



Women's
Support
Center



GUIDELINES FOR DOMESTIC VIOLENCE SERVICE PROVIDERS

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SERVICE PROVIDERS

2016

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I. INTRODUCTION



Professionals in Armenia have compiled this manual in an effort to empower and support agencies that work with victims of domestic violence to better serve their clients. It is intended as a guideline for quality improvement of practices and services offered to victims of violence.

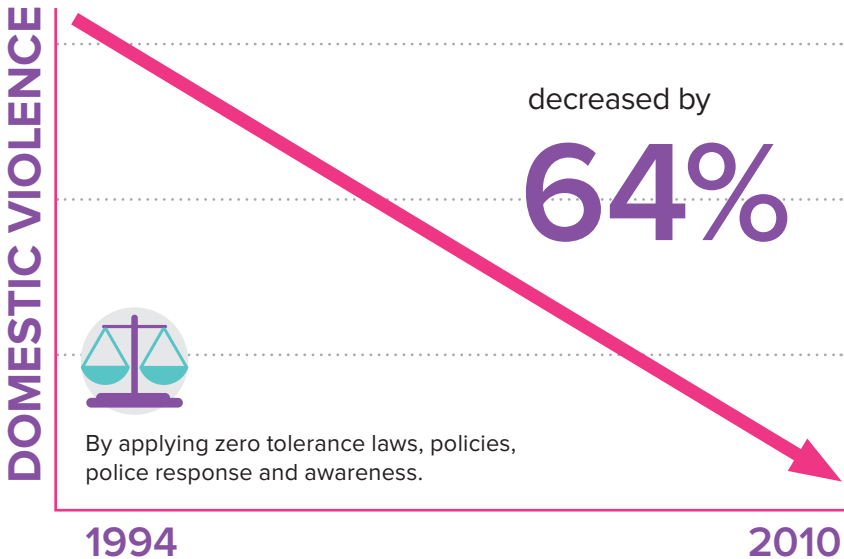
Some fundamental guiding principles of this manual:

-  Services offered should be consistent, timely, and confidential.
-  Although this manual will provide instruction on best practices, each victim should be treated as an individual with specific needs that deserve services and assistance to the best of our abilities.
-  All clients shall be treated with respect and dignity. Violence is never the victim's fault – no one ever “deserves” to be hurt - and victims should never be blamed or forced to do anything they don't want to do. Victims always have the right to refuse services. This will be explained further in the following chapters.
-  **It is possible to end domestic violence (DV).** For example, according to the Justice Department, in the United States from 1994 to 2010, domestic violence decreased by 64% because of zero tolerance laws, policies, police response and awareness. Domestic violence intervention and prevention is a complex field requiring the support of many different social, health, and legal agencies working for women, children, and families including schools, police, legislators, hospitals, and ministerial departments. In order to truly address the problem of domestic violence in Armenia, the general public, service providers, and all level of government must be better informed about domestic violence and must work together with mutual respect and transparency.

Domestic violence destroys families through violence, and abusers create serious and lasting psychological scars on their victims. Even when children and other family members are not the direct victims of violence in the home, studies show that the effects of witnessing abuse can be just as damaging as receiving it. Social workers in this field must understand that ensuring safety and providing a home environment free from abuse is the ultimate goal for a healthy family.

It is important also to be aware of safety concerns for professionals in the field and to take this risk seriously. It is critical that police receive training on the dynamics and safety concerns of domestic violence and work alongside trained domestic violence professionals. Services provided to the victims by both police and DV professionals must be congruous in order to be effective.

According to the Justice Department, in the United States



A note about language in this manual:

The majority of victims of domestic violence seeking services in Armenia are women (and their children). In 2008, Amnesty International conducted a study that estimated that one in four women in Armenia is the victim of domestic violence, most commonly at the hands of her husband (1). In 2011, Organization for Security and Co-operation in Europe (OSCE) conducted a survey in which 41-71% (depending on the region) of Armenian women surveyed had been subjected to at least one form of violence (2); of those who had been subjected to domestic violence, 61.4% had been subjected to violence by her husband. For this reason, this manual will sometimes refer to the abuser as he/husband and the survivor as she/wife. Nevertheless, the principles expressed in this guideline are also applicable to male survivors, female abusers, and domestic relationships of many kinds.

Both the terms “survivor” and “victim” will be used throughout this manual to refer to the person seeking services. The word “victim” is used to acknowledge the deep suffering and damage that domestic violence causes to those in its wake - especially children. “Survivor,” on the other hand, displays the efficacy, ingenuity, resourcefulness, persistence, and inner strength in the face of immense obstacles and trauma shown by the people who come to us for help - characteristics that we hope to compliment and nourish with our services.

1. Amnesty International, Armenia - No Pride in Silence: Countering Violence in the Family, (2008).Yerevan, AM: AI Publications.

2. Domestic Violence Survey in the Republic of Armenia, (2011). [Survey]. Yerevan, AM: OSCE.

II. UNDERSTANDING DOMESTIC VIOLENCE

- a. Types of Abuse
- b. Causes of Domestic Violence
- c. Cycle of Abuse
- d. Facts About Domestic Violence
- e. Domestic Violence in Armenia: Cultural Specifics



Violence is an act that aims to subject one person to another person's will in a forceful, damaging way. Violence does not have to be physical. Domestic Violence (DV), specifically, is a repetitive pattern of violence by one intimate partner resulting in control over another intimate partner. Perpetrators of DV use a variety of tactics and strategies to control victims and their children including:

II a. Types of Abuse

- 🎀 **Emotional Abuse** – verbal abuse, lying, undermining self-esteem, humiliation, severe jealousy and monitoring of one's whereabouts, threats, and/or intimidation.
 - Emotional Abuse includes **Cultural/Identity Abuse**, that is using a partner's gender, race or ethnicity, class, age, immigration status, religion, size, physical ability, sexual orientation or native language against them. This involves forcing someone to do something because "She is a woman" or saying, "No one will help you in this country because you are gay/disabled/can't speak Armenian."

- 🎀 **Physical Abuse** – pushing, hitting, slapping, punching, choking, withholding medications, sleep deprivation, and/or isolation. Emotional abuse and physical abuse often go hand in hand; fear of physical and sexual abuse is considered a form of emotional abuse.

- 🎀 **Sexual Abuse** – rape, forcing sex and/or sex with others, unwanted touching, exposure to sexually transmitted infections/diseases, or unwanted sexual images or acts.

- 🎀 **Economic Abuse** – controlling or taking away money & resources, stealing, intentionally trying to interfere

with employment, humiliating, and forcing a victim to be economically dependent on the abuser for even the most basic items, such as bread, soap, diapers, medicine etc.

Different types of abuse may occur simultaneously or alone. While physical abuse may be the most visible form of abuse, regular use of other types of abuse make up a larger system of abuse. Abusers use these forms of violence to “get their way” or to show the victim “who is in charge.” In other words, abuse is used to gain power and control, the primary causes of domestic violence. The diagram in Figure 1 describes the full spectrum of kinds of abusive and violent behaviors that might accompany a physically or sexually violent incident. Though they are less easily identified, they establish a pattern of intimidation and control in the relationship, that have long-lasting psychological effects.

II b. Causes of Domestic Violence - Types of Abuse

The dynamics of domestic violence are different than other forms of violence because the abuse occurs at the hands of someone the victim loves and trusts and is part of a long-term pattern, creating circumstantial dependences that complicate the ability for the victim to leave. Most domestic violence relationships don't start out violent. Domestic violence tends to progressively increase in severity. It is not uncommon for relationships that end with domestic violence to begin healthy and happy.

In fact, it is this process of progression of abuse that complicates a survivor's feelings about an abuser and makes it harder to leave or get help.



Figure 1– Internationally recognized “Power and Control wheel”, showing that the cause of domestic violence is an abuser’s desire for POWER and CONTROL.

Testimonial 1

“ At the beginning of our marriage, things were ok. We loved each other very much. I can't remember when exactly it started, but he would get very nervous and upset for nothing. I was trying to do everything I could to please him but it seemed nothing worked. I thought once we had a baby, it would bring us closer, but while I was pregnant he would get very angry at me, saying that all I think is about the baby. He started hitting me, even in my belly. I was so sad and scared and afraid of losing the baby, but then he would come with flowers and apologize. I loved him and when he would apologize I guess I believed him. I thought that things would improve but instead they consistently got worse. Years passed and the beatings got worse and worse and more and more frequent. I don't know why he was beating me - I tried to understand, but it was like there was always something unexpected that would make him explode. I can't remember. One time, when the beating was very severe, I could not speak, and my lips and eye were swollen, he pleaded with me to forgive him. He said he would change and was super nice to me and brought gifts to the kids and helped out around the house. I thought maybe he got scared that he could have killed me or that I might leave him. I even felt sorry for him because he looked so lost.

I didn't know what to do. I was ashamed to say anything to anyone. I thought about leaving but I had no money and no place to go. I thought that the kids needed to have a father. But they were afraid too. My eldest daughter at the age of 5 started to wet her bed at night. I felt she was very scared of her father. I was hoping that the last beating would be the last time, but then it seemed that everything was repeating again and again. All his

gentleness went away. He forced himself to have sex with me even during days I didn't feel well or once when I had a fever. One day, after 9 years of marriage he threatened to kill me. He took the kitchen knife and waved it at me. I thought I was going to die. I realized then that I had to get away... He was becoming uncontrollable and I could not tell what would happen next. I still remember how much I loved him. Sometimes I can still feel it.


—Anahit, age 33

As seen in Anahit's story, abuse is often part of a complicated relationship that includes positive and loving moments that confuse and manipulate the victim. This pattern or cycle has been well documented and presents in the following way:

II c. Cycle of Abuse

🎗️ Tension building stage: Tension builds over issues like money, children, or jobs. Verbal abuse begins. The victim tries to manage the situation by pleasing the abuser, giving in, or avoiding the abuse. It does not work. Eventually, the tension reaches a breaking point and physical abuse begins.

🎗️ Explosive episode: The physical violence begins. It is usually triggered by the presence of an external event or by the abuser's emotional state –not by the victim's behavior. This means the start of the battering episode is unpredictable and beyond the victim's control.

 **Honeymoon stage:** The abuser is ashamed of his behavior. He expresses remorse, tries to minimize the abuse, or blames it on his partner. He may even apologize and exhibit loving, kind behavior, generosity, and helpfulness. He may genuinely attempt to convince the partner that the abuse will not happen again. This behavior strengthens the bond between the partners or manipulates the victim and convinces her, again and again, that leaving the relationship is not necessary. This may be the most damaging stage for victims, because it establishes hope for the “good times” and creates emotional dependency on the abuser. This stage is also detrimental to the children because it offers a confusing and disparate image of the parents where love is equated with violence.

The duration of these stages may be hours, days, months, or years. It is different in every relationship, but may evolve throughout the relationship, the honeymoon stage often getting shorter and shorter as the relationship progresses. Abusers can present many sides; they may be violent one moment and caring and charming the next. Many times they are non-violent outside of the home, so it is difficult for people to believe that they could be violent in the home. Other times family members and friends are witness to the violence, may even contribute to the violence, or allow it to continue because they are afraid to speak up. Many times they don't help because they place responsibility for the violence on the victim.

Testimonial 2

Gayane was married for 15 years and has 2 children. Soon after she got married, Gayane left her job as a hairdresser to be a stay-at-home mother. It was then that her husband began beating her. When she was pregnant and he would beat her, she was worried for her unborn child, so she did everything she could to try and not anger him. She wanted to please him and to be a good wife but nothing she did seemed to be good enough. He would beat her for not cleaning the house well enough or for not having a meal ready in time, no matter how early or well she prepared things. He seemed to beat her for no reason at all. When she told her mother about it, her mother told her that she must try to not upset him and that it was her job to keep the family together. Her mother said he was a good father and provider and she ought to stop complaining so much.

Her husband began drinking and the beatings got worse when he was drunk. He soon became extremely jealous, not allowing her to speak to anyone else or leave the house, not even to see her family. He would yell insults at her, calling her “an ugly cow” and telling her how she was useless and incapable of doing anything right. If she reacted, he would beat her, so she stopped responding. She was very unhappy but didn’t want to leave her children, and she didn’t want to take her children away so they were without a father. She felt helpless to make anything better. A few times in a row, he beat her so badly that she feared for her life. She tried to go to her parents but they accused her of leaving the children without a father and without money and bringing shame upon them. What would the neighbors say? And how would she provide for her children? They would not take her in. The situation became unbearable, so one day she came to the shelter with her children.

Gayane’s and Anahit’s stories are typical and exemplify many of the dynamics of domestic violence generally and more specifically in Armenia. They show why it can be so difficult for an abused woman to leave.

