence is considered, as well as who should be considered a victim. Domestic violence is a phenomenon present in all countries of the world and in all cultures: people of all races, religious, political and sexual orientations. The paper analyzes common reactions and needs of victims and the manners in which the society can improve its collective support to the victims of domestic violence. All victims should be treated with equal respect and empathy. Characteristic of domestic violence is its secrecy, which is deeply intertwined and it interferes in intimate sphere of the family. The victims prefer to put up with violence than report it because they do not want to talk about their misfortune in public. The crisis occurs when homeostasis is disturbed, i.e. when balance of an individual is impaired. In order to prevent the violence, it is necessary to design a protection system, that the victim has a right to be protected, that the state constructs a system that protects the right to life, freedom and personal security of citizens.

Keywords—domestic violence, victim, person in crisis, environment and context, providing support.

I. INTRODUCTION

CONTEMPORARY family encounters numerous difficulties and problems. Changes in society are great, rapid, abrupt, with unpredicted outcomes and consequences for family and its members. Changes that occur in society and time that we live in, followed by numerous changes that the nature suffers, then social disturbances and wars are constant threat to the health of people throughout the world. All of this makes the individual feel threatened, regardless of where he lives and puts him in situation of constant worry for his health and health of his family and the family as a system and its members encounter new requirements for adaptation and adequate response to them. In such conditions, consequences for development, role and place of the family in society are big, threatening and, very often, fatal. Problems of a contemporary family (observed globally) are: poverty, family hardship and attempt of the escape of some of its members, family in demographic vortex, as well as twilight of a classic family.

Family crisis mark life path of each family, they refer to disturbed psycho-social balance of family system and they can be developmental or non-developmental.

Developmental family crisis occur if family doesn't adapt to developmental needs of its members in new phase of life cycle (marital crises are very frequent, crises in families with adolescent member etc.). non-developmental family crises are caused by life events and situations that are unpredictable, mostly painful, traumatic, sudden etc., they also occur due to long-term bad relations between members of family system. In addition to the mentioned classification of family crises in developmental and non-developmental, there is also a classification into voluntary and non-voluntary family crises. Voluntary family crises are the consequence of long-term tension within partner relationship and as such they are a result of selecting the manner to solve tension in marital relation. In addition, marital couple can solve the problems in different manners. Goldner-Vukov mentions three manners that deepen family crisis even more and threaten to devastate family system as a whole: open conflicts and physical violence; triangulation, mostly of a child, usually the youngest and the most vulnerable member and development and maintenance of the symptoms.

Functional family has the ability to find ways and solutions to problems and conflicts that it encounters. It disposes with capacities, i.e. appropriate resources and it is able to fulfill tasks and respond to developmental needs of its members. Unlike them, dysfunctional families usually postpone problem solution, i.e. do not fulfill tasks, do not respond to developmental needs of its members etc. Dysfunctional family is constantly in crisis, it does not recognize the problem until the symptoms appear with its members or threatening decomposition of family system.

Women and children are, most frequently, the most endangered in their homes, where they should feel the most safe because men in their powerlessness and not coping with society and work, express aggression and violence precisely towards the members of their families. Unemployment, insecurity, feeling of lower value, loss of power in family and outside it, with simultaneous strengthening of woman who in this hard times often becomes the pillar of the family lead to the crisis of male identity, which makes a man violent and aggressive. However, crisis in family occurs not only due to increased stress but also due to the stress that comes from

external environment. As a consequence of such a crisis, there comes to the alienation of an individual, the sense of belonging to a family is lost, as well as the sense of mutual cooperation and emotional balance. Alienation of family members leads to disunity of society, to endangering basic values for survival of society, such as solidarity, commitment, love or compassion. The issue is that family, in most cases, for a long time does not recognize the disturbances in its functioning. Only when the crisis occurs, the family begins to observe some defects. Crisis family conditions are most frequently expressed through symptomatic behaviour of one of its members such as alcoholism, drug addiction, aggressive behaviour of children, delinquency etc [1-8].

