# Shaping attitudes

## *A handbook on domestic violence and mental health*

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A resource guide for professionals working with victims of domestic violence, offering relevant knowledge on the link between intimate partner violence and mental health

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This handbook, developed by the project partners of the EU funded project Train, Improve, Reduce, under the Daphne Programme III, was conceived as a source of information and support material for trainings targeted at law enforcement agents who work with cases of domestic violence. It reflects the main topics addressed in the training material developed by the Project, and aims to provide police staff with a working knowledge of the psychological problems associated with intimate-partner violence. However, most of the material contained in this handbook could also be used in trainings aimed at other professionals involved in situations of domestic violence.

The different chapters of this handbook address the core issues of domestic violence, including the understanding of the spiral of violence and the parties concerned, the mental health repercussions on the people involved - including the mental health of the police who is called to intervene - along with the need for a multidisciplinary cooperation.

The role of law enforcement agents in combating and preventing domestic violence is crucial, and thus it is of vital importance to sensitise and provide them with the necessary knowledge and skills to ensure more effective interventions.

The understanding of the dynamic of domestic violence and the role it plays in the attitudes of people involved, how mental illness can be both a cause and a consequence of domestic violence, and how their work can have an impact on their own mental health, should contribute to achieving more effective and sustainable results.

It is important to acknowledge that domestic violence is perpetrated by both men and women against their partners. However in the majority of situations men are the perpetrators and women the victims. This material has thus been developed reflecting this.

# Introduction

Violence against women is defined as any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations General Assembly)[1] Violence against women has been recognised by international and national legislation as a crime, and provisions on violence against women and domestic violence can be found in the criminal and civil laws of an increasing number of countries. For the purpose of this handbook, violence against women will be used to mean violence occurring in private life (domestic violence), and particularly in intimate partner relationships.



Domestic violence against women includes any act committed by a partner or former partner that causes physical, sexual or psychological harm, including physical aggression (assault and physical attack), sexual coercion (acts which degrade and humiliate women and are perpetrated against their will, including rape), psychological abuse and controlling behaviours (threats, verbal abuse and other types of controlling behaviours such as isolation from family and friends), and economic abuse.

Domestic violence affects not only the victims, who in most cases are women, but also children, men, and society as a whole.

Legislation regarding domestic violence has tended to address physical violence only. However, as the concept of domestic violence has evolved, many countries amended their legislation to include other forms of violence such as psychological, sexual and/or economic. An evolution regarding the actors involved has also taken place. Laws on domestic violence that originally only applied to married couples nowadays recognize situations of domestic violence in cohabiting relationships, and include family members other than the spouse.

The first European-wide legally binding instrument is the Council of Europe Convention on preventing and combating violence against women and domestic violence, which created a comprehensive legal framework to prevent violence, to protect victims and to end the impunity of perpetrators. It defines and criminalises various forms of violence against women, including physical and psychological violence, sexual violence, economic violence, forced marriage, and female genital mutilation[2].

1 Article 1 For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Article 2 Violence against women shall be understood to encompass, but not be limited to, the following: a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence related to exploitation; b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

2 Article 3 –For the purpose of this Convention: a "violence against women" is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life; b "domestic violence" shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim; c "gender" shall mean the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men; d "gender-based violence against women" shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately; e "victim" shall mean any natural person who is subject to the conduct specified in points a and b; f "women" includes girls under the age of 18.

## Some facts about domestic violence

One European woman in four experiences domestic violence at some point in her life[3], and 6-10% of women suffer domestic violence in any given year[4].
Violence by an intimate partner is one of the most common forms of violence against women, representing 95% of all acts of violence taking place within the home[5].

Available data for Europe showed that in 2008, half of all female murder victims were killed by family members, and 35% of them were murdered by their spouses or ex-spouses[6].

In Europe, seven women die every day from male domestic violence[7]. In Italy, one woman is killed every three days by her partner or ex-partner[8]. In 2008 in France, 156 women died as a consequence of domestic violence perpetrated by their intimate or formerly intimate partner, representing 13 women per month[9].

For a significant proportion of women, domestic violence is a pathway to homelessness[10]. It has a direct impact on the health and well-being of women and impacts women's performance in the workplace, threatening their employment status.

## Understanding domestic violence

- Violence against women is a violation of human rights
- Violence against women is a crime, and, as such, perpetrators must be prosecuted
- Violence against women is an obstacle to women's full participation in economic,

3 Unveiling the hidden data on domestic violence in the EU, European Women's Lobby 1999
4 Eurobarometer 73.2 Domestic Violence against women. European Commission, September 2010
5 www.violences.fr
6 Global Study on homicide 2011. United Nations Office on Drugs and Crime (UNDOC)
7 Pystel, Estimation de la mortalité liée aux violences conjugales en Europe, Programme Daphne III
8 Casa delle donne per non subire violenza, Bologna
9 Mission Egalité des femmes et des hommes, 2009
10 FEANTSA (European Federation of National Organisations Working with the Homeless) contribution to the consultation on an EU strategy for combating violence against women, July 2010. While further gender specific research in the area of homelessness is needed, punctual surveys and studies in different countries show that a high proportion of homeless women have experienced gender based violence and abuse, including during childhood. See for instance: Kesia Reeve, Rosalind Goudie and Rionach Casey, 'Homeless Women: Homelessness Careers, Homelessness Landscapes', 2007, Crisis, UK, http://www.crisis.org.uk/data/files/publications/Homeless_Women_Landscapes_Aug07.pdf

social, political and cultural life
- Domestic violence is a systematic process, not an isolated event
- Domestic violence occurs in every socioeconomic, ethnic, and religious group
- Perpetrators of domestic violence have a heterogeneous profile
- Violent men are often abusive in successive relationships
- Domestic violence typically involves repetitive behaviour encompassing different types of abuse

## Domestic violence and mental health

Domestic violence has both a physical and psychological impact on the health of victims, and available data[11] shows that:

- 25% of all women who attempt suicide do so because of the psychological trauma caused by domestic violence
- Women experiencing domestic violence are several times more likely to self-harm, be suicidal, misuse drugs and/ alcohol
- Research found that 59% of domestic violence survivors had been admitted to a psychiatric in-patient clinic
- Between 50% and 60% of women mental health service users have experienced domestic violence, and up to 20% will be experiencing current abuse

## The economic impact of domestic violence

Apart from causing immense suffering, domestic violence also results in costs for the victims and for the society[12].

Domestic violence has an impact on the economy at large and on the victims' economic conditions. It is estimated that the total annual cost of domestic violence against women in the 27 EU member states could be €16 billion in 2006, amounting to €33 per capita per annum or €1 million every half hour[13].

The World Health Organisation (WHO) estimates that battered women lose on average between one and four years of good health and that the cost of outpatient care for a woman victim of domestic violence is two and a half times more than that for other women.

In addition to the cost of domestic violence to society, and the risk of increasing violence in times of economic instability, domestic violence is highly likely to have an economic impact on the victims' lives. The impact of domestic violence may stop women from working, or may adversely affect their work performance due to sleep deprivation, injuries, clothes being hidden, promises of child minding being withdrawn, or being physically prevented from leaving the home.

Women with a history of domestic violence have a more disrupted work history and are consequently on lower personal incomes, have had to change jobs more often and are more likely to be employed in casual and part-time work than women with no experience of violence. It is known that being in employment is a key pathway to leaving a violent relationship. The financial security that employment offers women can enable them to avoid becoming trapped and isolated in violent and abusive relationships, and to maintain their home and standard of living.