II d. Facts About Domestic Violence

🎗 Domestic violence affects about 1 in 4 women. (This is a statistic for Armenia given by Amnesty International and a worldwide statistic that has been shown by many research studies.) This situation has improved in countries that have implemented laws and mechanisms to prevent domestic violence.

🎗 DV affects people across all classes, races, religions, and sexual orientations. Domestic violence is just as serious in rich families, educated families, religious families, and in homosexual relationships.

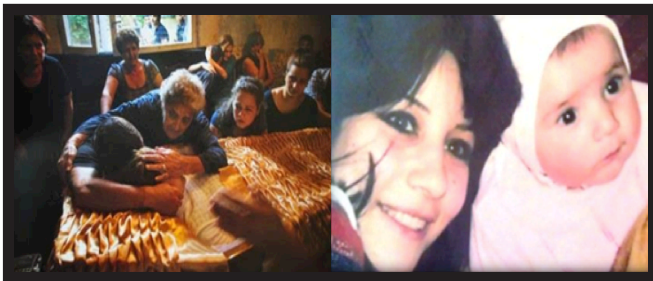
!Even though some people believe that domestic violence only happens in low-income families, in fact, women in Armenia who come from well-to-do families, even with good jobs and higher education, can often be even more severely controlled because of their husbands’ network of friends and family members in powerful positions who cover up the abuse to protect his name!

🎗 DV is not a momentary loss of temper or an occasional slap or punch that isn’t serious. Domestic violence is a pattern of controlling and abusive behaviors with serious consequences. Whether the violence happens once a day, once a month, or once a year, it is still DV. When psychological or economic abuse are present, it is usually


a constant form of abuse that serves to make the victim feel worthless, destroying her self-esteem and confidence, and strengthening the control her abuser has over her.

🎀 Abusers are normal people who we meet every day. They rarely have personality or mental health disorders. Instead, abusers are in actuality excellent manipulators – often charming, well liked, and non-violent outside of their intimate partner relationship. This can make it very confusing for people outside of the home to believe a victim.


🎀 Abuse, on the other hand, is NOT normal. **Abuse is a learned behavior, not a “natural” reaction to an outside event.** Abusers make a conscious decision to respond to a situation violently. They are aware of what they do. Abusers deny that abuse occurred and minimize the effects. They blame the victim or other people for abusive behavior. Abusers don't fully acknowledge that they have done something wrong and don't take full responsibility for their actions. Abusers even lie and blame the abuse on the victim by saying that she is mentally sick or a drug addict. Even in cases of domestic violence homicide, abusers in Armenia have covered up the death of their partners by saying the women had an accident or committed suicide.



Family mourns the death of Maro Guloyan, a victim of a Domestic Violence homicide, which was framed as a suicide by her abuser.

 Abuse will NOT be resolved without help. If abusers are not held responsible for their acts, their actions will not change. Abusers and victims must seek help in separate places, as things like anger management and marriage counseling in abusive relationships have actually been shown to increase danger for a victim (3). Getting married or having a baby together is NEVER a solution to abuse. It does not decrease abuse as might be expected and instead increases the sense of control an abuser has over a victim, since the victim becomes even more dependent on the abuser once they are married and with children. Violence destroys families and creates huge psychological scars on children as witnesses of abuse.

Controlling and abusive behavior does not only happen in intimate partnerships; it can also happen between a son towards his elderly father, a mother-in-law towards daughter-in-law, or any family member towards a member of the family with disabilities. Sometimes intimate partner abuse may be perpetrated by the husband and his parents or friends at the same time.



 Abuse leaves lasting psychological scars on victims, especially children. Children who grow up in homes with abuse are more likely to run away from home, become violent, have criminal behaviors, have psychological disorders, and abuse drugs and alcohol (4). Growing up in a household with abuse has more serious negative consequences than growing up in a family without a father.

3. Huffine, C. 12 Reasons Why Couples Counseling Is Not Recommended When Domestic Violence Is Present.

4. Felitti V.J. et al, 'The Relationship of Adult Health Status to Childhood Abuse and Household

Violence is a learned behavior-people learned from family or peers to be violent and deal violently in their relationships. DV is a legacy from the past and it has no place in today's society. Public must be educated about it and programs must be put in place to improve institutional response to victims of DV.

Consequences of Violence

-  Women who have experienced domestic violence are 80% more likely to have a stroke, 70% more likely to have heart disease, 60% more likely to have asthma and 70% more likely to drink heavily than women who have not experienced intimate partner violence.
-  In the United States in 1995, the cost of intimate partner rape, physical assault and stalking totaled \$ 5.8 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores*.

A note about alcohol

Many think that drinking is the cause of domestic violence. Victims often believe that abusers are more violent or only violent when they are drinking. Yet, in these cases, controlling behavior is still present at times when the abuser is not drinking. Professionals in the field of abuser rehabilitation have seen that abusers, even while drunk, make conscious decisions about how and when they are going to abuse their partners; the decision to abuse is a conscious and intentional one. Alcohol is known to distort interpretations of reality and increase a person's sense of control over another, such that an abuser may become more uninhibited when drinking and may feel justified in using alcohol as an excuse for their actions. But while drinking may exacerbate the problem, research has shown that it is not the cause of domestic violence.

*Jersey Battered Women Services-Domestic Violence Training Manual

The cause, as we have described at the beginning of this chapter, is the desire to control the victim and have power over her, which stems from a severe sense of gender stereotypes.

Abusers want to control their victims, have power over them, and make them dependent on them. This makes abusers feel powerful. Some people believe that if the husband is a good provider, works hard, and looks after his family well, then even if there is violence once in a while it is still a happy family. But abuse can become fatal, even when there is a single instance of abuse. A healthy relationship is one where a husband and wife respect each other, show care and affection toward each other, and model a positive relationship to their children. Violence destroys families and creates huge psychological scars on children as witnesses of abuse.

II e. Domestic Violence in Armenia: Cultural Specifics

- ✧ Armenia is patriarchal society, meaning that traditional cultural beliefs usually place women in positions of less power than men. In marriage, Armenian men are taught that they are *ter*, or master, while Armenian women are taught that she should be *hnazand*, or obedient, and that her most important role in society is as the “*ojagh pahogh*”, or the one who takes care of the home and family. This offers men agency to control and make decisions over the household including the woman, whose value is tied entirely to the home. Women are taught that to be a good Armenian wife, she must obey her husband; some people even believe that men should beat their wives if they disobey them. These dynamics encourage control and violence and make it very difficult for Armenian women to leave an abusive relationship. Children have often bought into these ideas as well and shame their mothers not to leave.
- ✧ Sometimes controlling behaviors are learned from a very young age, where it is expected for boys in Armenian families to control the actions and whereabouts of his sisters and even sometimes his mother. Boys are given all rights and taught to be masters and authoritative.
- ✧ Traditionally, when Armenian women get married, they move into their husband’s house. If abuse is present, this can compound her vulnerability, since she is in a new place surrounded by people who support her abuser and is already isolated from her family and friends. Respect for elders is highly valued in Armenia, and brides are expected to be submissive to the will of the mother-in-law who is supposed to know more and teach her how to run

the household. However, we have seen that this power is sometimes manipulated by mothers-in-law who become emotionally, economically, and physically abusive towards their daughters-in-law.

- ✚ In Soviet times, both husbands and wives worked, and there were free kindergartens for children; however, currently in Armenia, there is not enough available employment. It is expected that wives stay home to raise children while husbands work. This creates a dynamic where wives are financially dependent on their husbands. In cases where abuse is occurring, this may make it logistically impossible for her to leave.
- ✚ It is considered *amot*, or shameful, to divorce/leave or discuss personal family problems with people outside of the family, which causes victims of domestic violence to be very reluctant to seek help even in very serious situations.
- ✚ Domestic violence services in Armenia are a new concept, and there is little to no governmental or police support for services. For this reason, victims usually don't even know that help exists or where to go or call if they need it.

III. UNDERSTANDING THE VICTIM IN CRISIS

- a. Reasons She Stays
- b. The Physiology of Trauma
- c. Signs and Symptoms of Trauma
- d. Effects on Children



Even though pressure on victims of domestic violence to stay in the relationship is extraordinary, most victims want to leave at some point and some try to leave, hoping for a better and safe life for themselves and their children. Sometimes their partners use intimidation and violence to stop them, and they fear retaliation.

Victims don't stay because they like or need the abuse. They hope the violence will end and stay because they are financially dependent on the abuser, lack alternative housing, or are trying to keep the family together. They stay hoping change is possible.

III a. Reasons She Stays

- 🎗️ Fear (of what he might do)** – “He said he will kill me”, “He will follow me wherever I go”, “He will spread bad rumors about me”, “He said if I go to stay with my family, he will hurt them too”
- 🎗️ Effects of abuse** – Depression, feelings of immobility, difficulty making decisions, feels like she has no other choice
- 🎗️ Economic dependency** – “He makes/keeps all the money”, “I have never had a job and have no skills – how will I support myself and my children?”, “I would rather be beaten than have my children on the streets”
- 🎗️ Feeling sorry for the abuser** – “He has no one else, so I can't leave him”, “Leaving him will ruin his life”, “I'm worried he will start drinking more”, “He threatens to kill himself if I leave”

- 🎀 **Children** – “The children need a father”, “Sons need a role model”, “The children will blame me if I leave”, “He will steal the children if I take them with me”, “He will never give me the children – he has contacts and money”

- 🎀 **No place to go/isolation** – “How could I get away - he doesn’t even let me out of the house”, “He doesn’t let me have friends – who could I call for help?”, “My family said I can’t stay with them”, “My family is afraid of him too”, “There isn’t any help/services where I live”, “The police told me to solve my own family problems”

- 🎀 **Personal history** – “My father beat my mother and they stayed together”, “No one ever took care of me until him, so if he beats me, it’s better than being alone”

- 🎀 **Shame** – “If I leave, people will say that I am a bad wife/ bad Armenian woman/loose woman/that I destroyed my family/broke my marriage vows”, “People will gossip”

- 🎀 **Love and hope** – “I love him,” “He promised he would change”, “I don’t want to give up the good things”

Because it is so difficult to leave an abusive situation, our services are often only accessed in situations of life or death. Here in Armenia, the victim may have just escaped after being certain that this time he would kill her. She may have run away without a plan during a serious beating or gone to a friend or relative who brought her to our services while she was in total shock. A domestic violence victim comes to our offices when she is in crisis. Offering her the best services possible means understanding how and what has happened to her has affected her brain, body, and psyche.

Because domestic violence is not yet a crime in Armenia and there is no DV law, police may or may not react to a woman's plea for protection. Many times police do not know what to do because there are no specific laws, mechanisms, or training that teach a police officer how to take action.

III b. The Physiology of Trauma

To understand the victim, we must understand first what trauma is. People used to understand trauma as a mental health issue. Advancements in neurobiology and research into the physiological effects of trauma have shown that trauma is the result of a nervous system overload that affects the whole body (5).

Normally a person is in a state of balance. The body has a system called the Autonomic Nervous System that helps us activate when we are stressed and relax when safe. You may have experienced some of these accelerated symptoms when you were stressed, nervous, or afraid, and you may have noticed signs of your body relaxing after the stress was over. Remember that time you had a big exam or you were afraid. Your body exhibited some of the following stress symptoms:

5. Everett, G. (2011). Trauma First Aide - Methodology and Techniques. [Handbook]. Santa Fe, NM: Trauma First Aide Associates LLC.

Body is STRESSED (accelerates)	Body RELAXES (slows after the stress is gone)
Breathing rate increases (feels light headed/ not able to breathe)	Breathing rate decreases (moves slowly, feels tired)
Blood pressure increases	Blood pressure decreases
Heart rate increases (heart pounds, feels hyperactive)	Heart rate decreases (slow beat, feels tired)
Sweating increases (feels hot)	Sweating decreases
Muscles tighten	Muscles relax
Digestion turns off (stomach feels upset) Saliva decreases (dry mouth)	Digestion turns on (feels hungry) Saliva increases
Brain turns off cognitive function (i.e. logical thinking) to allow instinct response to take over (feels confused, blacks out, can't remember)	Brain's cognitive function turns back on

Table 1. Autonomic Nervous System's Sympathetic and Parasympathetic functions explained. Adapted from Trauma First Aide Handbook.

These stress reactions are some of the same symptoms you would see in someone who had just been in a car accident or attacked by a dog. These are the same kinds of reactions a domestic violence survivor has experienced; the difference is that for a domestic violence survivor the stress has been constant and she can't get away from it because it is in her home. This means that her Autonomic Nervous System never gets to relax. Her stress responses are constant and compounded. She is left with a decreased level of balance and functioning. This level of imbalance may exist in a chronic state; her system might be stuck in a stressed accelerated state ("stuck on high") or in a depressed slowed state ("stuck on low").