II. CRISIS IN PARTNER RELATIONS AND INTERVENTION TOWARDS WOMEN

In this study, quantitative method is used. The employees in elementary school „Trajko Stamenković“ in Leskovac are inquired and the survey was based on examination of developmental needs of employees and their interpersonal relations and their attitude to work in general.

The term crisis usually invokes the image of any of the ultimately negative life events. Natural disasters, terrorist attacks, rapes, illnesses, losses – all of this by its nature includes situations in which there is a threat to life. However, the crisis can be related to circumstances or experiences that include a threat to own home, family, property or sense of welfare. Psychological crisis can be caused by real loss, threat of the loss or root change in relationship towards oneself or someone that you care about. Crisis intervention is one of the most frequently applied types of short-term treatments that experts from different fields use. Crisis intervention, based on crisis theory, is one of the most frequently applied types of short-term treatments that experts use in the field of mental health in different institutions in community. Crisis occurs when homeostasis is disturbed, i.e. when balance of an individual is impaired, no matter how fragile or stable it was before and when a person cannot efficiently cope with a situation anymore. The consequence of it is the appearance of numerous symptoms that become clinical markers for a crisis reaction, which often requires some type of crisis intervention. In general, crisis intervention is aimed at psychological solution of current crisis in life of an individual and its return to the level of functioning before the crisis, at least.

Everly and Mitchel, advocates of group crisis interventions stress the following goals:

- 1) *Stabilization (prevention of distress worsening);*
- 2) *Overcoming of acute signs of distress and disturbed functioning;*
- 3) *Re-establishment of adaptive functioning, if*

it is possible, of enabling the access to other, more intensive forms of help.

While Everly and Mitchel have popularized group crisis interventions, Roberts is one of the authors who is responsible for formalization of the process of providing help to clients that go through different crises, including individual crises, such as domestic violence, facing with mental or physical illness, attempt of suicide etc. Roberts stresses the following phases in work with clients in crisis:

- 1) *Detailed psychological evaluation including the evaluation of imminent danger and suicidal risk.* Basic data that one must know about the client during evaluation are: support system, stressors, medical needs, current use of alcohol and drugs, overcoming mechanisms and resources (strengths) of a person. Evaluation of imminent danger should include the following: whether medical help is required, whether the client thinks about suicide and/or hurting the others and whether the client is the victim of domestic violence. For example, in case of domestic violence, it is necessary to determine whether the client has undertaken the steps to protect oneself and the children, evaluate previous criminal history of the bully, alcohol and drugs abuse, impulsiveness, presence of mental disorder. Evaluation of death threat includes: determining whether the client attempted the suicide, evaluation of potential for suicide by asking direct questions about suicidal thoughts and feelings, evaluation of the level of intention to perform suicide, evaluation of plan's mortality, i.e. does a person have a plan and is the plan feasible, evaluation of the method and its potential to cause death, evaluation whether the person has access to method or means, collection of data on previous suicidal attempts, as well as evaluation of particular risk factors, such as social isolation and experience of significant loss.
- 2) *Establishment of psychological contact and relationship with the client.* Of course, establishment of collaborative relationship is important both for the first and all the other work phases. Roberts points out that good eye contact, non-evaluative attitude, creativity, flexibility, positive attitude, support to small progress and stressing resilience from the part of advisors is essential for establishing good relationship.
- 3) *Definition and determination of problem's dimensions.* It is important to establish why the client looks for help precisely in this moment, identify precipitating factors and establish

priorities in problem solving. Through understanding the process by which this relations have led to crisis, crisis advisor can attain the insight into old mechanisms of overcoming that are not efficient anymore.