Victims of domestic violence can experience:

- Lack of a permanent job, usually as a result of the interdictions imposed by the partner or because of jealousy.
- Problems in keeping a job (if they have one), as a result of poor performance or frequent absences from work.
- Financial dependency on the perpetrator, due to insufficient/lack of independent income
- Victims who are housewives can not develop a career, and therefore have little access to personal resources which would enable them to leave a violent situation
- Domestic violence is often a direct cause of women developing serious debt problems

## Police as perpetrators

Research shows that 25% of police officers perpetrate "minor violence" and 3 % engage in severe violent behaviour within their home. Although these findings appear to show alarming rates of violence, the actual numbers may be higher due to low reporting of the frequency and severity of abuse (Neidig, et al 1992)[14].

Research also shows significant correlations between duty-related stress and symptoms of Post-Traumatic Stress-Disorder (PTSD), with exposure to death and life threats being the best predictors for the diagnosis of PTSD[15]. Unexpected events and exposure to life threatening events (e.g assaults, shootings and accidents) are common in police work. Because some officers find it difficult to stop thinking about their job when at home, the authors suspect that higher rates of negative family outcomes exist for those most exposed to work related violence[16].

11 Action against domestic violnece. Transnational networks of experts from NGO women's projects. Daphne Project 1998
12 Walby,2004; World Health Organisation
13 Pystel, 2006 Daphne Project
14 Victoria Hargan, MA Forensic Psychology. Strategies, interventions and potential risk factors related to police perpetrated domestic violence.
15 Empirical police studies on violence exposure. Robinson et al 1997
16 Johnson, Todd, Subramanian, 2005

# Chapter I

# Mental Health and Domestic Violence

## 1. What should police know about mental illness?

### What is mental illness?

Mental health problems, sometimes called mental illnesses, range from the worries we all experience as part of everyday life, to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on. About one in four people worldwide have a diagnosis of mental health problems, and there is some controversy about what mental health problems are, what causes them, and how people can be helped to recover.



People with a mental illness can experience problems in the way they think, feel or behave. This can have a major impact on their relationships, their work, and their quality of life.

Having a mental illness is difficult, both for the person concerned, and for their family and friends.

Mental illnesses are some of the least understood conditions in society. Because of this, people with a diagnosis of mental health problems tend to face prejudice and discrimination in their everyday lives. Having a mental illness is not someone's fault, it is not a sign of weakness, and it is not something to be ashamed of.

### How are mental health problems diagnosed?

Each person's experience of mental distress is unique and it can be misunderstood, especially if there are cultural, social or religious differences between doctor and patient.

Diagnosis can only be made by a psychiatrist, who might be able to offer appropriate medical treatment. Some people need inpatient care; the majority can continue to live at home with care and support. People with mental health problems can also be helped by their doctor, by social workers and nurses, psychologists and counsellors as well as by family and friends.

Sometimes a diagnosis can become a label, a description of the whole person and this can be very damaging. It's important to remember that a diagnosis does not have to determine the whole course of one's life, and may come to be a relatively minor part of an individual's identity or history.

It is possible to recover completely from mental distress and many people do. Sometimes, people emerge from the experience feeling stronger and wiser. Others get over the worst, but remain vulnerable, and they may experience relapses from time to time. Some people don't recover, and continue to need treatment and support for the rest of their lives.

Mental distress can take many forms, such as:

| | |
|---|---|
| Anxiety | Bipolar disorder (manic depression ) |
| Depression | Schizophrenia |
| Panic attacks | Psychosis |
| Phobias | Personality disorders |
| Obsessive-compulsive disorder | Addictions |



It is important to be aware that victims of domestic violence may already be experiencing mental health problems which make them more vulnerable to abuse. This does not mean that their experiences should be discounted. On the contrary, they must be taken more seriously as their distress may be compounded by earlier mental health problems.

### Stigma and its impact

Stigma is something judged by others as a sign of disgrace, something that sets a person apart from others in their community.

There is significant stigma surrounding both domestic violence and mental health problems, making it extremely difficult for people who face this double discrimination to access help. As people feel uncomfortable talking about both these subjects, funding is scarce and the number of available services for people with mental health problems experiencing domestic violence is low.
Because of the taboos and stigma surrounding domestic violence and mental health problems, both professionals and lay people will often avoid the issue.

Women experiencing domestic violence feel ashamed to talk about it, as the social mores are clear that family life is a private issue, and because they are ashamed of their situation. As long as society doesn't recognise domestic violence as a crime, victims of domestic violence won't trust that they can denounce it, and thus continue to bear the stigma linked to the stereotypes about domestic violence.

Equally, the silence and lack of understanding about mental illness encourages feelings of shame, and discourages people to seek treatment or even to admit that the symptoms

they are experiencing may be related to a mental illness.

Stigma can have an enormous impact on people suffering from mental health problems, especially if they are also experiencing domestic violence.

Because of the stigma surrounding the two issues, people suffering from mental health problems and being subjected to domestic violence often find it hard to admit what has happened to them.

## 2. What are the links between domestic violence and mental illness?

Mental illness is both a cause and a consequence of domestic violence.



Domestic violence is not a minor health risk, and it is not a private problem. Research shows that both the police and doctors tend to underestimate the impact of domestic violence, and that 50 to 60 % of people admitted to psychiatric hospitals have experienced domestic violence[17].
Battering is the single major cause of injury to women and it is more significant than accidents, rape or mugging.

### The impact of domestic violence

A number of psychological problems have been identified as being linked to experience of domestic violence. These include:

- shame, self-depreciation, negative self-image
- isolation
- guilt
- self-delusion

These can lead to more serious problems including:

- post-traumatic stress disorder
- addictions
- psychosis (not schizophrenia)
- self-harm
- depression
- suicide and attempted suicide
- eating disorders (bulimia and anorexia)

17 Presentation of Prof. Myriam Van Moffaert at 2nd Project meeting, September 2011. Based on her research at the Ghent University Faculty of Law, School of Criminology, Dept of Forensic Psychiatry

In addition, physical problems can include:

- unexplained symptoms- people can present to doctors with a wide range of symptoms which have no identifiable basis
- chronic fatigue syndrome
- fibromyalgia

Moreover, 82% of the women who present to dermatological clinics with conditions like carving, cutting, or branding have experienced domestic violence[18].



**Pre-existing mental health problems can make women more vulnerable to being victims of domestic violence.**

**Pre-existing mental health problems can make perpetrators more liable to commiting domestic violence in all its forms, but it is not a causal link.**

**Experience of domestic violence is often a factor in the history of people admitted to psychiatric hospitals-though often not disclosed prior to the admission.**

**Domestic violence has an impact on mental health and women victims might therefore present some symptoms of mental health problems.**

## 3. Some groups are more exposed to domestic violence

Some groups of women may be more vulnerable and may therefore be more likely to experience domestic violence. Each group experiences different types of violence and different reasons for staying longer in a violent relationship.

The groups research shows have a particularly high risk of repeated abuse include:

- women with a history of mental health problems
- older women who need care and support
- women with disabilities –especially those who are dependent on the perpetrator
- women with intellectual disabilities –especially those who are dependent on the perpetrator
- women whose right of residence is linked to their relationship with the perpetrator

18 Presentation of Prof. Myriam Van Moffaert at 2nd Project meeting, September 2011. Based on her research at the Ghent University Faculty of Law, School of Criminology, Dept of Forensic Psychiatry

- or who do not have legal residence status
- women who do not speak the language of their country of residence- not least as they cannot call the police or ask for help.