Case Study 1: "Stuck on High"

Angela came to our office in a very excited state. She was talking a lot, crying and saying she would not go back to her husband. When she told us her story, it was difficult to follow because she talked non-stop, jumping from one year to the next. Even when we asked questions or tried to direct the conversation gently, she would always go off on tangents. She did not want to stop talking. When she arrived at the shelter, she was in a very elevated state, very energetic, oscillating between laughing and crying.

Case Study 2: "Stuck on Low"

Hasmik arrived at our office with her sister and parents. She was bruised and in a dissociative state. Her face had no expression. She was numb and was not speaking at all. She could not focus or gather her thoughts, and her eyes seemed glazed over and turned off. When everyone

around her was talking with energy, it was clear that she was shutting herself off. The Women's Support Center staff tried to take her to a separate room to help her relax, offering her water and a break before beginning intake. We told her what free services we offer and slowly tried to get some information from her. We could not get far though as she was unable to form sentences clearly or follow the conversation. Hasmik did tell us that she was in danger and wanted to go to the shelter, so we arranged immediately for her to leave the office. After a few days when she was more relaxed, we were able to talk through some of her wishes to pursue legal charges. Nevertheless, at the shelter, Hasmik was constantly lethargic, slept all day, and did not have energy to do anything. She had headaches and low appetite. In this case, we deemed it necessary for the lawyer to be present during the investigator's deposition because her memory was slowed and she seemed very susceptible to manipulation.

III c. Signs and Symptoms of Trauma

You might notice some of these same signs of stress when you interact with a survivor, even if at the moment they are safe. These lingering symptoms are what define trauma. Here is a spectrum of some of the typical ways a victim affected by trauma may appear to us. Notice how the effects of trauma impact the mind, body, and spirit:

Emotional symptoms	Physical/ Behavioral Symptoms	Cognitive Symptoms	Relational Symptoms
<p><u>High states of:</u></p> <ul style="list-style-type: none"> - Rage/anger - Fear - Anxiety/panic attacks (can't breathe) - Mood swings - Hyperactivity 	<p>Fatigue</p>	<p>Inability to understand, experience, or make sense of what happened</p>	<p><u>With the self:</u></p> <ul style="list-style-type: none"> - Self-Blame/ Guilt - Self-injury
	<p>Stomach problems</p>	<p>Forgetfulness</p>	<p><u>With others:</u></p>
	<p>Chronic headaches</p>	<p>Inability to describe experience</p>	<ul style="list-style-type: none"> - Avoidance - Defiance - Isolation - Depression
	<p>High blood pressure</p>	<p>Difficulty concentrating/ racing thoughts</p>	<ul style="list-style-type: none"> - Disconnecting from family - Lack of trust in relationships - Quick new marriage or divorce
	<p>Heart palpitations</p>	<p>Difficulty learning new things</p>	
	<p>Sleeping problems</p>	<p>Inability to make decisions</p>	

<u>Shock Responses:</u>			<u>With faith/spirituality:</u>
- Numbness	Fatigue/won't leave the house	Blame and projection of blame on others	- Loss of faith
- Frozen - Disorientation	Regressive behaviors	Disorientation and confusion	- Anger/disbelief towards God
- Depression - Hopelessness	Impulsivity		- Finding faith or an increase in faith
	High startle responses		
	High risk behavior		
	Drug/alcohol abuse		

Table 2. Signs and Symptoms of Trauma

Misjudging the Victim

These symptoms of trauma can make it very difficult for a social worker or police investigator who works with the victim. Victims may not be able to remember or describe events, have difficulty concentrating and are unable to make decisions. These make it very difficult to get testimony and sometimes we may even make the mistake of not believing the victim. Therefore, it is very important to understand that these are normal symptoms and time is needed to recover from trauma. During this period the guidance of a social worker is of utmost importance.

Abuse leaves survivors feeling out of control and powerless. In their violent homes, they feel powerless to stop the abuse and keep their children safe. If they have left, they feel guilt and powerless to have made it work with a husband whom they may still love. These feelings are compounded by pressure from society and loved ones that often paint the violence as her responsibility. Family and friends offer opinions about what she should or should not do, could or could not have done, and often leaving out of the conversation the responsibility of the abuser. Whether staying or leaving, survivors feel like there is no right decision for them to make.

If she has left the relationship, the feeling of powerlessness is fed by the anxiety and tension that has been created by the lack of normalcy of her current situation. She has left everything she knows – her home, family, and everyday life – in search of safety. This is when we most often interact with victims, at one of the most difficult times in their lives. Some will be cooperative and grateful for your help. Others may be in denial of the abuse and feel complicated about their decision to see you. Overwhelmed by the situation, she may be angry, resentful, negative, or react with uncooperative behavior. You may see mood swings or drastic changes in affect. She may change her mind all the time and have difficulty making decisions. Almost all victims will blame themselves.

Knowing the symptoms of trauma helps us understand where a victim is coming from. It also helps us explain the effects of trauma to the survivor who may be confused and scared by her inability to control her body and emotions. Knowing the symptoms of trauma helps us take seriously any victim no matter how she behaves, whether she is laughing or crying, suicidal or wanting revenge. For us,

it can be very frustrating dealing with a victim who is always changing her mind or forgetting what she has already been told. It may test your patience working with someone who is not willing to cooperate, won't talk at all, or talks so much and so fast that you can't understand. The results of the stress of domestic violence are serious and complicated, and sometimes this makes finding solutions difficult. Working with domestic survivors requires patience, compassion, and the ability to not take things personally. It requires attention to detail, creativity, and individualized care. No matter how a victim responds to us, all survivors of domestic violence deserve our help. And providing this help in a professional, compassionate, and successful way is hugely rewarding to us as well as the client.

As a result of trauma, victims develop defensive and denial mechanism to be able to cope. We see this with victims all the time. It is important to understand that these are coping mechanisms which help the person deal with the situation. We should therefore never label or judge the victim.

Denial and Defense Mechanisms

Below is a list of some of the defense or denial mechanisms that victims use:

Avoidance: Changing the subject when confronted, not responding, unwilling to acknowledge confrontation, refusing to take responsibility by walking away and playing “dumb”.

Blaming: Blaming others for one's actions, such as, "he learned to be violent from his father and he can't change, "my mother-in-law makes him do it".

Rationalizations: Making excuses, justifying and giving reasons for one's actions.

Minimizing: Making something less than it really is, such as, "I'm not battered woman: I've never been hit."

Displacement: Expressing anger toward someone else because it is too threatening to express anger toward the primary person: beating, yelling at the kids, the dog.

Isolation: Staying alone, avoiding contact with other people, staying in the house all the time.

Internalizing: Taking the blame or saying: "it's my fault", "if only I were a better wife, he wouldn't..."

Escape: Running away from truth. Examples: moving to a new location, abusing drugs or alcohol, watching T.V. all the time, working all the time, gambling, over-eating.

Defiance: Rebelling against the truth and responsibility. Example: resisting others' suggestions, advice, etc.

Lying: Even though they know the truth, they deny it to others.

Aggression: Intimidating, bullying, threatening, controlling, or abusing others, so people don't confront them with the truth.






Compliance: Acting as if you agree when you really do not. This can keep people from confronting/questioning your behavior. Example: promising family/ friends you will call the police/or seek help “next time” but never do.

Denial: Acting as if events are not occurring. Example: “I only drink on weekends; I don’t really have problems.”

Intellectualization: Staying within your head, shutting down emotions. Example: giving elaborate explanations about an event while never expressing feelings.

III d. Effects on Children

Young children may display some of the following difficulties when they are living with domestic violence. However, young children may show these problems for many other reasons, and children displaying them may not have been exposed to domestic violence.

-  Physical complaints (headaches, stomachaches)
-  Separation anxiety (beyond what you would normally expect for the age of the child)
-  Sleep difficulties (fear of falling asleep)
-  increased aggressive behavior and angry feelings (physically hurting self or others)
-  Constant worry about possible danger

- ⦿ Seeming loss of previously learned skills (toilet skills, naming colors)
- ⦿ Withdrawal from others and activities
- ⦿ Lack of interest in or feeling about anything
- ⦿ Excessive worry about the safety of loved ones (needing to see siblings during the day, asking constantly about Mommy)
- ⦿ Difficulty choosing and completing an activity or task
- ⦿ Very high activity level, constant fidgeting and/or trouble concentrating at levels atypical for the child's age and stage of development.
- ⦿ Low school performance, absenteeism.

We suggest parents to seek assistance for their child from a physician or family counseling agency when his or her behavior:

- ⦿ Is physically harmful to the child or others (e.g., cutting own clothes with scissors, laying down on street, etc.);
- ⦿ Is intense enough to interfere with the child's day-to-day adjustment in the program/school;
- ⦿ Does not respond to basic child guidance strategies;
- ⦿ Persist over time (3 to 6 weeks).

IV. DOMESTIC VIOLENCE INTERVENTION

- a. Assessment and Intake
- b. Homicide Risk Assessment
- c. Shelter
- d. Safety Plan



When a survivor of domestic violence accesses our services she is in crisis. She is in a dangerous situation that requires planned, well executed, and collaborative intervention. This means understanding best practices for crisis intervention, and it means working to offer safety and support in a way that values and encourages her opinions, strengths, and efficacy.

When a victim comes to us in crisis and out of balance, we need to bring back balancing or “grounding” factors to restore equilibrium. In some cases, especially for women who go to shelter, this is a process that might take days, weeks, or even months. Balancing factors include:

 **Realistic perception of the event**

Many people have internalized that domestic violence is a private family matter and/or have accepted the abuse as normal in their relationships. Maybe abuse happened to their neighbors, parents, friends, or relatives, so they minimize the seriousness of the abuse or believe that there isn’t an alternative. Many don’t acknowledge that abuse is wrong and think it is their fault. Thus, they only seek protection when they feel in danger for their lives. Being able to move on after abuse requires a victim to believe that her life can be different. We must help her see this. One of your first steps must be to calmly stress that:

1. *Domestic violence is wrong. You can say, “I am concerned. This violence is harmful to you and your children.”*
2. *No one deserves to be hurt. You can say, “You don’t deserve this. There is no excuse for using violence against someone you love.”*
3. *Abusers always make the choice to hurt their victims. You can say, “Stopping abuse is your partner’s responsibility, not yours.”*

Stressing these three principles will help her to internalize that the abuse is not her fault, something critical to her healing process. She must be able to understand the situation candidly if she is to begin the problem solving process towards a different life. At this stage, NEVER express doubts about her story even if you think something isn't adding up.

Support/Resources

In the immediate aftermath of a crisis, social workers/ police must provide access to resources, such as hotline, shelter, counseling services, as well as psychological support for friends and family who may be effected by the crisis and who can help the person through difficult times. She may also want to go to the hospital or the police, and having an advocate to accompany her may be necessary. More long-term resources that support her agency and self-sufficiency may include job readiness and training programs, support with temporary housing, and access to new schools and recreational programs for her children, especially if they have moved to a different part of the country for safety reasons.

Empowerment

Building her self-esteem and confidence is critical to her long-term success. Coping with the demands of her new life requires a sense of self- efficacy. Getting through the emotional aftermath of the abuse requires a sense of support and connectedness. Give her positive affirmations, be a listening ear, help her rediscover skills that she was once proud of that her abuser dissuaded or prohibited, help her find new hobbies, and teach her new skills so she can start to feel capable and good about herself.

These are the principles that we must follow in helping the victim to come out of the crisis situation. We will go further in-depth on these principles in the next chapter, which focuses on empowerment. Now let's look at the specific tools and techniques we need to accomplish that.

IV a. Assessment/Intake



The section below is very important for social workers who meet with a client for the first time. If a woman requests help, immediately contact the Women's Support Center Hotline at 099-887-808.

While a survivor is receiving services, evaluating her situation and needs must be a continuous process that begins with a series of questions about what brought her to you in the first place. This is called an "assessment". Assessments include identifying safety concerns, the dynamics of her present situation (patterns and history of abuse), any physical and mental health concerns, as well as her already existing resources, skills, and support systems.




Many times, a woman in crisis cannot gather her thoughts. Be patient. Remain calm. Show that you are comfortable with any emotions she is showing. Allow her time and space to think through her responses. Allow her to take breaks.