- 4) *Encouragement of expressing the feelings.* Main technique that is important for this phase is active listening that advisor demonstrates through reflection of client's feelings and contents, paraphrasing of contents and asking questions in order to explain. Crisis advisor should gradually introduce other techniques such as information providing, help in observing the situation in a new manner (reframing), pointing to inconsistencies in client's story and interpretation (explanation of client's behaviour) all of this with the aim for the client to direct to consideration of alternative solutions to the problem. Important component in this phase of work is validation as well.
- 5) *Evaluation of alternative problem solutions.* Clients in crisis tend to repeat inadequate manners for problem solving. It is assumed that, if the previous phase was successful and if the client had the possibility to cope with tension or inadequately expressed emotions, client obtains the possibility to access the problem in a new manner. Crisis advisor should collect the information about the manner in which client tried to solve similar problems in the past and together with the client generate and evaluate numerous alternative solutions. In this phase, it is useful to use techniques of strategic therapy that is aimed to problem solving.
- 6) *Planning the specific action.* During the work with suicidal persons, for example, specific steps would be: remove possible means, plan safety of the client (e.g. use of time-limited contracts during which the client is obliged not to commit suicide), increase social support, hospitalize if required. Important component of the sixth phase is also the work on cognitive dimension that implies finding the sense in events that led to crisis, by which client is prepared for similar events in the future.
- 7) *Planning of follow-up.* During the following of clients, evaluate their health condition, where they have come to in searching for the sense, evaluate overall functioning (social, professional, academic), as well as the need for more intensive forms of help. Usually, it is beneficial to see the client a month after the ending of crisis intervention in order to establish

whether he keeps the functioning level that he achieved during crisis interventions and in order to solve potential, newly-emerged issues. There are numerous forms and manners through which a woman in contemporary conditions is suppressed to the margin of society. It begins from the birth (desire to have a son), continues through childhood and preparation for „female“ jobs, selection of „female“ schools. Marriage often becomes a form of degrading the woman (instead of affirmation and confirmation), woman frequently becomes a prisoner of the family and family relations, sometimes she suffers direct violence in the family. Multi-sector approach in solving the problem of violence is recommended in numerous international documents. Cooperation between institutions, bodies and organizations is one of the important preconditions for organization of protection of women-victims in domestic violence and in partner relations. Inclusion of different services in process of protection against domestic violence is based on following assumptions [10-20]:

- 1) *Participants that are carriers of protection system against domestic violence have different competencies and domains of responsibility, and therefore the issues related to violence can more efficiently be solved only through multi-sector analysis.*
- 2) *Participants – carriers of protection system against domestic violence are obliged to put victim's rights in the focus of all measures that are applied through effective cooperation in order to meet legal obligations and purpose of intervention that they offer. In that sense, cooperation of institutions must be clearly defined, as well as their individual and coordinated interventions, in order to avoid the situation of transferring the responsibility from one on the other service.*

In order to establish efficient system of protecting the domestic violence victims in partner relation and family, it is required to establish continuous multi-sector cooperation between institutions that are carriers of protection system. This implies cooperation between institutions of social protection, particularly social service center, police, prosecutor's office, investigation court and health institutions. The protection system must include associations of citizens that, according to their programme, have the activities related to services for the victims of violence. Providing safety and protecting the rights of the victim, as well as stopping the violence are primarily the job of the police and prosecutor's office, immediately upon reception of the information from citizens, institutions, bodies and organizations on the

occurrence of domestic violence. The other services (social, health, education institutions, etc.) provide support to victims, provide recovery and preconditions for a productive life without violence.

Protection against domestic violence starts with recognizing it. Recognizing the violence is the obligation of all institutions within their regular activities. Recognition can be a result of the report by the victim filed to any institution in protection system, or spotting physical, psychical or other traces and manifestations of violence by any official or expert or third party that reports the violence to the institution. It is a right and a duty of everyone to report domestic violence. Not reporting it is a felony. Person who knows something about executed crime of domestic violence is obliged to file a criminal complaint to competent institutions and bodies. According to Family Law, everyone has, in accordance with the law, right to protection against domestic violence. A special obligation to report domestic violence to the police and prosecutor's office have the workers in health institutions. According to official data, in largest number of cases, domestic violence reports a woman – victim of the violence, experts from social service and persons engaged in organizations of civil society, as well as workers in health institutions [10-20].