If the victim has a pre-identified mental illness or an intellectual disability, it is more likely that the professionals involved will not believe her story, even though statistically she is more likely to experience domestic violence.

## Women with disabilities

It is clear from the evidence that women with disabilities of all kinds are more at risk of domestic violence.
Having a pre-existing mental illness is likely to exacerbate the impact of domestic violence on a woman's life. On one hand, the chances of her experiencing domestic violence are increased, and on the other, her credibility will likely be questioned.

Compared to woman without disabilities, disabled women are more likely to experience domestic violence, and to do so for more extended periods of time.

Women with disabilities are four times more likely to experience sexual violence and face forced sterilisation or abortion.

Many of women with disabilities depend on the perpetrator for their daily care or even survival[19].

Over half of all women with disabilities have experienced physical abuse, compared to one third of women without disabilities[20].

Women with intellectual disabilities (who normally find it difficult to report violence and abuse) or psychosocial disabilities (whose testimonies are interpreted as symptoms of mental illness) are more likely to suffer violence or sexual abuse[21].

**Types of domestic violence experienced by women with disabilities:**

- Hitting, punching, choking, kicking, pushing, burning with lit cigarette

19 European Disability Forum, Response to the consultation on an EU strategy to combat violence against women, July 2010
20 European Disability Forum, Response to the Consultation on an EU Strategy to Combat Violence against Women, 2010: http://cms.horus.be/files/99909/MediaArchive/library/EDF%20response%20to%20consultation%20on%20violence%20against%20women.doc
21 European Disability Forum, 2nd Manifesto on the Rights of women and girls with disabilities in the European Union, September 2011



- Threats (e.g threatening physical harm or to have her institutionalized)
- Threats against her children, pets or guide dog
- Verbal abuse (criticisms and insults)
- Taking control of her disability aids against her wishes (e.g moving her wheelchair around)
- Damaging or threatening to damage belongings, including disability aids
- Neglect, such as refusing to wash or feed her or to hand over medication
- Performing care in cruel ways (e.g washing her hair in cold water)
- Refusing to offer help until she consents to sex
- Making decisions on her behalf without her consent
- Taking control of her finances without her consent (including withholding money or not allowing her to shop for herself)
- Isolating her from family, friends and services

**Reasons why women with disabilities experience violence for extended periods of time:**

- Social myths: people with disabilities are often dismissed as passive, helpless, child-like and non-sexual. These prejudices tend to make people with disabilities less visible to society, and suggest that abuse, especially sexual abuse is unlikely to happen to them
- Learned helplessness: people with disabilities (particularly people with intellectual disabilities or those who have been living in institutions for a long time) are encouraged to be compliant and cooperative
- Lack of sex education: there is a tendency to deny sex education to people with intellectual disabilities, and there are very few courses adapted to the needs of women with disabilities
- Dependence: the woman may be dependent on her abuser for care because her disability limits her economic and environmental independence
- Misdiagnosis: authorities may misinterpret a cry for help (e.g. a woman's behaviour might be diagnosed as anxiety rather than a signs of abuse.)
- The abuser takes control: if the woman seeks help, follow up may be difficult because the abuser isolates her and prevents her from using the phone or leaving the house
- Lack of accessible services and information resources: police stations and courtrooms, shelters and help lines are often difficult to access physically. Access to support and emergency services for women with disabilities is also very restricted or non-existent

**Reasons for not seeking help from authorities:**

- Shame
- A belief that she somehow deserves to be abused
- A belief that she is being abused because she is disabled
- Not knowing that she has any rights or that there are laws to protect her

- Not realising that the treatment she receives is abusive, because she has been treated this way her whole life
- Staying where she is and enduring the abuse may seem like a slightly better option than poverty, homelessness or institutionalization
- Belief that the police don't take domestic violence as seriously as other kinds of violence
- Isolation (the abuser may not allow her to use the phone or leave the house)
- Lack of access to information
- Fear: that no one will believe her
  that no one will be able to help her
  of being punished by the abuser for reporting the violence
  of being shamed, punished or shunned by her family, friends or community
  of loss (e.g of losing her home or having her children taken away from her)
  of being institutionalized
  of having no one to help her if she leaves the relationship



## Older Women

Older women are often marginalised, and violence against them is considered as elder abuse, as distinct from domestic violence.

Factors contributing to domestic violence later in life include: increased dependency, psychological disorders, changed status of the man due to retirement or due to alcohol abuse.

It is difficult to estimate the prevalence of elder abuse, because both perpetrators and victims may not disclose abuse, and because professional staff may not recognise and investigate signs of abuse. However, it has been estimated that between 4 and 10% of all persons over 65 are abused or neglected by family members. The majority (70-80%) of abused older people are women.

Women with physical or mental impairments, such as dementia, are particularly at risk.[22]

Social isolation is an additional risk factor leading to abuse.

In most cases, perpetrators of emotional, financial and sexual abuse and violation of rights are the women's partners or spouses.

The most common effects of violence and abuse in older women are tension, anger, hatred and feelings of powerlessness.

22 Daphne Project 2000-125-w- Recognition, prevention and treatment of abuse of older women

Older women usually experience more than one type of violence.

**Types of violence include:**

- Psychological violence: degradation, humiliation, insult and offence, exploitation, domination and controlling behaviour.
- Infantilization: This is a specific form of violence towards older women.
- Physical abuse : pushing, slapping and hitting, kicking, pulling the women's hair or dragging through the living accommodation, attempting to strangle, threatening or attacking, throwing them against doors, pushing down stairs
- Social control, which could also turn into social isolation
- Financial abuse: taking money or property for the perpetrator's own use without permission, forging the person's signature, getting the person to sign a deed, will or power of attorney through deception, coercion or undue influence
- Care or necessities intentionally withheld (e.g not helping her drink or eat when she cannot do it alone, not helping her to wash clothes despite her needs , leaving her alone for a long time without ensuring she has help if needed)
- Sexual violence: can involve physical sex acts without her consent, but also activities such as forcing her to watch sex acts or forcing to undress

**Reasons for not seeking help**

Factors contributing to older women remaining in an abusive relationship:

- The older a woman is when she first experiences intimate partner violence, the more difficult it is to both cope with the situation and to seek external help
- They find it more difficult to end a long term abusive relationship than younger women.
- They are more ashamed about what has happened to them
- They are reluctant to seek help and denounce abuse as they fear they will be responsible for breaking up the family
- Older women may have learned ways of coping with the abuse over the years (avoiding confrontation, isolating themselves from others)
- They may be dependent on their partners with regard to finances and housing and for other forms of care and support
- They may have a strong emotional attachment to the place where they have lived all their lives and a feeling that they cannot move to another place (particularly if they need care and assistance)
- Low general awareness about intimate partner violence, particularly against older women and absence of adequate and appropriate services (Older women victims of domestic violence need support to be more proactive and need other types of support than younger women)
- Older women make less use of the specialist services that do exist.