Throughout the assessment, provide validating messages such as:

1. *"You don't deserve this. There is no excuse for domestic violence. You deserve better."*
2. *"I am concerned. This is harmful to you (and may be harmful to your children)."*
3. *"This is a complicated situation. Sometimes it takes time to figure this out."*
4. *"You are not alone in figuring this out. There may be some options. I will support your choices."*
5. *"I care. I am glad you told me. I want to work together to keep you as safe and healthy as possible."*
6. *"Stopping the abuse is the responsibility of your partner, not you."*
7. *"There are organizations that can help you. You are not alone."*






During the assessment, it is very important that **we observe, listen more than we talk, and respond with empathy, respect, acceptance, and caring**. Approaching survivors with non-judgment is critical for creating a space in which survivors feel safe enough to open up. No matter someone's background, life experience, education, appearance, or lifestyle, all survivors of abuse deserve help. Keeping our personal beliefs and opinions out of our job ensures that we support and protect victims of domestic violence fairly and equally.

Guiding someone through the intake process should begin with an open conversation about her situation. **Defining the problem must come from the survivor and not from the social worker or the police**. Allow the victim in her own words to say what the problem is. We can facilitate this process by asking open-ended questions such as:

-  What brings you here today?
-  How can I help you?
-  What would you like to talk about?








1. **The very first priority in assessing her situation must be immediate SAFETY.**

Ask her:


-  Are you in immediate danger?
-  Where is your abuser now?
-  Does your abuser know where you are?
-  Do you need immediate security or the police to be notified?
-  Will the abuser be monitoring your phone calls/email/facebook/twitter? How should we contact you safely?

2. **Assess the pattern and history of the victim's abuse.**


(These questions can indicate the danger level and potential homicide risk.)

-  Has the abuse been physical or psychological (name calling, put downs, humiliation, lying)?
-  Has your partner forced sex or harmed you sexually?
-  Does your partner control your activities, money, or children?
-  Did your partner ever stalk you?
-  Has your partner harmed your family, friends, or pets?
-  How long has the violence been going on?
-  How often does he hurt you?

3. **Assess the effects of the abuse on the victim's mental and physical health.**


-  How is your partner's abusive behavior affecting your physical health (i.e. chronic neck or back pain,


migraine and other frequent headaches, stammering, visual problems, sleep disorders, sexually transmitted infections, chronic pelvic pain, stomach ulcers, frequent diarrhea, constipation, or eating disorders)?

 How is the abusive behavior affecting your mental health (i.e. depression, thoughts of suicide, stress, psychiatric disorder, or substance abuse problems)?

4. Assess the victim's access to other service providers or community support programs.

(You may be able to partner with them or advocate on the victim's behalf with these providers.)

 Have you contacted other service providers? Have they been helpful?

 What organizations with which you are involved do you trust?


5. Assess the victim's safety, specifically her risk of death or significant injury as a result of the domestic violence.

A homicide risk assessment questionnaire has been developed by domestic violence professionals to assess the risk of a victim being killed. The more questions that are answered affirmatively, the higher the risk of homicide. Centers that have used the Homicide Risk Assessment questionnaire have more accurately been able to predict danger and launch a coordinated response that ultimately prevents death.

IV b. Homicide Risk Assessment

Below are the behaviors that are considered rehearsal for the actual act and taken together should be assessed as risk factors for homicide:

1. Abuser threatens to kill victim.
2. Abuser threatens or uses weapon/ knife or object against victim.
3. Abuser strangles victim.
4. Abuser is violently and constantly jealous.
5. Abuser forces victim to have sex.
6. Abuser controls victim's daily activity.
7. Abuser has easy access to guns.
8. Abuser is unemployed.
9. The physical violence is increasing in severity and/or frequency.
10. Abuser abuses alcohol or drugs.
11. Abuser is violent with victim while she is pregnant.
12. Abuser threatens or attempts to commit suicide.
13. Abuser follows her, spies on her, and/ or leaves threatening messages.
14. Abuser avoids being arrested for domestic violence.
15. Victim believes abuser could try to kill her and/or the children.***

 **Victim's assessment of the risk level of the abuser has been shown to be very accurate. If a victim says, "He will kill me," this should be taken VERY seriously.**

In addition, research on homicide victims has shown that homicide is more likely as the threats become more frequent and detailed. In addition to the amount of affirmative answers on the Homicide Risk Assessment, attention should be paid to the frequency, detail, and severity of the threats. In

Armenia, we have used this questionnaire as a helpful tool for assessing the necessity of shelter stay. Victims who are at high risk of homicide are strongly recommended to go to shelter immediately.

A note about POLICE:

Sometimes the symptoms of trauma affect victims by making them seem unreliable or dishonest. She may not remember certain details or timeframes, and her story may be all mixed up. She may say one thing at one time and something different the next. She may change her mind and want to return to the abuser. This requires patience and understanding.

In many cases, police tend to minimize the negative effects of domestic violence, calling it a family issue, and are hesitant to get involved. Sometimes they will even convince a woman not to press charges. When victims appear unreliable, police feel further justified in not pursuing a case. In many cases, victims have gone to the police only to have police give up on them or not want to help. In some cases, police have shamed the victim and even informed her abuser about the complaint, only to have her be beaten more severely as a result.

Social workers are advised to assist a victim when going to the police to press charges or report abuse. Warn her beforehand that such attitudes may exist and she should not get discouraged. Be firm and persistent when advocating for her with police. Always prioritize her safety and accept if she is not ready or is afraid to press charges. It's always the victim who must decide what is right for her.






IV c. Shelter

Getting a victim to leave her abuser **SHOULD NEVER BE** our goal. The reasons that leaving is such a difficult decision for a survivor have been discussed in Chapter III. But, most importantly, it is crucial to understand that **LEAVING IS THE MOST DANGEROUS TIME** in a domestic violence victim's life. Up to 75% of domestic violence homicide victims were killed when they left or announced that they wanted to leave. Thus, the decision to leave must always come from the victim and not be forced upon her.

Helping a victim leave requires coordinated efforts and is best executed with planning. When a victim does decide to leave, staying at a shelter may be a critical part of this plan and her ability to do so safely.

Shelter is necessary for many Armenian survivors of domestic violence, because the abuser often knows where her family, relatives, and friends live; thus, she will not be safe if she goes to those places. This is especially true in smaller villages, where she is at risk of being seen by her abuser by simply walking around. Moreover, if an abuser knows where the children go to school, he may follow them to gain access to their mother or kidnap them.

Domestic violence shelters are temporary places for survivors and their children to stay. An effective domestic violence shelter:

-  Is in a **CONFIDENTIAL** location;
-  Has safe transportation;
-  Has structured communal living;
-  Offers residents privacy; and
-  Is temporary and supports programming to facilitate more long-term housing options as well as help the woman become financially independent.

A note about rules:

Structure and rules may be necessary for the functioning of the shelter or accessing services and are actually helpful in the healing process because they offer predictability and control. Rules define clear standards that clients can understand and meet. Abuse is, by contrast, the opposite; there are no rules in abuse and it is impossible for her to tell what she is supposed to do or not do. BUT rules can also be limiting and take control away. If rules must be implemented, clients should be clear on the purpose of such rules. If certain freedoms are taken away for her safety, how these actions might compromise her safety (and yours) should be clearly explained from a compassionate standpoint. On the other hand, excessive rules, such as constantly watching a victim, not allowing her privacy, or never allowing her to use a phone or talk to her community can be suffocating, reenacting the ways in which her abuser exerted control over her life.

IV d. Safety Plan








What? A Safety Plan is a personalized detailed plan to help a survivor protect herself at all stages of an abusive relationship. Safety plans should exist for all survivors and should vary depending on the specific details of the abuse and whether she is currently living in the abusive relationship, planning on leaving, or has left.

Why? If the woman decides to stay in an abusive relationship, a safety plan is useful in helping her navigate the abusive relationship. This Safety Plan should include Harm Reduction techniques.

Harm Reduction refers to policies, programs, and practices that aim to reduce the harms associated with domestic

violence for survivors who are unable or unwilling to leave. By giving victims options to help them and their children survive even while still in a dangerous situation, we affirm that victims have a role in keeping themselves safe. This helps to nurture a survivor mentality, one that emphasizes her agency and what she is doing right. Harm Reduction lets her know that she doesn't have to feel pressure and guilt in receiving help even in the event that she is not willing to leave the abuser.

The following are some safety techniques to use when the survivor has already successfully left the relationship and is living at a shelter/another safe location:

-  Encourage her to change her cell phone number.
-  Suggest not posting on facebook/*odnoklassniki* and other social media.
-  Encourage her not to publically announce where she is or what she plans to do.
-  Inform her about avoiding stores and city areas where the abuser or his friends/family frequent or know that she frequents.
-  Suggest informing school/kindergarten about who is authorized to pick up children and who is not.
-  Caution her about telling friends or family where she is, since abusers may threaten them in order to figure out her whereabouts. (When at shelter, social workers can inform her family that she is safe, but the address should **NEVER** be given out.)
-  Tell her to be careful about what information she gives out to anyone

The following are some Harm Reduction techniques we might offer to victims while they are still in the abusive relationship:

- 🎀 Teach her to identify the cycle of violence (explained in Chapter II c) so that she can be more prepared for an episode and begin to understand that the abuse is not her fault but rather part of a cycle.

- 🎀 Suggest making mental notes or writing down each episode of violence (making sure to keep notes in a hidden place) to see if she can identify patterns or triggers.
 - Identify safer options in the event of abuse/during an episode.
 - Suggest that she practice getting out safely when the abuser is not around so that she may be prepared to do so during a real episode (i.e. choosing doors, windows, or a stairwell from which to exit).

- 🎀 Encourage her to make safety plans with her children, teaching and practicing with her children where to go in case of an episode (i.e. a room with a good lock, a neighbor's house). Teach children a code word so they can call for help.

- 🎀 If she is thinking of leaving, tell her to:
 - **NEVER** mention or show intention to divorce or leave him. This can be fatal.
 - Keep a bag ready with a little money, any medication, and clothes so she can leave quickly if she needs. This bag should be kept with someone she trusts if keeping it at home is suspicious.
 - Have documents (birth certificates, property deeds, work documents, etc) on her or in one place that is easy to grab.
 - Make copies of all legal documents and leave them with an extra set of house keys and money with someone she trusts.
 - Ask trusted neighbors to call police if they hear noises.
 - Always keep her cell phone on her or in a safe place.



- **Know a Domestic Violence Hotline number by heart (WSC hotline – 099-887-808).**
- Think about places to stay that her husband is unaware of.
- Make an escape plan that is specific and detailed and then practice it.
 - Where will you go?
 - When/what time is safest to go?
 - What route is the safest?
 - Will you bring your children or can the children stay with a friend/relative?
 - Are all necessary documents ready?

Having a safety plan is not a guarantee for safety. It can help by offering some sense of control and efficacy, and it can reduce the harms associated with domestic violence, but it is not a cure-all. Victims should be made aware of this.

Battered Women's safety plans may include strategies for staying in the relationship and/or leaving the relationships. For some women, leaving the relationship will increase her risks and staying can be her best possibility and we must accept that.

A battered woman will continuously adjust her plan as a result of changed circumstances. Key elements affecting safety plans are: the success or failure of current strategies, the batterer's reaction to his partner's strategy, and the information and resources provided by service providers to domestic violence. For example, a woman may decide to leave once she is graduated from school, has a job, or her children are old enough to take care for themselves. If a woman's plan to leave will take a period of time, she may have a variety of strategies to keep her and her children safe as she stays.

The Right to Self Determination

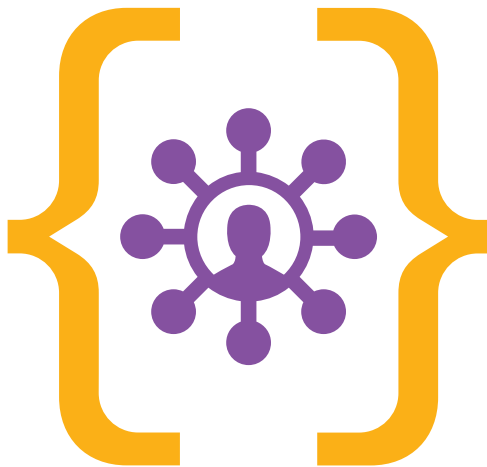
The victim is always the one to make the final decision about her safety. We can provide information and support, but we cannot guarantee 100% safety. Therefore, we should never order her or frighten her and force her to make any decision. Leaving an abuser is a process, sometimes a very complicated and difficult one (as discussed in Chapter III). It takes an average of 7 attempts before a final break occurs. It must be a process that she agrees to, and we must provide coordinated safety support.