In institutions and organizations where employees get in touch with women-victims of violence, it is necessary to keep in mind that traces of the violence do not have always to be in the form of injuries, bruises or other physical manifestations. Professionals are obliged to observe and recognize other signs of violence and express the doubt that it is present, as well as to support it with appropriate documentation. It is achieved if when performing regular activities and providing other services appropriate questions are asked, i.e. violence is verified in all indicated situations. Except the situations when traces of violence are visible, verification of violence is always carried out when there is a convincing statement of a victim or witness or there are other circumstances, medical or psychological symptoms that point to the existence of violence. Whenever it is possible, it is required to ask usual questions about violence, whether it is about police, health service or social service intervention. Those questions are asked even in the situation when there are no adult male members in the household. When recognizing violence we must consider other possible signs in behaviour of potential victim, including direct and indirect signs such as [10-20]:

- 1) *Anxiety, avoiding the topic, minimization, expressing the attitude that violence is „deserved“,*
- 2) *Expressing the fear from the bully and fear for own safety,*
- 3) *Fear of taking the children away, fear that bully could hurt the children, attitude that children*

„need both parents“,

- 4) *Fear for other household or family members,*
- 5) *Showing shame and guilt, assuming the responsibility for violence,*
- 6) *Pointing to economic dependence, isolation and lack of support of wider family,*
- 7) *Fear from police and other authorities.*
- 8) *Factors that point to the appearance of particularly serious consequences of domestic violence:*
- 9) *Multiple victims,*
- 10) *Suffered attack or another attack on the same victim,*
- 11) *Victims belongs to the group of particularly vulnerable family members (with disabilities, psychologically altered behaviour, different sexual orientation, addicted on psychoactive substances, older persons, etc.),*
- 12) *Presence of other persons during violence, e.g. relatives, particularly children or others particularly vulnerable family members,*
- 13) *Additional humiliation and degradation of victim (e.g. photographing, exposure to views of the others after the violence etc.).*

Each institution that obtains the information from which results a reasonable suspicion that domestic violence is executed will document appropriately this information as well as all knowledge about important circumstances that it reached. The aim of documenting is to make a report that contains quality, accurate and reliable information on the event, its history and consequences. Precise recording of data that refer to identity of the person that suffered violence, as well as identity of persons that were simultaneously directly or indirectly exposed to violence (children, relatives or others), identity of the person who performed violence, detailed description of events and history of violence (previous events, duration, frequency and escalation), description of specific factors of risk, detailed description of violence consequences (possible injuries and psychological condition), photographing of persons (injuries) and the scene, recording the statements of direct and indirect victims and witnesses on circumstances of violence, reports on expert findings and assessments, documentation on previous reports of events and previous acts of services are of enormous importance for the process of protecting the victim.

When collecting the data on violence, it is required to talk with victim without the presence of the performer of the act (in separate premises and out of his sight). The questions „why“ shouldn't be used because they point to looking for a cause that the victim must not understand because they sound like accusations and guilt. Collecting

the data on violence is a difficult and sensible work, specific for every service. In order to increase the data reliability, it is required to be familiar with information source, to ask precise, detailed and clear questions, to carefully observe and record the appearance and behaviour of the victim and performer of violence. Inconsistencies in statements of the victim do not imply that statement is not true. Inconsistency often reflects perplexity, problems with understanding the questions, remembering or emotional anxiety due to revival of traumatic experience.