## Migrant women

Although empirical evidence shows that women from minority groups are disproportionally affected by domestic violence, formal research is inconclusive, mainly due to low reporting. However it is clear that 3rd country national women are denied access to shelters and undocumented women can face deportation when reporting male violence.[23]

Migrant women are not a homogeneous group and their needs vary, both between different migrant groups and within them

Migrant and minority group victims of domestic violence often face multiple forms of violence and discrimination because they are women, migrants, minority ethnic or are undocumented (lack a legal residence or work permit and thus have limited access to support services and justice, and may fear contact with the police)

Migrant women may have to overcome additional obstacles linked to language barriers, their legal status, and family and cultural backgrounds, making it more difficult for them to stop violence or end violent relationships

Women who have an irregular migration status may find that escaping an abusive situation is particularly difficult as they have no legal income, face significant barriers to access mental health services, are often turned away from women's shelters, and fear arrest or deportation if they contact the authorities

**Challenges faced by migrant women exposed to domestic violence:**

- Language barriers
- Cultural barriers
- Stereotypes
- Racism
- Discrimination
- Isolation
- Lack of a social network or a limited network that doesn't recognise domestic violence
- Lack of an independent migration status and low levels of awareness about support services, can lead migrant women to endure abuse for longer periods
- In small migrant communities the stigma of domestic violence may be intolerably high

23 Amnesty International Spain Report: More than Words -- Spain: Making Protection And Justice a Reality for Women Victims of gender based Violence in the home (in Spanish), 2005.; and Picum Report:"Strategies to Adress Double Violence Against Undocumented Women in Europe", 2012



**Undocumented migrant women are also exposed to:**

- Lack of social autonomy (legal status)
- Legal and practical barriers to access physical and mental health services, housing support or a legal income
- Uncertainty, anxiety and stress linked to their legal status
- Threats (the perpetrator may threaten her to take the children or turn the victim over to authorities for deportation)
- Lack of information and fear of authorities (victims may believe that authorities will not enforce laws to protect undocumented persons, and that restraining orders are not available to them. They may also think that a police officer can take them to jail or deport them. In fact, the latter is indeed common police practice in some countries)[24]

## Pregnant women

Research shows that pregnant women are more vulnerable. The violence within the relationship may start during pregnancy or intensify at this time.

Some women are first abused during pregnancy (30%), while for others the violence is part of an ongoing pattern[25].

Pregnant women are 60% more likely to be beaten than women who are not pregnant.

Violence is cited as a pregnancy complication more often than diabetes, hypertension or any other serious complication and as a prime cause of miscarriage and of maternal death during child-birth[26].

**Consequences of domestic violence during pregnancy**

Physical consequences:

- Miscarriage or low-birth-weight babies
- Disabilities of the child
- Postponing prenatal care
- Maternal mortality

Psychological consequences:

- Higher risk for conditions like stress, depression, addiction to tobacco, alcohol and drugs

24 Picum Report:"Strategies to Address Double Violence Against Undocumented Women in Europe", 2012
25 Domestic violence against women in pregnancy. Women's aid campaigns. Cit: Lewis, Gwynneth, James et al (2001) Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1979-9, commissioned by Department of Health from RCOG and NICE; also Why mothers die 2000-2002- Report on confidential enquiries into maternal deaths in the UK - CEMACH
26 Battering and Pregnancy"Midwifery today 19: 1989, women's aid campaign

The long-term psychological consequences that pregnant women suffering domestic violence are faced with can have a detrimental impact on their children's development.

## 4. Children living with domestic violence

Children exposed to domestic violence are also affected by it. Exposure to family violence crosses socioeconomic and cultural boundaries, occurring in all groups within the society. Children exposed to domestic violence are also affected by its context of intimacy. They have emotional ties to and are dependent on one or both of the adults involved. The impact of directly or indirectly witnessing one's parent being emotionally and/or physically injured is intensified when the other parent figure is responsible for the violence. Many families believe that the violence is 'hidden' from the children but this has been shown to be untrue in many situations. When parents deny the fact that violence is occurring, the children are very confused by this deception, which can also have a long term impact on their mental health. Severe trauma can occur when a child witnesses the murder of one parent by the other.



Children's attitudes and feelings are influenced by a number of factors, including:

- their view of who is responsible for the violence
- their sense of security in relation to a number of outcomes (e.g., how will the family get money to eat if the father is taken away? Who will play with them if they are taken from their parents?)
- the nature of their relationships with the offending and non-offending parents.

While children want the violence to stop, they often experience ambivalent and confusing feelings toward the non-offending parent, the perpetrator and police officers.

Exposure to domestic violence increases a child's risk of maltreatment[27].

Children living in a home where there is domestic violence are more likely to be abused themselves, are at risk of injury during a violent incident and at risk of developing trauma symptoms.

Young children who are physically near parents and older children who intervene to stop the violence may be particularly at risk.

Young children are particularly vulnerable. They often have little or no contact with individuals or systems (e.g education) outside the family, who could identify harmful situations.

Children exposed to domestic violence may experience many of the same symptoms and lasting effects as children who are direct victims of violence.

27 Children exposed to violence. A handbook for police trainers to increase understanding and improve community responses

Children's behavioural and psychological responses vary according to age. Very young children are likely to exhibit emotional distress, immature behaviour, somatic complaints and may regress in toileting and language development. School age children are likely to understand more about the intentions behind an act of violence. They may wonder what they could have done to prevent or stop it and feel some responsibility that they weren't able to prevent it. They often show a greater frequency of externalized(aggressive, delinquent) or internalized (withdrawn, anxiety) behaviour problems in comparison with children from non-violent families. Adolescents, particularly those who have experienced or witnessed violence throughout their lives, tend to show high levels of aggression, accompanied by anxiety, behaviour problems, school problems and revenge seeking.



Children's exposure to domestic violence generates short and long term consequences:

**Short term effects can include:**

- Increased externalised behaviour (aggression toward others, destruction of property, antisocial behaviour)
- Increased internalised behaviours (withdrawal, fear, anxiety)
- Increased physical complaints (stomach-aches, headaches, tiredness)
- Lower social capabilities (fewer age-appropriate social skills to initiate and sustain relationships, to seek assistance from others)
- Learnt attitudes which condone violence (e.g. violence is an appropriate means to teach others a lesson; violence enhances one's image and peer status)
- Less developed thinking skills (less developed attention and concentration abilities, poorer understanding of social situations

Long term effects can appear in adulthood and include:

- Relationship difficulties
- Educational difficulties
- Post-traumatic stress reactions:
    - Re-experiencing aspects of the violence (e.g flashbacks, nightmares)
    - Avoidance of reminders of the violence (e.g may avoid males who raise their voices, shy away from conflict)
    - Increased arousal (e.g may show strong startle-response to noise or startle easily in general)
- Emotional difficulties (e.g., depression, anxiety)
- Substance abuse
- Aggressive behaviour/criminality

# Chapter 2
# Improved understanding of the spiral of domestic violence can promote more effective interventions

## 1. The spiral of domestic violence

Domestic violence is a pattern of physical, psychological, sexual and financial violence, and it is neither a unique nor an isolated act of violence.US researcher Leonore Walker, described the cycle of violence to explain patterns of behaviour in an abusive relationship. This cycle develops through 3 phases: tension, aggression and conciliation; and women who remain in an abusive situation tend to manifest the "battered woman syndrome."

Research has shown that patterns in relationships where intimate partner violence occurs can be described as follows:

- The romantic ideal: The romantic ideal that both partners have about their relationship: "I am the most important person in my partner's life, he is the one who appreciates me for who I am, who gives me what I need and to whom I will give whatever he needs."
- Cracks in the ideal: Differences appear. Small and sometimes minor differences appear that create disillusion and disappointment as the woman realises that the partner does not match this ideal.
- The victim starts to question the relationship and criticises the partner: When the romantic ideal starts to crack, the victim tries to discuss the problems in the relationship.
- The abuser reacts in a negative and anxious-defensive way: The perpetrator experiences it as a possible loss of love, and feels offended. He has a fear of losing his partner as well as a fear of being dominated by his partner.
- The victim feels responsible and saves the relationship, by withdrawing her words, by taking the blame, by suppressing her feelings and by adopting the opinion of the perpetrator. The victim tries to please the perpetrator in order to save the relationship.
- Distraction of the abuser and recovery of the romantic myth: After this rescue, the perpetrator feels restored in his value and can put his trust again in the love of the partner. The perpetrator will react by showing devotion and commitment, which makes both partners feel happy again for a while.