Staff must also allow and encourage victims to bring their full selves to our services, to talk about all their feelings towards their abuser including ambivalence and love. Leaving the relationship is a struggle. We must acknowledge the difficulty and bravery it takes to leave the relationship.

Staff should accept that she needs to find solutions that she can live with, which means respecting her choices and giving her time. Staff should not expect for the victim to rid herself of all effects of trauma and change overnight. The process of adjusting to her new life will take time. Social workers should never take personally her decisions or see her choices as indications of her success or failure. As long as we support her right to self-determination and affirm her ability and expertise to be the leader in her own life and journey, we are doing our jobs well.





V. THE ROLE OF THE SOCIAL WORKER

- a. Empowerment
- b. Rebuilding Safety
- c. Basic Counseling Techniques
- d. Communication Blockers
- e. Handling Hotline Calls
- f. Offer Options, Not Advice
- g. Boundaries



Social workers play a unique role. Because while they guide and support the healing process and are often involved intimately with a beneficiary's schedule and needs, they must learn to do their job with consistency, objectivity, and without playing favorites. They must be compassionate but neutral. They must be friendly but not friends. They must explain options with care but not offer advice. They must always remain professional and have clear boundaries.

There are some fundamental assumptions that a social worker must have in order to deliver services in a way that respects the client's history and process:

-  The perpetrator, not the survivor, is always responsible for the violence.
-  No one "deserves" to be hurt no matter what she said, did, wore, or thought. Violence is never justified.
-  Survivors have so far made the best choices and decisions possible given their constraints, fears, feelings, and circumstances.
-  Survivors have incredible strength and healing capacity. It may take time and be difficult, but every survivor can move through her own healing process. The needs of each and every survivor are different.

Advice

Advice should not be given, even if requested. It is essential that the helper presents alternatives, but not advise or make decision for the client.

In a state of crisis, the person may be so confused or distressed that he/she cannot take action, and direction might

be necessary. This is not advice. Crisis situations should be dealt with along specific guidelines, which will be provided.

In a helping role, one is restricted from sharing opinions that constitute medical or legal advice; e.g. as a layperson talking to friend who has a headache, one could not suggest that s/he try aspirin. In the helper role, this could be seen as giving medical advice, which is illegal for non-physicians.

V a. Empowerment: The Best Approach For Victims

The empowerment model is the one that is a must for dealing with victims of domestic violence. It is a model that is used throughout the world by professional organizations in the field of domestic violence.

What a survivor experiences in an abusive relationship is a pattern of controlling behaviors. Her abuser feels the right to make all her decisions for her, telling her what to do, when to do it, and how to do it. In the past, this dynamic has often been recreated by well-meaning service providers who approach victims with a “rescuer” mentality, telling her how, when and what she needs to do to recover and get on with her life. Even though service providers are “helping” her in the short-term by doing everything for her, they leave her in a similar position to how she felt in the abusive relationship: helpless. In the long-term, it is detrimental to her success if everything is done for her, because she will not feel capable and will not have learned the skills to take care of herself and her children. The figure below depicts the detrimental relationship that keeps victims in the position of being helpless.

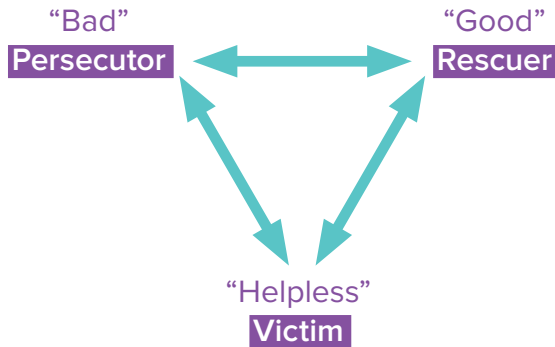


Figure 2. Adapted from the Karpman Drama Triangle (7). Even though the rescuer wants to help, by taking control of the victims success, they end up keeping a victim in the same position her abuser did: helpless.

Over time, as professionals gain more experience working with survivors, they learn that what victims need most is someone to support their decisions, encourage and reinforce their strengths, and provide resources to achieve their goals. Survivors are most successful when they are in control of their own healing journey. This approach is called Empowerment.

Trauma Response and Empowerment Model, on which this manual is based, has been shown to increase personal safety and efficacy and decrease anxiety, trauma, and psychological symptoms. It has also been shown to increase organizational success and staff happiness. Understanding empowerment is critical to the success of domestic violence services in our country. This approach is fundamental in helping a survivor break free from an abusive relationship and learn skills that are critical to her independence, success, and healing. The empowerment model encourages an environment in which the survivor is the leader in her own recovery process, where she is responsible for her actions, decisions, and happiness. Our success is gauged when she no longer needs us.

7. Karpman MD, Stephen (1968). "Fairy tales and script drama analysis". Transactional Analysis Bulletin 26 (7):

What the abuser took away	What empowerment restores
<p>Safety Abusers takes away safety in all sense of the word, both physically and emotionally;</p>	<p>We offer shelter and safe space</p>
<p>Control Abusers exercise control over her whole life by not allowing her to make free and voluntary decisions or putting his opinion/needs first;</p>	<p>She makes decisions for her life. Her needs come first.</p>
<p>Connection Abuse hinders a person's ability to trust and make connection with others.</p>	<p>Develop trusting relationship with survivors, makes connections with others (coworkers)</p>
<p>Communication Abuser does not allow the person to express herself.</p>	<p>Encourage women to express themselves.</p>

Table 3. The intent of an effective Empowerment Model aims to restore what the abuser took away.








V b. Rebuilding Safety

1. Physical Safety:

Physical Safety (immediate and long-term) should be assessed the first time and every time after you meet with someone (see Chapter IV d). These are fundamental criteria that social workers must respect when dealing with clients.

2. Emotional Safety:

Creating emotional safety includes intentionality and attention to detail around the setting and way in which you provide services.

-  Make your office easy to find and well lit.
-  Show her that you value privacy. Ask her if she wants to close the door or go in another room.
-  Put other things down. Don't answer the phone or have other people coming in and out of the room to ask you questions.
-  Keep your office clean and orderly and set at a comfortable temperature.
-  Clearly show her where the bathrooms and a place to drink water are located.
-  Be clear about any time constraints for your session.
-  Always ask permission before touching her.

Providing emotional safety requires believing the client. She has likely had many people in her life minimizing and denying the abuse. Simply believing her story is a profoundly validating and necessary act for her to begin to trust and feel safe.

The abuser emotionally took from the victim her right to make decisions, be heard and trusted, and be respected as a competent, worthy individual. We must do exactly the reverse.

3. Confidentiality:

Confidentiality regarding her name, personal information, whereabouts, workplace, or children's schools is critical. Confidentiality, especially if she has left the abuser and is in shelter or hiding, is also practically critical for her safety. Also, confidentiality about your office location is critical to the safety of social workers themselves.

In Armenia, sometimes organizations do not value confidentiality, and it may be possible for acquaintances and relatives to easily find out information and whereabouts of a victim from documents in various state departments. Be very careful with whom you share information.

Example: In one case, the police discussed where a victim was located with another colleague who happened to be friends with the perpetrator. As a result, the woman was discovered and severely beaten.

Abusers can be persistent and dangerous. After a woman has left an abuser, she and/or her children may be in danger of being kidnapped and punished for seeking help. A victim's risk for homicide is highest when she has left.

Take the following precautions:

- 🎀 When discussing a particular case that others might be able to hear, even among colleagues, never refer to the victim by her real name. If you are using the telephone or hotline, take these calls away from others.
- 🎀 Do not give out information to the police.
- 🎀 Never mention to anyone where the woman is, even to members of her own family.
- 🎀 No photos or information must be given out unless the woman agrees and is fully aware of the potential safety risks.

Confidentiality is one of the most crucial parts of restoring trust and providing emotional safety. Be intentional about how you practice confidentiality by being clear about which information you can keep confidential and which you cannot. And stick to it. Never promise confidentiality if you can't give it. Be clear about who in your organization will be involved in what parts of her process. Don't talk about a client to your coworkers unless she gives you permission to discuss a certain topic.

Be clear about who might have to be told personal information in case of an emergency. Don't talk on the phone or in the office about a client while others can hear you. Never talk or whisper about a client to someone else in front of her - this will break the trust the client has in you.

Here is a table how we should address the victim differently from how the abuser treated her. This is vital for her rehabilitation.

The Abuser	You
Dominates conversations	Listen more and talk less.
Pressures her severely	Be patient and respect her judgment regarding when she is ready to take action.
Talks down to her	Address her as an equal and avoid frustration in your voice.
Believes he has a right to control her life	Respect her right to self-determination.
Believes he understands her children better	Assume that she is a competent, caring mother.
Thinks for her	Think WITH her. Treat her as an equal and join forces with her. It doesn't help to say, "If I were you, I would do this."
Thinks he knows what is good for her	Treat her as the expert of her own life. Don't assume that you know what she needs to do.

Table 4.

V c. Basic Counseling Techniques

Trust:

If you want to be trusted, you must first show that you are trustworthy.

- 🎀 Be honest when you don't know the answer to something.
- 🎀 Don't promise to do or fix things you can't.
- 🎀 Be clear about services that can be offered and provide all necessary information and referrals that will help her attain her goals.
- 🎀 Explain and describe what is going to happen before it does.
- 🎀 Encourage and show approval of her goals even if you disagree.
- 🎀 Don't judge her.
- 🎀 Respect confidentiality.

Show Interest:

- 🎀 If you are interested, curious, engaged, and actually care, a victim will open up more.

In order to show interest:

- 🎀 Put down other things and give her your full attention. Don't answer calls, talk to other people, look at your computer or cell phone, or check the time. Your body cues speak volumes about how much you are listening.



- 🎗️ Concentrate on what is said.
- 🎗️ Ask questions and encourage her to continue speaking.
- 🎗️ Notice, remember, and acknowledge qualities of the person.



Listen:

Here are some techniques to use while communicating with the victim so that she understands that we are listening. Communicating that you are listening also allows her to open up to say more of what is happening and how she feels.

1. Encourage her to continue to talk: “Aha”, “Oh?”, “I see”, “Then”, “And”
2. Summarize from time to time: “So it sounds to me as if you’re saying. . .”
3. If you don’t understand something, ask her to repeat herself. People want to be understood, and this way you are showing her that you are invested in really hearing her story.
4. Give feedback: “This seems really important to you”, “I am sensing that you are feeling frustrated... anxious...worried...”
5. Provide validation: “I appreciate your willingness to talk about such difficult issues...”
6. Allow time for silence. Let her gather her thoughts.
7. Shift focus. Many times a victim can go on and on about what the abuser has done and what she has done. We need to redirect the focus: “I know you have a lot to say, but can we try to focus on this...?”

Show Empathy:

You will be able to create a connection with the victim if you show empathy and understanding. Empathy means you imagine yourself in her position and try to feel what she feels. You can do this by:

- 🎗 Communicating with words and body language, i.e. make eye contact, lean towards her to pay special attention, or shake your head if she expresses something painful.
- 🎗 Acknowledging her feelings: “I’m sorry that you are sad/frightened/hurt.”
- 🎗 Making her feel that any and all emotions she is experiencing are normal given her circumstances.

V d. Communication Blockers

Be careful not to use communication blockers that stop a person from communicating. Don’t interrupt her.

1. Stay away from the word “Why?” Asking a person WHY she did this or that requires the survivor to explain things that are often not clear to her. Additionally, asking her why she did something subtly implies that she had control over the situation, a feeling she might not at all relate to, and this may make her feel like she’s to blame. Violence is not acceptable under any pretext, so focusing on what she did instead of what he did diverts attention from the real cause and responsibility for the violence.

Example: “**Why did you do that?**” vs “**I wonder what made you respond in that way?**”

Example: **“Why is this so important to you?”** vs **“Let’s look at some of the reasons why this is so important to you?”**

2. Don’t tell her how to feel. Telling someone, “Don’t worry about that” or “Don’t be sad” is patronizing. Feelings are inevitable in the aftermath of abuse, and telling her not to feel them may shame her or make her feel like you think she is doing something wrong or that you really don’t understand. These kinds of phrases can stop a person from wanting to open up.
3. Do not tell the person what is best for her or that you “completely understand her situation”. Don’t preach to her by saying things such as “You should...” or “You shouldn’t...” You cannot fully understand her situation or what is going on for her, so you must rely on her assessments. You can suggest going to a shelter by explaining to her that she is at high risk, for example, but allow her to express any emotions about this and let the final decision be hers.
4. Do not force her or pressure her to talk about something she does not want to talk about. Don’t ask for details (besides the ones that are needed to keep her safe). Having her explain traumatic experiences can be re-traumatizing and is unnecessary for us to do our work properly. If she needs to talk about details, encourage her to talk to a psychologist.
5. Don’t give her false or obtuse expectations. Don’t say things like, “Things are going to be fine.” You don’t know if things are going to be fine and nor does she. It does nothing but break trust to make a promise you can’t keep.