Men and women have different experiences, problems, needs in life and they differently experience and „struggle“, survive and choose different strategies to solve the problem. Such as cognition has consequences on social work and acting of social workers. Women who come to counselling usually present their situation to social worker by:

- 1) *Expressing regret, i.e. they complain about somebody or something,*
- 2) *Describe problems they are facing with.*

Complaints and problems of women are often related to conflicts that can be on social, as well as intrapsychological, internal level related to dynamics of family situation the woman has grown in. Most complaints that women express are the result of the attempt of their survival and/or avoidance of pain, conflicts and troubles. In cases of exposure to stressful and threatening situations, women develop a surviving strategy that is directly related to lifestyle. It is created through four levels:

- 1) *Mechanism – the first response to some situation*
- 2) *Strategy – issue of behaviour selection*
- 3) *Behaviour pattern*
- 4) *Lifestyle – behaviours that we frequently use and live that way.*

Survival is currently the best response to the situation. Survival strategy should be recognized as strength, creativity and strong side. In that way, woman has managed to survive and remain „whole“ as a human being. Cognitions on survival strategies are important to social workers for work with women, because thus they can recognize woman's strong sides and those procedures that a woman might consider inefficient or unimportant in therapy process should be used or stressed as her positive and strong side.

In therapy process, female clients can be offered to separate in two columns on a piece of paper what have they invested in strategy and what have they obtained by it and it is necessary to discuss whether there are some visible advantages of that strategy and possibly some

hidden gains realized by such behaviour. If the investment is larger in relation to gain, it is important to examine if the person is ready to leave the relationship. As professionals, we must provide our clients the opportunity to see themselves what survival strategies have they developed and that they can leave such a lifestyle (regardless of the fact that this is the lifestyle they practice from childhood till today). Clients must be given an opportunity to decide what they will do. It is important that they assume responsibility for the choice made.

The aim of working with women is not only listening about the problems, but one of the work fields must be the struggle for autonomy and raising own awareness and self-esteem. As human beings, we have a possibility to choose, have an opinion and avoid to accept the stimulation. Freedom of choice consists of the possibility to perceive, self-awareness, free will and own image of the future. Characteristics mentioned provide proactivity and assuming the responsibility for those situations in everyday life that we can influence. Many clients do not have enough awareness of themselves, their power, their rights, the possibilities to solve conflict. Social worker can help the client to realize his perspective, assume responsibility and start the change [10-20].

Counselling process is circular, i.e. it consists of four steps:

- 1) *Acceptance and evaluation – how the client behaves, how he looks like, what is his class background,*
- 2) *Self-confidence,*
- 3) *Knowledge about oneself – knowledge about client that we obtained through the information he provided us with,*
- 4) *Insight to oneself.*

Sometimes all the phases are went through several hours of work and sometimes it takes more encounters. For the work with women, group work is suitable, in small sensitive secure groups. Namely, women of lower education level learn from the group according to the model and based on own experience. Group leaders should celebrate differences; that is more important than relying on similarities, because it creates weak energy in the group. When we have a group of the same gender and problems, it is necessary to stress the differences so that members could learn and feel free to learn.

Experts that contact the victim of violence will provide it the necessary help and support from their competence and provide appropriate repeated contact and follow up. For planning the services and protection measures, violence victims and other family members exposed to violence, case conference is summoned. Case conference is scheduled by case leader (expert) unless something else is agreed. All the participants will, through

cooperation, contribute to development of an individual plan of integrated services that provides a wholesome, coherent, efficient and effective protection for woman victim and non-violent members of her family. Protection plan must secure the victim's safety, stop violence and prevent the repeating of the act, to protect victim's rights, enable it to make decisions freely in its best interest, to obtain services that serve to its recovery, strengthening and independence. Planned measures must be mutually well-harmonized and aimed at avoiding secondary victimization of the victim.

Providing services must not depend on readiness of the victim to file a report or testify against the performer. Plan for protecting women – victims of domestic violence and in partner relationship also determines the plan of follow up and evaluation of the adequacy of planned and undertaken measures, including deadlines for repeated evaluations. These procedures should also be led in cooperation (coordinated action) of all participants. Depending on results of evaluation, decisions on revision of measures (when planned measures haven't provided desired results) and decisions on further measures of protection and follow up. In case when goals of protection are accomplished, primarily safety, recovery and strengthening, the decision on closing the case can be made. All the institutions will be responsible to provide the woman-victim of domestic violence free legal aid by some of the institutions that provide free legal aid (body of local self-government, lawyers association) [1-8].