These six phases can be repeated over a long period, without any violence.

Then:

- The victim becomes frustrated and secretly angry: The victim will suppress her own needs and adopt the values of the perpetrator. Thus the victim misses the opportunity of giving her own meaning to the situation, which makes her more and more frustrated.
- The perpetrator becomes frustrated and starts using physical violence: Impotence, lack of communication skills, combined with stress and shame can be the cause of the use of violence. Eventually, as the tension increases at home, the perpetrator lashes out in some way at the victim for the first time.

Afterwards the couple often returns to the romantic ideal.

This **spiral of violence** can continue for many years before either of the people involved ask for external help.



The **tension** is characterized by a gradual increase in tension, small acts that generate friction and conflicts between the couple. The perpetrator expresses dissatisfaction and hostility, but not severely. The victim tries to calm him down, please him or at least do nothing that might bother him further, which generates a false sensation that she can control her partner's aggression. Meanwhile, the tension continues to rise and inevitably reaches breaking point.

The **aggression** is characterized by physical, sexual and/or psychological abuse. Sometimes, the woman precipitates this inevitable explosion of violence in order to control where and when it occurs, so that she can take precautions and measures to minimize the consequences. This acute phase ends when the aggressor stops the abuse, creating a physical reduction of the tension that has been building up. This reinforces the violent behaviour, because the aggressor experiences violence as a necessary release of the tension. If a complaint is made, it is usually made at this phase.

In the **honeymoon period**, the perpetrator asks forgiveness, cries, tries to help the victim, shows her all sorts of consideration and promises to change. This is the moment in which the woman is positively reinforced to stay in the relationship. There are no tensions or violence. She sees the "good side" of her partner, believing that she can help.

If the spiral is not broken in time, the aggressive acts will become more frequent and more intense, with greater risk for the victim, even to the point of death. The length of each phase of the spiral varies between and within couples. Slowly, the honeymoon phase fades and the couple moves once again into the tension building. The cycle repeats itself and over time, the honeymoon phase usually shortens, while the tension-building and violence phases lengthen.

When a victim is caught in the spiral of violence, she is experiencing many emotions. During the violent stage, she is often afraid of her partner. Once the violence is over and

the couple is in the honeymoon phase, the victim may feel renewed love toward the perpetrator. He is on his best behaviour and the victim is reminded of all the qualities in him that she loves. During the tension building stage, the victim often grasps on to a sense of hope. More than anything she wants things to change. Adding to the love, hope and fear, battered women often experiences shame, embarrassment and isolation.

## General Patterns of behaviour in the different stages of the Spiral of domestic violence[28]

### 1. Tension Building

| Perpetrator's actions | Victim's Response |
|---|---|
| Moody<br>Irritable<br>Critical<br>Silent/Sullen<br>Isolates her<br>Withdraws affection<br>Blaming<br>Name calling | Attempts to nurture him<br>Agrees - Stays away from family and friends<br>Keeps kids quiet—cooks his favourite dinner<br>Withdraws (silent) |

### 2. Aggression

| Perpetrator's actions | Victim's Response |
|---|---|
| Verbal attacks increased<br>Psychological abuse<br>Humiliation<br>Accuses partner of being crazy<br>Threats to assault<br>Forced imprisonment<br>Physical/Sexual assault<br>Use of weapons | Tries to calm him<br>Tries to reason<br>Withdraws<br>Decides to leave the relationship<br>Protects herself<br>Police called by her, her children or neighbour |

28 The Cycle of abuse. Originally published as the Cycle of Violence in "The Battered Woman,by Lenore Walker, 1980.



### 3. Honeymoon

| Perpetrator's actions | Victim's Response |
|---|---|
| Begs forgiveness<br>"I'm sorry"—sends flowers<br>Promises to get counselling<br>Enlists family support<br>"I'll never do it again"<br>Declares love<br>Cries | Agrees to stay, return, or take him back<br>Attempts to stop legal proceedings<br>Sets up counselling appointments for him<br>Feels relieved, but confused<br>Feels happy, hopeful |

Intimate relationships are complex and there are multiple factors influencing victims' decision to stay in a relationship. While clearly wanting the violence to stop, victims may not want their partners to be taken away for a variety of reasons (e.g loss of necessary income, love for the perpetrator, fear of reprisal violence in future...). The victim may feel that her very survival may depend on the decision to stay in or leave an abusive relationship.

In this context, the option of leaving a violent relationship has to be understood as a long process rather than an isolated event.

**Some of the reasons victims may have for staying in a violent relationship include:**

- Fear of the abuser. Leaving a violent relationship could escalate the violence if the abuser finds her
- Hope and love
- Threats to harm the victim or loved ones
- Threats of suicide
- Religious reasons
- Believing the abuser will change
- Self-blame
- Financial dependency
- Believing that violence is normal
- Limited housing options
- Blaming the abuse on alcohol, financial pressures, or other outside factors
- Low self-esteem
- Fear of the unknown, of change
- Isolation
- Embarrassment and shame
- Believing no one can help
- Cultural beliefs
- Denial
- Pressure from friends and family to stay

## 2. The Stockholm syndrome

The Stockholm syndrome is a phenomenon in which victims develop positive feelings and become emotionally attached to their perpetrators, sometimes to the point of defending them. The term takes its name from a bank robbery in Stockholm, Sweden, in August 1973, when after 6 days of captivity, several kidnap victims resisted rescue attempts, and refused to testify against their captors.

The Stockholm syndrome applies in the following conditions:

- The victim's life is at risk
- The victim cannot escape or thinks they cannot escape
- The perpetrator is friendly at times
- The victim is cut off from the outside world

The behaviour reflects a survival strategy developed by the victims of interpersonal abuse, and some of the most common patterns include:

- Positive feelings towards the perpetrator
- Support for the perpetrator's reasons for their actions
- Positive feelings from the perpetrator towards the victim

The Stockholm syndrome can be useful in understanding why battered women fail to press charges against their abusers.



# Chapter 3
# Who are the perpetrators of domestic violence and how to work with them to stop violence?

Domestic violence is not a private issue, it is common throughout society. The perpetrators are predominantly men, the violence is predominantly directed towards women and children are often affected.

There are different forms of domestic violence. Not every form can be categorized in terms of victims versus perpetrators, and sometimes it is an interpersonal dynamic. When coupled involved in this dynamic are not able to stop this interaction pattern, the violence continues to develop and becomes more extreme and/or chronic. These, which are the "top of the iceberg cases," are usually those in which police is called to intervene.

However, most cases of domestic violence are kept hidden, influenced by a mixture of shame, self-culpabilisation and social isolation, and police do not intervene. These hidden cases need more attention, as they are difficult to recognise.

Research and experience has shown that domestic violence should not be seen as an isolated incident. It develops according to a specific dynamic which is rarely visible outside the privacy of the family home. When domestic violence becomes chronic, it is common that the perpetrator develops strategies which prevent the victim from maintaining any independence and which retain his level of power and control over them.