Communications Skills

The victim's ideas are more important than yours, so listen to them! The last thing we must do is criticize while the most we must do is to acknowledge emotion and encourage.



Blocks to Good Listening

- 🎗️ Universal tendency to judge
- 🎗️ Tendency to jump to conclusions
- 🎗️ Assume that everyone else thinks as we do
- 🎗️ Closed-mind-we know the answer
- 🎗️ Extremely short attention span
- 🎗️ Wishful thinking
- 🎗️ Semantics-meanings of words as subtle



It is best to refer clients to professionals in the field of domestic violence.

Call the Women's Support Center at 099-887-808.

V e. Handling Hot Line Calls

People might call your office even though you do not have a specific hotline number. Here are some tips on how to handle the call.



If a woman is in **danger**, ask her to **call the police immediately** or **099-887-808** for shelter protection.

If it is **not an emergency**, advise her to **seek professional assistance by calling 099-887-808**.

This must be done in a kind and understanding manner.

1. First, always make sure she can safely talk.
Is the abuser around? Will he come home soon? Will he look at her dialed calls?
2. All hotlines should be anonymous and confidential.
A victim might choose to give a false name or no name at all. We provide all the information she wants/needs and encourage her to come to the center for a more extensive discussion. No call is refused.
3. Always inform her not to divulge to the abuser her intentions to leave or divorce, as he may become dangerous or homicidal. Many times people simply call for information and resources. Provide these with empathy, patience, and understanding.
4. Sometimes a woman may call to test out the organization—to see if the people on the other side are sensitive and helpful and make a decision about whether she wants to get involved with the organization. Victims are used to being blamed and victimized,

even by trusted people and service organizations. The hotline provides a non-committal and anonymous option while they are making up their minds.

5. If it is an emergency, assess the situation, danger, and wellbeing of the children. In cases of imminent danger, advise the victim to call the police. If she reports that she already called and the police did nothing to help her, follow up with the police.
6. If she **needs to leave immediately** from where she is, decide on a safe place to meet. **Bring her to the center or call the hotline** for immediate assistance and transfer to shelter. Mention some safety plan elements. Emphasize to her that it's best **not to tell** her partner that she intends on **leaving or divorcing** and to have documents and house keys with her.
7. If the caller says she is **suicidal**, try to obtain as much information as possible including her cell phone number, the number of a trusted person, her current location, and her home address. Assess the risk of suicidal intention and **intervene** when **necessary**. (Call the specialized center who will contact the person).

How to Identify Emotional Reactions

Some women who call the hot line will be able to express themselves better than others. They will be able to describe how they feel about the violence (i.e., their emotional reactions); they will be able to attach to their emotion: "I feel so helpless/afraid/angry/guilty/embarrassed". Or, "I think I am going crazy". Others will say, "I'm just upset". "Everything is a mess" etc.

It is helpful to the caller to define her feelings and establish some limits for discussion. If you know what emotion the caller is expressing, you can reassure the client that this is indeed a reasonable way to feel, and that other battered women you have spoken with feel the same way. If a relative or friend calls the hot line, it is important to ask that the victim calls herself when she is safe, and delete the call, so it does not create problems from the abuser.

The following guide has been developed to assist you in defining these feelings and in offering suggestions for intervention.

1. Expression of Loss of Control and Helplessness

Feeling at the mercy of someone's mood fluctuations and outbreaks of temper (the abuser) is a very frightening and frustrating way to live and can easily lead to a feeling of having no control over one's life. No matter how she changes her behavior, her husband still attacks her for no apparent reason, regardless if she succumbs to his wishes or not.

Effects: Fear often results in emotional paralysis, so that the victim feels passive and experiences all that happens around her as being done to her.

Intervention strategies: Help the victim get back in control by assisting her in identifying her feelings of being overwhelmed and feeling helpless. Help her isolate one component of the problem, such as her immediate medical, legal, or social services needs. Help her identify ways to solve the problem. She must make her own decisions. If told what to do, it will only increase her sense of helplessness and lack of control.

2. Fear

Battered women give many reasons for staying with their assailants, but fear is the common denominator. This includes: fear of reprisal if she leaves or resists; fear of threatened death and pain; fear due to the unpredictable nature and severity of the attacks; and fear of being on her own, especially after her spouse may have told her that she could never make it without him.

Effects: Fear immobilizes many battered women. It rules their actions and decision, again making them feel incapable of controlling their lives. These women are so shocked and frightened by the assailant's violence that they are unable to respond to the situation. Fear of reprisal prevents many battered women from seeking help from friends, relatives, or even police or other authorities.

Intervention Strategies: Reassure the caller of the confidentiality of her contact. If she is not living with the assailant, suggestions can be made about making her house secure, and having a witness present when the assailant may be there (for example, picking up or dropping off children on visitation days). If living with assailant, suggest that she seek temporary alternative shelter, or that she seek legal advice from an attorney. Information may be given about obtaining restraining orders (when the DV law will be adopted), filing criminal complaints, custody issues, and separation/divorce actions.

3. Anger

A victim might be experiencing anger. She may feel betrayed by the helping services of those who did not help, by police, who were condescending, by friends who turned

away from her out of rejection or of fear of the abuser's reprisal. Some callers will be able to express the anger directly at their assailants, but many others will not.

Effects: Depression, guilt and self-blame are often caused by internalized anger. The caller may misdirect anger toward others: her children, the police, social services employees, or you.

Intervention Strategy: It may seem that the caller is directing her anger at you; you may be the first person to whom she has been able to express this. Allow her to express anger, but help the caller focus her anger in proper direction: at the assailant.

4. Guilt

Guilt has its roots in misdirected anger and arises from erroneous belief that if a woman is beaten, she must have done something to deserve it, or she provoked the abuse.

Effects: Because she blames herself and feels guilty about not being able to control the assailant's actions, she further delays seeking help. She may feel that it is her fault that the violence has resulted in the breakup of the marriage, depriving the children of a live-in father and depriving the family of the financial status they have been accustomed to, etc.

Intervention Strategy: Help her examine the effect violence is having on her marriage, her children and her lifestyle. Assist her in exploring realistic alternatives to living with the physical abuse.

5. Embarrassment

A woman may feel embarrassed to admit that she is a battered woman. She may be ashamed of her bruises and scars. She may feel foolish to have made a commitment to a physically abusive man and may be ashamed of herself for having put up with repeated beatings.

Effects: She may never have discussed her problems or feelings with anyone, and may be hesitant to share information with you.

Intervention Strategy: Remind the victim there is no shame in misjudging another's character or in believing another's sincerity when he promises to change. Help her ventilate her feelings in a supportive manner.

6. Isolation/Doubts about Sanity

Living in constant fear of physical abuse may lead a victim to isolate herself socially. Her abuser will often attempt to encourage this isolation, and the community will often view the situation as her personal problem. Once isolated, she has no one to confirm her sanity; her only input is from her assailant who usually calls her stupid and crazy.

Effects: She may lose perspective and begin to believe that she is "the crazy one".

Intervention Strategy: Assure her that from our experience, we know that she is not the only woman in these circumstances. Assist her to think in a logical manner and to regain perspective on the matter.

7. Ambivalent Love/Hate Feelings

The abuser is not violent all of the time. Often “the cycle of violence” includes loving and contrite behavior that she likes and enjoys, although it becomes increasingly difficult for her to reconcile his good qualities with the violence. She hates him for the violence, but depends on him emotionally and financially. The woman often feels that the abuser needs her.

Effects: Confusion and belief that he will change.

Intervention Strategy: Reassure her that the feelings and confusion are normal. Encourage the woman to complete a History of Abuse in order to help her identify his pattern of behavior and to recognize that his promises to change have not been sufficient to prevent past violence.

V f. Offer Options, Not Advice

Rebuilding A Sense of Control






Those who are case managers and work with clients on a long-term basis should carefully read the following section:

1. The concept of empowerment acknowledges the idea that if a person is told what to do, they very well might do it but out of obligation or fear. This will not have the same result as if a person herself decides what needs to be done and motivates herself to do that task with investment, purpose, and control. This is a critical principle.

Offer options, not advice. Present each option equally, without judgment or bias towards which one is best. Ask her what the pros and cons of each option are and discuss these with her. But let her make the decision.

Never tell her:

-  what is best for “domestic violence survivors”
-  what she needs to do next
-  how to feel

By providing information and options, the woman is enabled to make a decision for herself. Rather than doing things for her, this method encourages self-reliance, a critical component of moving on after abuse.

2. Individualize each client’s process. Let her guide what needs to happen next.
3. In the aftermath of abuse, many times clients have lingering traumatic responses that manifest physically or emotionally (see Chapter III). Help clients understand their emotions and bodily reactions and normalize these reactions. Teach them calming techniques.

Rebuilding Connection

Being clear, honest, and upfront about everything we are doing that might affect the client’s life is critical in helping to restore a sense of trust and connection.

Clients’ trust is shattered by abuse. Abuse teaches victims that the people closest to them will hurt them. Abuse teaches victims that kindness comes with a price. Abuse teaches victims to deny their instincts and rely instead on lifesaving coping mechanisms.

Help a client reconnect:

- 🎀 Say things that validate her such as, “I care and you deserve better than this.”
- 🎀 Encourage her to take on activities or learn new skills that she is good at and feels proud of.
- 🎀 Brainstorm with her regarding who in her life can support her. We cannot be her only support system.
- 🎀 Encourage her to participate in activities that she enjoys with other people.
- 🎀 Encourage opportunities for higher education and learning.

V g. Boundaries

One of the most important components of helping clients to reconnect is by modeling appropriate boundaries. As trust is shattered by abuse, so is the ability to distinguish healthy relationships from unhealthy ones. Boundaries during abuse are either murky or not existent at all. Thus, boundaries between victims and social workers must be clearly defined and followed.

Social workers cannot act as if we are friends or relatives of the client. Even though we may care deeply for her and deeply about the right to a life free from violence, we must always understand our relationship to the client as a professional one. We cannot have favorites, actively dislike one client or another, or expect a reciprocal relationship.

Our role as social workers requires that we put a lot of energy into problem solving with a victim. When coupled with feelings of caring deeply, we may start to play the role of rescuer, believing and acting as if she needs to be saved. We may neglect to encourage her own ability to

make decisions and to act on her own behalf. If she gets angry or goes back to a dangerous situation, we may take it personally, feeling anger and hurt towards her. It may even lead us to make judgments and criticize or punish her for not doing something right or following your advice. This is unacceptable. That is when we realize that we have become unprofessional in our role.

The role of a rescuer is one of power and superiority in relation to the victim and is similar to the role the abuser takes. It denies the woman the power to help herself. The last thing we want to model and reinforce is the role of someone who has power and control over her like the abuser. It is negative for both staff and victims. Not only may this type of role prove frustrating and heartbreaking for us, it is unhealthy and detrimental to her healing process. Through how we speak, act and the work we do, we must strive for a relationship based on equality, not hierarchy, which encourages her self-efficacy.

We must look at her with empathy as well as acknowledge and respect the strength, resilience, and cleverness that she has shown to make it to the place she is today and work through such a difficult situation. This will allow us to support her in a way that uplifts her own abilities and intuition about what is best for her and encourage actions that support her personal success. It's important not to push her, do all the work for her, make every suggestion, and make every phone call for her (especially if she has not asked for it). When she is not responding to all that you offer, see that as an opportunity for you to take a step back or change your approach, not as a sign of her ungratefulness.

To maintain good boundaries:

- 🎀 Don't be too passive, distanced from the victim, and indifferent to her needs.
- 🎀 Don't be too aggressive, believing you know what is best for her and making decisions on her behalf "for her own good".
- 🎀 Don't pity her and do things that she could otherwise do for herself, failing to maintain the professional standard of offering services (i.e. giving gifts, loan money, etc).
- 🎀 Don't be too friendly, sharing personal information with the client. This can blur the lines of your relationship into a friendship, making it very hard to leave our services and move on. The same dependency they had with the abuser may start to manifest itself with you. It's important that the clients be able to stand on their own and solve problems for themselves.

You are at risk of boundary violation if:

- 🎀 You need to be liked or approved by clients.
- 🎀 You believe that other staff members don't care as much as you do about the client.
- 🎀 You have a hard time saying "no" to a client.
- 🎀 A client does not want to interact with other staff and waits to communicate only with you.
- 🎀 You accept services or gifts from a client.
- 🎀 You have poor communication with your staff and supervisor.