III. RESULTS OF POWER INEQUALITY BETWEEN MEN AND WOMEN

Violence over women explains how „result of power inequality between men and women that leads to serious discrimination of women, within society and family, which violates and prevents them to enjoy their human rights and fundamental freedoms”. It appears in all periods and all societies and due to omnipresence it is a leading issue in the domain of human rights. The most brutal and the most extreme form of violence is femicide [10-20].

The greatest number of women (67 %) were killed with a weapon, third of this number with firearms (30 %). Almost third of the women (27 %) were reporting violence to competent institutions (police, social service, etc) looking for protection and help even before being murdered. The quarter of persons (26 %) who remained without mother are minors. More than a half of women (55 %) lived in community with a bully are were killed in the space mutually owned by women and the bully (51 %). Performers, in all cases, were somebody the woman had known, in more than a quarter of cases the performer is a son (27%), and in almost a quarter of cases husband (23%). Two women were murdered although they did not live with ex-husband even with appeals and amendment suggested by female non-government organizations in 2009 to change the provision „living in common household for ex spouses” as a condition for protection of ex spouses against domestic violence [9].

TABLE I shows the results of the research about murders of women in Serbia for the year 2013. The data in the table speak about murders of women and circumstances of the death [9].

TABLE I: MURDERS OF WOMEN AND DEATH CIRCUMSTANCES [9]

Death circumstances		2013	% of total
Weapon	Knife	14	29
	Gun	12	
	Fowling piece	1	
	Axe	2	
Physical violence	Beating	3	5
	Strangling	2	
Other		9	11,63
Total		43	20,93

IV. CONCLUSION

The first principle of the care of mental health of women leads to a conclusion that guidelines and responses for understanding female complaint, symptoms and issues can be found in history of socialization process and everyday life of a woman. This especially refers to consequences left by power abuse and violence today, as well as in the past, which requires more attention. We can see that there is serious imminent danger based on statements and behavior of the victim or other persons, statements and behavior of bullies, traces of violence and insight at the spot. Expert who, when performing his regular tasks, learns about serious and imminent danger from violence, will act according the law and undertake and initiate activities to protect the victim. In such cases, it is required to report the information on danger from violence to the police immediately.

A functional family has the ability to find manners and solutions for problems and conflicts that it encounters. It disposes with capacities, i.e. appropriate resources and it is able to realize tasks and respond to developmental needs of its members. Unlike them, dysfunctional families most frequently postpone problem solving, i.e. do not realize tasks, do not respond to developmental needs of their members etc. dysfunctional family is constantly in crisis, does not recognize the issue until the symptoms appear with its members or a danger of decomposition of a family system. Women and children are, more frequently, the most endangered in their homes, where they should be the most secure because men in their powerlessness and not coping with society and work express aggression and violence precisely towards the members of their family.

New society based on knowledge [21, 22] should provide business, working and family environment where violence over women in family and partner relations will be reduced to minimum.

Violence over women in family and partner relations is reported to police and prosecutor's office, in

accordance with the law. The participants in the protection system must evaluate risk for the victim in each moment and adapt their acts to the need to provide maximum safety to the victim. Police will, in all cases where there is a doubt that domestic violence was committed, inform prosecutor and submit a report on the event or file a report against the suspect, in accordance with provisions of the Law on Criminal Procedure. Adequacy of criminal report will be evaluated by the prosecutor exclusively. In order to provide urgent protection women victims of violence in family or partner relation and other members of the family exposed to violence, prosecutor's office and custody body will, in accordance with the law, arraign for pronouncement of measures for protection against domestic violence. In following up of pronounced protection measures, it is required for participants in the system to exchange information and undertake appropriate procedures, in accordance with the law.

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