This form of "imprisonment" creates a unique relationship between the perpetrator and the victim, and the perpetrator often becomes the most powerful actor in the victim's life. His ultimate goal is to gain control and to obtain the victims acquiescence in the violence.

There are some personality styles or character traits that seem to be common amongst perpetrators.

Abusers often display different behaviour patterns in their private and public lives. This means that it is often difficult for outsiders to believe that this man can behave so appallingly with his family. This also makes it difficult for their partners to get help as they are often not believed.

Sometimes abusers manage to persuade their 'victims' to believe that they themselves are in fact responsible for the perpetrators' violent behaviour. This pattern of blaming the victim is part of a recognized pattern of behaviour and is in itself abusive. Blaming external factors, their childhood, alcohol or drugs, or the victim is the way abusers try to avoid responsibility for their behaviour.

Domestic violence is about power and control.

The perpetrator wants to dominate the victim and wants all the power in the relationship.

The perpetrator uses violence in order to establish and maintain authority and power.

Perpetrators of domestic violence have learned abusive, manipulative techniques and behaviours that allow them to dominate and control others and obtain the responses they desire.

The violence (physical, psychological, sexual or financial) is used to intimidate, humiliate or frighten victims, or to make them powerless

There is no typical perpetrator of domestic violence, but psychologists have identified some common characteristics:

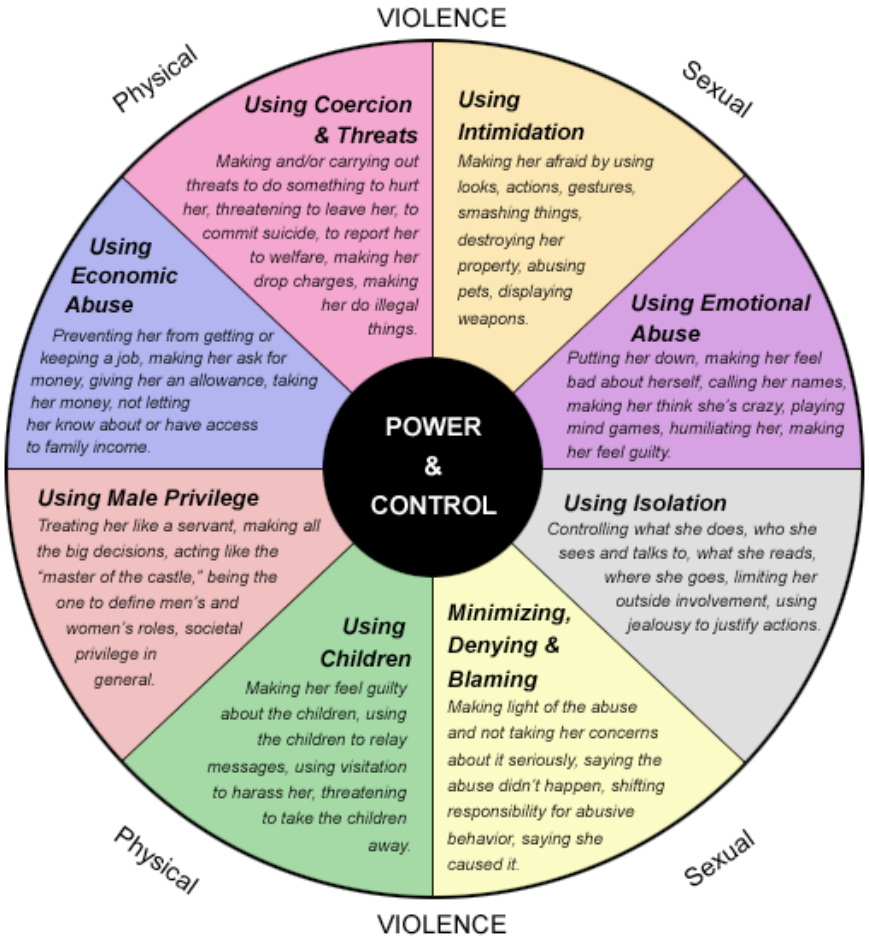
- Many abusers suffer from low self-esteem, and their sense of self-esteem and identity is tied to their partner. If abusers feel they are somehow losing the victim, either through separation, divorce, emotional detachment, or pregnancy (fearing victims will replace love for them with love for a child), they will lash out
- Many abusers experience depression
- Perpetrators personality can be described as "Jekyll and Hyde"
- Abusers often experience dramatic mood swings of highs and lows
- Abusers tend to be controlling or show antisocial personality traits
- Abusers are often addicted to substances or behaviours

## 1. Perpetrators' Behaviour

- Perpetrators will often restrict a victim's outlets, forbidding the victim to maintain outside employment, friends, and family ties (to create isolation and dependency).
- Perpetrators of domestic violence may constantly criticize and humiliate their partners. Low self-esteem may contribute to victims feeling that they deserve the abuse.
- Perpetrators will often do anything to maintain control and keep the victim under control. This dynamic also makes escalating violence inevitable, as many victims must become emotionally unavailable, or must physically leave, in order to survive.
- While the public may think of domestic violence abusers as out of control, crazy, and unpredictable, the contrary is most often true.
- Use of psychological, emotional, and physical abuse intermingled with periods of love, and happiness are deliberate coercive tools used to generate submission.
- Perpetrators may violently assault, and then minutes later offer words of regret. Many will buy gifts of flowers and other presents in order to win favour and forgiveness. This creates a very confusing environment for victims. Abusers may say they will never harm their partners again, and promise to obtain help or counselling. Often, these promises are only made to prevent victims from leaving.
- The violence used by abusers is controlled and manipulative. Victims often can predict exactly when violence will erupt.
- Perpetrators are frequently characterized by those outside the home as generous, caring, and good, and behave completely differently in their home environment. Perpetrators of domestic violence are rarely violent to people outside their home.
- Perpetrators of domestic violence frequently avoid taking responsibility for their behaviour, by blaming their violence on someone or something else, denying it took place at all or minimizing their behaviour.

## 2. Power and Control Wheel

Developed by the Domestic Abuse Intervention Project in Duluth, Minnesota, the Power and Control Wheel illustrates the tactics an abuser uses on his victim. Constantly surrounded by threats and/or actual physical and sexual abuse, the victim is subjected to the various tactics listed in the spokes as the abuser attempts to exert complete power and control over her.




Used with permission: Domestic Abuse Intervention Project, Duluth, MN.

## 3. Perpetrator support programmes

As human beings, we tend to have similar goals in life, and the importance that people place on particular life goals defines what matters most to them. Criminal behaviour represents a maladaptive attempt to meet life values[29], and takes place when individuals lack the internal and external resources necessary to satisfy their values using pro-social means[30].

29 Ward and Stewart, 2003
30 The Good Life Model of offender rehabilitations http://www.goodlivesmodel.com/glm/Home.html



Integrated responses to domestic violence include working with perpetrators. In some cases, perpetrators can recognise that they have problems themselves and are willing to seek help to resolve them. For others, responses have to be enforced by the criminal justice system.

Perpetrator support programmes have been shown to be successful when they provide structured group work, and encourage the participants to address the attitudes and beliefs that underpin their abusive behaviour, challenge and stop further violence, and hold perpetrators accountable for their behaviour. Perpetrators' programmes should by no means divert funding for services for women victims and they should in no instance replace criminal prosecution and sanctions.

Research into programmes supporting men to change their behaviour suggests that common issues for these men are a lack of awareness both about themselves and their impact on others, and poor communication within their relationships.

This lack of awareness among perpetrators seems to concentrate around the inability to monitor and understand their own emotions, as well as the feelings of others. They also describe a feeling of inability to control their own behaviour.