Clients might be demanding and constantly ask things of you. They may seem indifferent or refuse to do some of the things you ask of them. Be patient and find creative ways to help them remember and commit to things. Be honest when

you don't know the answer to something. Be firm (while still polite) and clear when you cannot do something. Use an encouraging tone of voice and let them know that you believe they are capable of doing tasks for themselves. Ask how you can support them through their own process.

Consistency may be the most important thing you offer a client. Consistency means that the services you provide are uniform between clients. It involves doing what you say you will do, being honest when you can't do something, and always being there for a client no matter how many times she goes back to an abuser. Consistency is critical to our work because it allows a survivor to know what to expect, to be held accountable for what is expected of her, and, most importantly, it offers her security. Unlike in abuse, consistency allows her to regain a sense of what is right and wrong, true and untrue, and this in turn allows her to trust her own instincts and herself. Practicing consistency should constantly be a part of our work.

VI. WORKING WITH SPECIAL POPULATIONS

- a. Survivors with Disabilities
- b. Male Survivors
- c. Lesbian, Gay, Bisexual and Transgender Survivors





Oppression is a key component in why people abuse. Women are at high risk of domestic violence because of sexism - stereotypes and ideals that value men over women. For example, the fact that men are expected to be *ter* (master), and wives *hnazand* (obedient) contributes to the creation of norms where husbands think it is ok to control and even hit their wives, and women who are being hit can't find anyone who believes that what happened to them was wrong and find help.

Other kinds of oppression are also responsible for domestic violence. Homophobia and trans phobia contribute to violence against Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals. Abusers use the belief that people with disabilities are not full citizens with important needs in order to justify their actions against people with disabilities.

Additionally, the kinds of oppression a survivor has experienced become a part of their complex trauma histories and may not be treated as separate trauma. Oppression affects how survivors heal and whether or not they know about or choose to access our services. These kinds of oppression are barriers for victims to get help.

Myths that domestic violence only happens between an able-bodied man towards an able-bodied woman makes it such that survivors who do not fit those descriptions become invisible and receive less adequate services. Here are some facts about domestic violence perpetrators and survivors that we must internalize in order to give our clients the best assistance possible:

-  Anyone of any size, strength, or gender can be abusive.
-  Abuse is **never** mutual. Although both partners may use violence, abusers do so to control

their partners; a survivor may use violence in self-defense to try to stop the abuse.

🎗 Abuse can happen regardless of the length of relationship, living situation, or type of relationship.

🎗 Who someone is should never be used as a reason for using violence against them. Violence is never deserved or necessary.

The way that domestic violence manifests itself generally looks the same for all populations. But for special populations, there may be some specific circumstances that abusers take advantage of that would not be possible if oppression was not supported by Armenian society. The following are some examples:








VI a. Survivors With Disabilities

Statistics show that women with disabilities are more likely to suffer domestic and sexual violence in their lifetime than women without disabilities. Research on why people with disabilities (PWDs) are more likely to be abused show that this is in part due to the fact that they are more often in institutions where people have control over them. This means they are more often in circumstances where people have sanctioned power to take advantage of them. People with physical disabilities may need help with certain aspects of everyday life, which puts caretakers in a position of power over them. Someone might abuse this power by refusing a person with physical disability transportation. Another example of abuse is moving around important life objects so that a blind person can't find them. An abuser might intentionally keep information from a deaf person so that she can't get help. Since these kinds of abuse take advantage of certain disabilities, they are specific to





survivors with disabilities. The above is also applicable for abuse towards elderly/sickly family members.

Furthermore, stereotypes can often affect how abuse is perpetrated and whether or not someone can seek help and be heard. For example, there are powerful stereotypes that people with intellectual disabilities should not be believed – that they lie or don't know what they are talking about. This translates to abusers feeling as if they have more power to get away with abuse. It also means that if a person with an intellectual disability tries to get help, they are unlikely to be believed. Historically, abusive treatment has been used to treat or manage people with disabilities in institutions and has been tragically used as medical treatment, which means that sometimes domestic violence not only goes unrecognized but is condoned.

Barriers to Reporting Abuse for PWD and the elderly:

-  Survivors with difficulty communicating aren't able to report the violence in a way that is understood by family or service providers.
-  Some families are ashamed of having a child/family member with a disability, and reporting violence means exposing this shame.
-  PWDs fear they won't be believed.
-  PWDs are told by the abuser that they will be hurt if they report abuse.
-  PWDs fear losing a caregiver who they depend on for survival, so they believe that they have to tolerate a certain level of abuse.
-  PWDs fear losing choice about where they live or fear being removed from their home.
-  PWDs fear that they will be institutionalized if abuse in their home is found out.




Barriers to Service Provision among PWDs:

-  There is a lack of accessible services due to limited resources and lack of staff training.
-  Information/education is not accessible to PWDs since resources are not distributed in Braille or audio tape and do not define domestic violence in ways that may be specific to the ways people with disabilities are taken advantage of.
-  Some victims lack skills/abilities necessary to independently seek help.
-  Disabled victims may be at greater risk for losing child custody if they are viewed as being unable to care for children on their own.

VI b. Male Survivors

The specific emotional abuse of men is often based on what men are “supposed” to do or be like. For example, men are told that they must be strong, not cry, have a good job, and make money. Emotional abuse of men may include telling them how they are none of the above and worthless because of it. Also, stereotypes about women being the primary caretaker for children can be used against men by female abusers who may threaten to take the children or involve institutions.

Barriers to Reporting for Male Survivors:

-  Abused men fear that people won’t believe them.
-  Society adheres to the stereotype that women can’t abuse.
-  They may be stigmatized for not being able to protect themselves.

- 🎀 If violence (outside of a relationship) was perpetrated by a male, they may fear being labeled as gay.
- 🎀 Services are often labeled as being for “women and children”.
- 🎀 They fear losing their children.

Barriers to Service Provision:

- 🎀 There is social stigma when it comes to men asking for help, because they are seen as being weak or less manly. Service providers may carry some of the same assumptions/stereotypes.
- 🎀 Victim services developed out of services for women may not be as attentive to the needs of men.
- 🎀 There exists a lack of shelter services for men.
- 🎀 There are no trainings focused on male-specific crisis intervention.








For psychological and legal counseling, you can refer male victims to the **Women’s Support Center – 099-877-808**.

VI c. Lesbian, Gay, Bisexual and Transgender Survivors (LGBT)






It may be hard to recognize abuse within a lesbian or gay relationship or abuse perpetrated by a heterosexual person against an LGBT individual, making it more difficult for them to seek help. Because Armenian society is not tolerant of LGBT people, those in LGBT relationships who are being abused face extra challenges. Abusers may threaten to out a victim, saying things such as, “Do this or I’ll tell your father/boss that you’re gay”. They might also threaten them with their compromised

position in society by saying something akin to, “No one is going to help you because you are trans.” LGBT people who are not accepted by their families may not have much choice about where they live. Abusers may use this against them and threaten, “You can’t leave me because there aren’t any other gay people in our village,” or “You live in my house, so I decide the rules.”

Barriers to Reporting among LGBT individuals:










-  LGBT relationships are hidden from society for safety reasons, thus victims may not have LGBT relationships as role models and be able to identify abuse.
-  Friends and family may not even recognize/accept that their LGBT loved one is in a relationship, much less being abused.
-  A survivor may be closeted and unable to reach out for help.
-  Friends and family may be unsympathetic and see abuse as a deserved consequence of being LGBT.
-  A survivor may blame his/her sexual or gender identity for the abuse.

Barriers to Service Provision for LGBT individuals:

-  There is a dearth of resources for the LGBT community.
-  Survivors may fear contacting members of their family or friends.
-  Women’s organizations have no training specifically in LGBT relationships and are not prepared to serve their needs. Please call PINK at 060-377-277.
-  There is a greater likelihood of wrongful arrest if both partners are male.
-  LGBT individuals have often been treated poorly by police or court systems for other reasons, so they generally have distrust in legal system and don’t feel safe reporting the abuse.

Being an Effective Advocate

Being an effective first responder to survivors with special concerns requires social workers to first identify their own internalized bias. All survivors of violence deserve our help no matter who they are! Here are some things you can do:

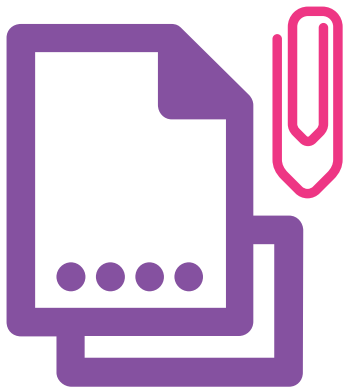
-  Check your assumptions at the door!
-  Be honest about when you don't understand something.
-  Get training from organizations that work with the specific population and use them for support.
-  Public In Need of Knowledge, or PINK (060-377-277) offers trainings on LGBT issues and can consult or accompany survivors to police, court, and hospitals.
-  Bridge of Hope (010-560-134) offers trainings on the specifics of certain disabilities and can refer individuals to disability homes and interpreters.
-  Make sure interpreters and accessible documents are available when necessary.
-  Use language mirroring. Don't assume who someone's perpetrator is or what happened. Use the same names they use to describe their perpetrator (i.e. friend, husband, roommate, partner, girlfriend, etc) or their experience.
-  Assume that people know what safety techniques will work best for them and always check in with them about next steps.
-  Be careful about safety planning involving medical or health institutions, courts, or police. Encourage victims to contact the above organizations if they need help in these areas.

APPENDIX

Appendix 1 - Myths and Facts about Domestic Violence

Appendix 2 - Domestic Violence and Religion

Appendix 3 - Service Provider Ethical Guideline



APPENDIX 1

Myths and Facts About Domestic Violence

Myth: Victims of domestic violence have psychological disorders.

Fact: This characterization of battered women as mentally ill stems from the assumption that victims of domestic violence must be sick or they would not “take” the abuse. More recent theories demonstrate that battered women resist abuse in a variety of ways. In addition, most victims of domestic violence are not mentally ill, although individuals with mental disabilities are certainly not immune from being abused by their spouses or intimate partners. Some victims of domestic violence suffer psychological effects, such as post-traumatic stress disorder or depression, as a result of being abused.

Myth: Low self-esteem causes victims to get involved in abusive relationships.

Fact: Traditional theories presumed that individuals with adequate self-esteem would not “allow” themselves to be abused by intimate partners or spouses. In fact, studies have demonstrated that victims of domestic violence fail to share common characteristics other than being female. There is little support for the theory that low self-esteem causes victims to become involved in abusive relationships, however, some victims may experience a decrease in self-esteem as a result of being abused, since perpetrators frequently degrade, humiliate, and criticize victims.

Myth: Victims of domestic violence never leave their abusers, or if they do, they just get involved in other abusive relationships.

Fact: Most victims of domestic violence leave their abusers, often several times. It may take a number of attempts to

permanently separate because abusers use violence, financial control, or threats about the children, to compel victim to return. Additionally, a lack of support from friends, family members, or professionals, such as court personnel, law enforcement officers, counselors, or clergy members, may cause victims to return. Since the risk of further violence often increases after victims separate from their abusers, it can be even harder for victims to leave if they cannot obtain effective legal relief and protection. Victims who receive appropriate legal assistance at an early stage increase their chances of obtaining the protection and financial security they need to leave their abuser permanently. While some victims may become involved with other partners who later begin to abuse them, there is no evidence that the majority of victims have this experience.

Myth: Batterers abuse their partners or spouses because of alcohol or drug abuse.

Fact: Alcohol or substance abuse does not cause perpetrators of domestic violence to abuse their partners, though it is frequently used as an excuse. Substance abuse may increase the frequency or severity of violent episodes in some cases. Because substance abuse does not cause domestic violence, requiring batterers to attend only substance abuse treatment programs will not effectively end the violence. Such programs may be useful in conjunction with other programs, such as batterer intervention programs (which presently do not exist in Armenia).

Myth: Perpetrators of domestic violence abuse their partners or spouses because they are under a lot of stress or unemployed.

Fact: Stress or unemployment does not cause batterers to abuse their partners. Since domestic violence cuts

across socio-economic lines, domestic abuse cannot be attributed to unemployment or poverty. Similarly, advocates note that if stress caused domestic violence, batterers would assault their bosses or co-workers rather than their intimate partners. Domestic violence flourishes because society condones spouse or partner abuse, and because perpetrators learn that they can achieve what they want through the use of force, without facing serious challenges.

Myth: Children are not affected when one parent abuses the other.

Fact: Studies show that in 50-70% of cases in which a parent abuses another parent, the children are also physically abused. Children also suffer emotional, cognitive, behavioral, and developmental impairments as a result of witnessing domestic violence in the home. In addition, some children (especially boys) who experience domestic violence in their homes grow up to repeat the same behavioral patterns.

Myth: Domestic violence is irrelevant to parental fitness.

Fact: Because children often suffer physical and emotional harm from living in violent homes, domestic violence is extremely relevant to parental fitness. A history of domestic violence can indicate that the perpetrating parent physically or emotionally abuses the child as well as the other parent.

APPENDIX 2

Domestic Violence and Religion

When faced with domestic violence, many victims seek guidance and solace within their faith, turning to religion for spiritual guidance and support. Others may experience a loss of faith as they try to make sense of their experiences of suffering. They may ask themselves, “Why did God let this happen to me?”

Priests who work with victims of domestic violence should support them and be willing to talk with them about their questions and experiences. Offering words of advice to “solve” their problems makes light of their experiences, denies the depth of their suffering, and reduces their potential for healing. Instead of saying, “Keep praying” or “Everything will be fine as long as you accept God in your life”, be willing to listen and use your expertise as a spiritual leader to illuminate the positive value of religious tradition while clarifying that abuse is never justified and should not be condoned. When victims come to you, be sure to identify their immediate needs and refer them to domestic violence centers.

Christian scriptures makes it very clear that **it is not possible to use the Bible to justify abuse of a person in the family.** However, it is also clear that it is possible to misuse scripture and other traditional religious literature for this purpose. Attempting to teach them that there are very simple answers to the very complex issues which people face in their lives is another potential roadblock within contemporary teachings of Christian groups. Thus, religious

groups have often not adequately prepared people for the traumas which they will face at some point in their lives: illness, death, abuse, divorce, and so forth.

“Keep the commandments and everything will be fine”.

“Keep praying”.

“Just accept Jesus Christ as your Lord and Savior and you will be healthy, prosperous, popular, and happy”.

“Go to services each week”. “Pray harder”.

The most important resource which the church can provide is to be available to support those who are suffering, to be a sign of God’s presence, and to be willing to struggle with the questions which the experiences may rise. Offering sweet words of advice to “solve” life’s problems reduces the experience of the one who suffers to a mere slogan and denies the depth of the pain and the potential for healing and new life.

Role of clergy: when approached about family violence, the priests can use the following guidelines:

1. Be aware of the dynamics of family violence and utilize this understanding in evaluating the situation.
2. Use your expertise as a religious authority and spiritual leader to illuminate the positive value of religious traditions while clarifying that they do not justify or condone family abuse.
3. Identify the parishioner immediate needs and REFER to a secular resource (Women’s Support Center–099-887-808) to deal with the specifics of abuse, intervention and treatment.
4. If you are comfortable pursuing the matter, provide additional pastoral support and encouragement to help families dealing with violence to take full advantage of available resources.

Scriptural and Theological Issues

Suffering: Where a person experiences suffering, often the first question is, “Why am I suffering?”

This is really two questions: “Why is there suffering?” and “Why me?”.

These are classical theological questions to which there are no totally satisfactory answers.

Sometimes a person will answer these questions in terms of very specific cause-and-effect relationships:

“I am being abused by my husband as punishment from God because 10 years ago I lied to my parents and ran away to get married.”

In this case, the victim of abuse sees her suffering as just punishment for an event which happened long ago and for which she has since felt guilty. It reflects an effort on the part of the woman to make sense out of her experience of abuse by husband. This conclusion is based on a set of theological assumptions which support her view: God is a stern judge who seeks retribution for her sins and God causes suffering to be inflicted on her as punishment.

Unfortunately, the woman’s explanation neither focuses on the real nature of her suffering (i.e., the abuse by her husband), nor does it place responsibility for her suffering where it lies: on her abusive husband.

Sometimes, people try to explain suffering by saying that it is “God’s will” or “part of God’s plan for my life” or “God’s way of teaching me a lesson”. These explanations assume God to be stern, harsh, even cruel and arbitrary. This image of God runs counter to a Biblical image of a kind, merciful and loving God. The God of this Biblical teaching does

not single out anyone to suffer for the sake of suffering, because suffering is not pleasing to God.

Christian tradition teaches that suffering happens to people because there is evil and sinfulness in the world. Striving to live a righteous life does not guarantee that one will be protected from the sinfulness of another.

In Christian teaching, at no point does God promise that we will not suffer in this life. In scripture, God does promise to be present to us when we suffer. This is especially evident in the Psalms which give vivid testimony to people's experience of God's faithfulness in the midst of suffering (see Psalms 22 and 55).

One's fear of abandonment by God is often strong when experiencing suffering and abuse. This fear is usually experienced by victims of abuse who often feel they have been abandoned by almost everyone: friends, other family members, clergy, doctors, police, lawyers, counselors. It is therefore very easy for victims to conclude that God has also abandoned them. For Christians, the promise to victims from God is that even though all others abandon them, God will be faithful. This is the message found in Romans.

Sometimes, people who regard suffering as God's will, believe that God is teaching them a lesson and/or that hardship builds character. Experiences of suffering can, in fact, be occasions for growth. This is often the case, but only if the person who is suffering also receives support and affirmation throughout the experience. With the support of family, friends, and helpers, people who are confronted with violence in their family can end the abuse, possibly leave the situation, make major changes in their lives, and grow as mature adults.

However, this awareness of suffering as the occasion for growth **must come from those who are suffering** and at a time when they are well on their way to renewal.

Nature of the Marriage Relationship: A Christian Perspective

Most commonly, directives on marriage based on scripture are given to women and not to men, and state that wives must “submit” to their husbands. This often is interpreted to mean that the husband/father is the absolute head of the household and that the wife and children must obey him without question. Unfortunately, this idea has also been interpreted to mean that wives and children must submit to abuse from husband and fathers. This rationalization is wrongfully used by those who abuse, as well as sometimes by counselors, clergy, and the victims of the abuse themselves.

Closer look at the actual scriptural references reveals a different picture. For example, Ephesians 5:21

“Be subject to **one another** out of reverence for Christ.”
(emphasis added)

This is the first and most important verse in the Ephesians passage on marriage and also the one most often overlooked. It clearly indicates that all Christians – husbands and wives – are to be **mutually subject** to one another. The word which is translated “be subject to” can more appropriately be translated “defer” or “accommodate” to.

“Wives accommodate to your husbands, as to the Lord”.
(Ephesians 5:22)

This teaching implies sensitivity, flexibility, and responsiveness to the husband.

In no way can this verse be taken to mean that a wife must submit to abuse from her husband.

“For the husband is the head of the wife as Christ is the head of the Church, his body, and is himself its savior” As the church is subject to Christ, so let wives also be subject in everything to their husbands”. (Ephesians 5:23 – 24)

The model suggested here of husband-wife relationship is based on the Christ- church relationship. It is clear from Jesus’ teaching and ministry that his relationship to his followers was not one of dominance or authoritarianism, but rather one of servanthood. For example, Jesus washed the feet of his disciples in an act of serving. He taught them that those who would be first must in fact be last. Therefore, a good husband will not dominate or control his wife but will serve and care for her, according to Ephesians.

“Even so husbands should love their wives as their own bodies. He who loves his wife loves himself. For no man ever hates his own flesh, but nourishes it and cherishes it, as Christ does the Church, because we are members of his body”. (Ephesians 5:28-29)

This instruction to husbands is very clear and concrete. A husband is to nourish and cherish his own body and that of his wife. Physical battering which occurs between spouses is probably the most blatant violation of this teaching and a clear reflection of the self-hatred in the one who is abusive.

“The husband should give to his wife her conjugal rights, and likewise the wife to the husband. For the wife does not rule over her own body, but the husband does: likewise, the husband does not rule over his own body, but the wife does”. (1 Corinthians 7:3-4).

The right and expectations between husband and wife in regard to sexual matters are explicitly equal and parallel, and include the right to refuse sexual contact. The expectation of equality of conjugal rights and sexual access and the need to mutual consideration in sexual activity is clear. The suggestion that both wife and husband “rule over” the other’s body and not their own refers to the need for joint, mutual decisions about sexual activity rather than arbitrary, independent decisions. A husband does not have the right to act out of his own sexual needs without agreement from the wife; likewise, the wife also. This particular passage directly challenges the incidents of sexual abuse (rape) in marriage frequently reported by physically abused wives.

The Marriage Covenant and Divorce

“for better or for worse...’till death do us part’ is commonly taken to mean “stay in the marriage no matter what”, even though death of one or more family members is real possibility in abusive families. Likewise, violence or abuse in a marriage violates the covenant and fractures a relationship. In both cases the trust which was assumed between partners is shattered. Neither partner should be expected to remain in an abusive situation. Often, one marriage partner feels a heavy obligation to remain in the relationship and does everything possible to work. This is most often true of women. A covenant relationship only works if both partners are able and willing to work on it. It is clear that God does not expect anyone to stay in a situation that is abusive (i.e. to become a doormat). In the Christian tradition, just as Jesus did not expect his disciples to remain in a village that did not respect and care for them (Luke 9:1-6), neither does he expect persons to remain in a family relationship where they are abused or violated.

In violent homes, divorce is not breaking families. Violence and abuse are breaking up families. Divorce is often the painful, public acknowledgment of an already accomplished fact. While divorce is never easy, it is, in the case of family violence, the lesser evil. In many cases divorce may be a necessary intervention to generate healing and new life from a devastating and deadly situation.

Parents and Children

Parents may use the commandment “honor your father and your mother” to rationalize their physical abuse of a child in relation for a child’s lack of obedience.

For Christians, the meaning of the third commandment is made very clear in Ephesians

“Children, obey your parents **in the Lord**, for this is right. Honor your father and mother “(this is the first commandment with a promise) “that it may be well with you and that you may live long on the earth”. Fathers, do not provoke your children to anger, but bring them up **in the discipline and instruction of the Lord**” (Ephesians 6:1-4, RSV, emphasis added)

Children’s obedience to their parents is to be “in the Lord”, it is not to be blind and unquestioning. In the addition to the instructions to children, instructions are also given to parents to guide and instruct their children in Christian values, i.e. love, mercy, compassion, and justice. Any discipline of a child must be for the child’s best interest. The caution to the father not to provoke the child to anger is most appropriate. If there is anything that will certainly provoke a child to anger, it is a physical or sexual abuse by a parent.

Too often the priest's need for the victim to finish and resolve the abusive experience leads him to push a victim to forgive the abuser. Forgiveness in this case is seen as a means to hurry the victim's healing process along. Victims will move to forgive at their own pace and cannot be pushed by others' expectations of them. It may take years before they are ready to forgive; their timing needs to be respected. They will forgive when they are ready. Then the forgiveness becomes the final stage of letting go and enables them to move on with their lives.

*The material has been prepared by the Jersey Battered Women Services.






APPENDIX 3










Service Provider's Ethical Guideline

As a domestic violence service provider, I realize that I am subject to a code of ethics. I assume certain responsibilities and account for what I do in terms of what I am expected to do. I will honor the goals, rules and regulations of the program. I will keep confidential matters confidential.

I promise to take to my work an attitude of open mindedness, to be willing to be trained for it, and to bring to it interest and attention. I believe my attitude toward work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Being eager to contribute all that I can to the goals of this program, I accept this code of ethics, to be followed carefully. While I recognize that no code of ethics covers all situations and circumstances, I agree to abide by the following guidelines:

-  I will not take responsibility for other's actions, give advice, encourage dependency, and do for them rather than empower them to do for themselves.
-  I will maintain a professional relationship with all the clients.
-  I will not share personal information about myself, discuss my own problems or engage in inappropriate socializing.
-  I understand that I am prohibited from giving out my home number and home address.
-  I will not have contact with clients outside the limits of agency property.

-  I will not give or receive gifts or lend or give anyone money.
-  I will not hire any client as a babysitter, nanny, maid, etc.
-  I will not act as lawyer, counselor, therapist, doctor, etc. to any client - even though I might be one.
-  I will protect the anonymity of all clients.
-  I will respect and protect the confidentiality of the information I receive, and I will not reveal confidences by sharing information about clients.
-  I will attend regular supervision meetings and in-service trainings.
-  I will report any complications, unusual circumstance or crises to staff immediately.
-  I understand that the use of alcohol while on my shift or arriving to my shift under the influence will result in my termination from the program.
-  I understand that any illegal activities will result in my immediate termination from the program.

Resources

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Trauma -Informed Care Protocol and Best Practices – from www.ncdsv.org/images

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WSC hotline – 099-887-808

wsc.armenia@gmail.com
www.womensupportcenter.org
 WomensSupportCenter