The research shows that men who are violent towards women need to learn new and more appropriate responses to their destructive feelings.

# Chapter 4
# How work can affect the mental health of police officers

## 1. What is Post Traumatic Stress Disorder and when to seek medical advice?

Post-traumatic stress disorder (PTSD) is a psychological and physical condition that is caused by very frightening or harrowing events. It can occur after witnessing or experiencing traumatic events.

PTSD may also occur in any other situation where a person feels extreme fear, horror or helplessness. However, it does not usually develop after situations that are upsetting, such as divorces, job losses or failing exams.



An event itself is not necessarily traumatic. PTSD is a consequence of each unique individual response to each unique situation. A response to a traumatic situation cannot be identified as PTSD until at least six months after the event.

Similar symptoms experienced during this time are recognised as being an acute stress response. It is only if the symptoms continue or appear after this time that a person can be diagnosed with PTSD.

Research suggests that about one person in three continues to experience PTSD symptoms (detailed below) and they can be described as experiencing PTSD.

Complex PTSD is used to describe the condition experienced by people who have repeatedly experienced severe neglect or abuse or repeated torture. Some of the victims of domestic abuse will fall into this group as they may have had these experiences earlier in their lives or because they have experienced repeated abuse.

PTSD affects up to 30% of people who experience a traumatic event. It affects around 5% of men and 10% of women at some point during their lives, and can occur at any age, including during childhood.

PTSD can be successfully treated even when it occurs many years after the traumatic event. Depending on the severity of the symptoms, and how soon they develop after the traumatic event, a number of different treatment strategies may be pursued.

These include:

- **Watchful waiting**: waiting to see if the symptoms improve or get worse without treatment
- **Psychological treatment**, such as trauma-focused cognitive behavioural therapy (CBT), or eye movement desensitisation and reprocessing (EDMR), and psychotherapy
- **Medication** - usually to reduce anxiety or depression, or to lift mood

The symptoms of PTSD include:

- **Re-experiencing as flashbacks or nightmares**

People who have PTSD may frequently relive the traumatic event in the form of flashbacks, nightmares, or repetitive and distressing images or sensations.

- **Avoidance**

Constantly reliving a traumatic experience can be very upsetting. People who have PTSD may try to avoid circumstances, situations or people that remind them of the traumatic event. They may also refuse to discuss their experience with others.



- **Hyper vigilance or Being on guard**

People who have PTSD may find it very difficult to relax, and may be anxious all the time. They may be hyper vigilant (constantly aware) to threats, and be easily startled. Irritability and angry outbursts are also common symptoms of PTSD which are often more obvious to others than to the individuals themselves. They may have sleeping problems, and find it difficult to concentrate.

- **Emotional numbing**

Sometimes, people with PTSD deal with their feelings by trying not to feel anything at all. This is known as 'emotional numbing'.
People who have PTSD, may feel detached or isolated from others. They may also experience feelings of guilt. People with PTSD often seem deep in thought (introspective) and withdrawn. They may give up activities and pastimes that they used to enjoy.

**Other symptoms:**

Other common symptoms of PTSD include:

- Depression, anxiety and phobias
- Drug or alcohol misuse
- Unexplained physical symptoms, such as sweating, shaking, headaches, dizziness, chest pains and stomach upsets

As with many mental health conditions, PTSD sometimes leads to the breakdown of relationships, and causes problems at work.

PTSD is often not recognized because of the following issues that are common to domestic violence as well. It may take an individual a long time to acknowledge the possibility that they are experiencing PTSD.

Many people do not like to talk about upsetting events and feelings

They may not want to admit to having symptoms because they don't want to be thought of as weak or mentally unstable

Doctors and other professionals are human. They may feel uncomfortable when people try to talk about gruesome or horrifying events

People with PTSD often find it easier to talk about the other problems that go along with it - headache, sleep problems, irritability, depression, tension, substance abuse, family or work-related problems



## 2. Burn out: Recognising the symptoms and preventive measures

Burn out is a phenomenon that has become recognised in many professions, notably those dealing with people and where staff work under pressure. Both of these factors are important in the career of a police officer.

Burnout is not an illness; it is recognised as an accumulation of stress over time leading to the person no longer being able to function in their professional role.

The generally accepted signs and symptoms of burnout include:

- physical and emotional exhaustion
- cynicism and callousness
- helplessness and a sense of failure
- apathy and a reliance on set patterns of responding

Professionals experiencing burnout are likely not to be able to see the people they are working with as individuals but rather as representing patterns they have met earlier in their career. This is particularly important in this context where it is acknowledged that responding to each situation and each person as an individual is a critical factor in the outcome of the intervention.

Burn out can be manifested by people responding in an unusually cynical way to the people they are working with, by people feeling unable to take new work on or respond to new situations, as they now believe they have nothing left to give.

Exhaustion is a common factor. People feel just too tired to carry on, unable to do what they normally do, let alone anything new or unusual. This exhaustion may be the one aspect that people feel able to acknowledge and ask for help with.

The impact of burnout is also likely to ripple out from the individuals to the team they work with. Their colleagues may respond by keeping a distance from the person manifesting these symptoms and may end up blaming the individual for their 'weakness' rather than recognising the impact of stress and offering support. They may get angry with the organisation for failing to protect their colleague.

Preventing burn out is far more effective than responding to the symptoms. Prevention strategies can include:

- **Looking at people's motivations for joining the police.**

If people join the police because they want to be a hero and save people, they are likely to fail and to experience burnout eventually while trying to succeed in this unrealistic aspiration. Training and regular personalised support of staff should include being realistic about what you can do as a police officer, how you can help and what the limits of the profession are.

- **Monitoring symptoms of stress**

It is important to be aware of the symptoms of stress and respond to them before they get entrenched in people's lives. This can include strategies like taking time out, counselling or other forms of support, change of environment, workload management, taking exercise.

- **Creating a support system**

A significant factor can be encouraging people to have an active life outside the profession, which might include physical exercise. Equally there should be a support system within the profession that recognises that people can experience stress and enables them to recognise that and respond to it.

## 3. Dealing with stress and promoting well being

Signs of stress include:

**Physical signs**

- aches and pains without apparent cause, perspiration, stomach problems
- exhaustion, without apparent expenditure of energy
- loss of weight and loss of appetite
- sleeplessness, or disturbed sleep patterns
- increased experience of headaches
- substance misuse: alcohol, tranquillisers, drugs

**Behavioural signs**

- growing isolation from friends and colleagues
- taking work home so that it takes over more and more of their life
- becoming increasingly indecisive

- catastrophic thoughts –predicting disaster and catastrophes with no real reason
- becoming overly self-critical
- adopting a mechanical approach to work
- loss of enthusiasm
- tasks become overwhelming and inertia sets in
- becoming blaming and cynical
- resisting innovation and change
- becoming impatient and irritable
- breakdown in social and personal relationships

Reactions to stress can include

| | |
|---|---|
| Stressful event | Immediately following an incident, a person may be in a state of shock, or disbelief or may feel numb. They may well have adrenaline flowing through their system, and may not yet be in a condition to take any decisions. |
| Response | Is usually either rage or anguish, and often shifts between the two in such a way that it is impossible to find a calm place in between. Sleep might well be disturbed; they may experience nightmares and flashbacks. Often the person looks as if they were wearing a mask. |
| Blunting and minimisation | The person may find their reactions very difficult. After a while they may need to reduce the pain. This might mean changing their story or beliefs about what happened to make it more acceptable or avoiding anything that may remind them of the incident. They may refuse to acknowledge the extent of their own distress. |
| Self-doubt | The person may begin to feel that they are not the person they once thought that they were. Their world can feel hostile and unsafe to them. Relationships come under pressure owing to their withdrawal, and there may find little of value in their life now. They may feel that they are 'going crazy'. Often they feel that no-one else could possibly understand. |
| Crisis | Once this is reached it is no longer possible to continue as if nothing had happened. This is often prompted externally by some other event; e.g. the breakdown of a close relationship, an accident or suspension. This may be the first point at which the worker is prepared to consider professional help. |



Sometimes people can begin to internalise the negative beliefs that are part of stress response rather than seeing them as part of process. They begin to avoid risk and change. Another crisis later may force them to realise how dismal their life has become. Alternately, people can externalise the impact of stress and become very irritable and angry. They tend to blame others for anything going wrong. It is possible that close relationships cannot survive this radical change, making people feel even more isolated and angry. People in this place often seem very emotionally distant from others. A common response is to find themselves in another crisis in order to feel able to ask for help.

There are several things people can do to take care of themselves which include:

- Accepting that stress is causing a problem-this is the critical first step. Not ignoring the physical signs
- Take time out-if you find yourself getting irritable or angry, do something to take yourself out of the situation like moving away, taking a walk, getting a drink of water
- Relaxation exercises. If you feel your body becoming tense practice relaxation exercises
- Breathing deeply and slowly
- Physical exercise is a very effective way of dealing with stress
- Actively do the things that you enjoy, or that take you out of yourself
- Seek help if you feel it is getting too much

Stress can be reduced through adopting any or all of the above activities. Medication can also help sometimes. Joining a stress reduction group, an exercise class or a group doing an activity that you enjoy can be very beneficial.

The impact of stress can be mitigated if:

- the person has been able to talk about what happened
- they have worked through similar experiences before
- they have an awareness that stress is a natural response to a situation
- they were psychologically stable prior to the event

# Chapter 5

## Multi-agency cooperation

Inter-agency cooperation, which is essential in combating domestic violence, aims at coordinating and improving the response of agencies, NGOs and communities to the problem of intimate partner violence. Victims of domestic violence do not always seek help from specialized agencies. They often go to other agencies seeking help for the consequences of domestic violence, like health-care or social services or housing programmes, without letting anyone know about the underlying cause. Many agencies deal with victims of domestic violence every day without being aware of it.



In order for women to overcome the consequences of violence and address those conditions that render them vulnerable to violence, a wide range of specialized support and assistance services are needed. Such services should include women's shelters and crisis centres, women's help-lines, psychological counselling and support, health treatment, law enforcement agents, legal services, access to secure housing for themselves and their children, as well as re-integration and social inclusion programmes. However, practice has shown that it is not easy to get all the actors to the same table. The range of different organisations possibly offering services to this group, each with their own backgrounds, structures and cultures can be an obstacle to effective cooperation.

To overcome some of the differences and sources of conflicts, like prejudices, power imbalances, cultural differences between organisations or different approaches, it is necessary that all parts involved recognise the value of working together. They need to be open, willing to listen and learn from each other, acknowledge the different and important role each has and commit to change.

**Stakeholders of multi-agency cooperation may include[31]:**

Women's services (shelters, helplines, crisis or counselling centres, etc)
Services for immigrant and ethnic minority groups
Police
Youth welfare offices
Social service departments
Housing associations
Health services
General victims' services
Immigration departments
Lawyers
Civil Court s
Prosecutor's offices
Criminal Courts
Education departments
Relevant local authority units (gender equality units, etc)
Women's organisations
Policy makers
Researchers
Women who have experienced violence
Perpetrator programmes

31 Daphne Project Bridging gaps. From good intentions to good cooperation. WAVE 2000

Multi agency initiatives should develop a joint vision as a driving force, and all members should be inspired by the joint vision and committed to working towards it. Together with the vision, it is important to develop some common principles of cooperation.

The main goal of multi-agency cooperation is to go beyond informal networking and to achieve more binding forms of cooperation that have the potential to introduce change and improve the response to victims of violence. Most importantly, the goal is to ensure that women who experience domestic violence get a good service and don't fall through the gaps between organisations. This will also ensure a more effective and efficient service overall, if each organisation is clear about what it does and there is no duplication of efforts. Each multi-agency initiative has to develop its own agenda, setting realistic goals, and can target different areas, like violence prevention, monitoring of services, coordination of service provision for victims, development of policies and practice guidelines, training and/or awareness- raising.



Agencies should take the responsibility for coordinating among each other, and not leave the victim of domestic violence to make connections between agencies. to find out what else is available to them and to transmit information between them.
Good cooperation with referral agencies and clear procedures in dealing with them are important to make sure that victims actually receive the services they need, and to avoid frustration.

## Links to resources developed under the Train, Improve, Reduce project:

The training package, policy recommendations in seven languages and present handbook in seven languages are available at:

http://www.mhe-sme.org/our-projects/current-projects/train_improve_reduce.html
www.trainimprovereduce.wordpress.com

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## Online resources

CAADA http://www.caada.org.uk/Aboutus/aboutus.html
Coalition against violence www.coalitionagainstviolence.ca
Domestic violence London. A resource for health professionals www.domesticviolencelondon.nhs.uk
Gender and Excellence. Peláez Narváez, Ana, The invisible barriers, 2011 http://www.blogyouris.com/nu_gender_excellence/search/gender-based%20violence
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MIND, UK http://www.mind.org.uk/
NHS, http://www.nhs.uk/Pages/PrintPage.aspx?Site=Post-traumatic-stress-disorder&URL
NHS, www.nhs.uk/Conditions/Post-traumatic-stress.../Introduction.aspx
NSPCC, http://www.nspcc.org.uk/
ODARA-The Ontario Domestic Assault Risk Assessment , a domestic violence risk assessment tool to assess risk of future violence and the frequency and severity of these assaults. http://www.gov.ns.ca/pps/publications/ca_manual/ProsecutionPolicies/ODARA%20RISK%20ASSESSMENTS%20IN%20SPOUSALPARTNER%20CASES%20ALL.pdf
Respect, http://www.respect.uk.net/
Royal College of Psychiatry ,UK www.rcpsych.ac.uk/.../problems/ptsd/posttraumaticstressdisorder.aspx
SeeME Scotland
http://www.seemescotland.org.uk/getinvolved/takeaction/what-you-can-do
Site pour les professionnels de santé sur les violences conjugales www.Violences.fr
Violence against women online resources http://www.vaw.umn.edu/documents/bwjp/policev/policev.html#id430171
Women's Aid Uk, http://www.womensaid.org.uk/
Women's Aid respect education kit http://www.womensaid.org.uk/page.asp?section=00010001002800001&sectionTitle=Education+Toolkit
Working effectively with the police- violence against women online resources www.vaw.umn.edu/documents/bwjp/policev/policev.html#id430171

Mental Health Europe (MHE) is an international non-profit organization established in 1985 and recognized under Belgian law. MHE aims to promote positive mental health, prevent mental health problems, improve mental health care and advocate for the human rights of mental health service users. MHE represents associations, organizations and individuals active in the field of mental health and well-being in Europe, including (ex)users of mental health services, volunteers and professionals of many disciplines.

Through its activities and programs, Mental Health Europe has been playing an important role in combating the taboos, stigma and prejudice associated with mental illness, while fighting for the social inclusion of all persons with mental health problems.

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