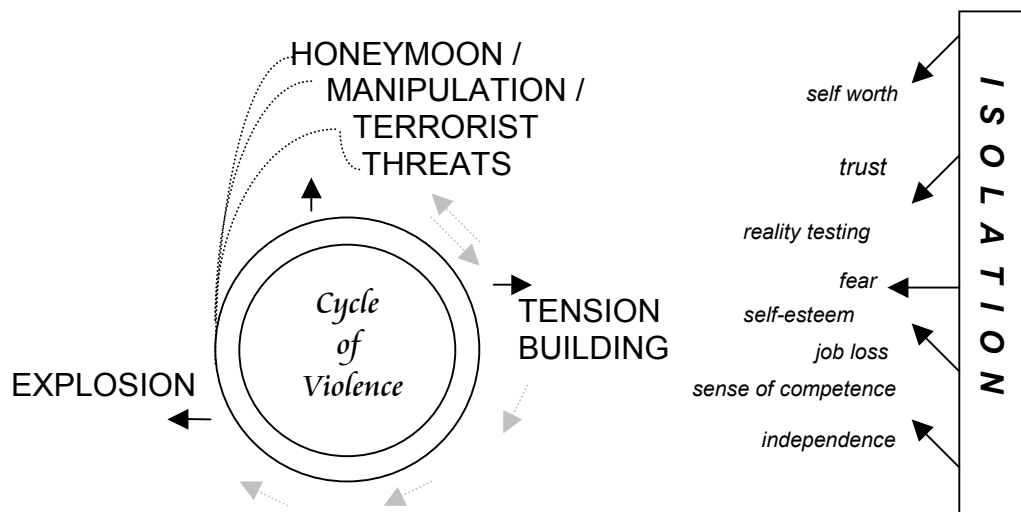


# THE IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL WELL BEING

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When working with survivors of domestic violence - as clinicians, social workers, advocates, faith community, medical personnel, legal advisors, court systems, law enforcement - the *context* of violence from which the survivor has emerged must be kept in mind. How the survivor presents is often the direct result of her/his experience, and *contextually* tends to be a logical response that facilitated survival of traumatic experience.

Webster's dictionary defines mental health as "psychological well-being and satisfactory adjustment to society and to the ordinary demands of life". For victims living with ongoing domestic violence, "ordinary" may look something like the following. And "satisfactory adjustment" may mean "*whatever it takes to survive*".



Individuals who become victims of domestic violence for the most part get caught up in a process that happens to them over time. Their abuser does not introduce him/herself with a resume that states "I will become your worst nightmare". What begins as a relationship that seems almost "too good to be true" becomes confusing, often devastating emotionally, and sometimes deadly.

In many relationships, emotional abuse is the only abuse that is dominant *initially*, and in some cases is the only type of abuse used for power and control throughout the course of the relationship. Many victims do not recognize the more subtle abusive and controlling behaviors that may occur early in the relationship for what they are. For victims who grew up in families where emotional abuse was part of their daily lives, their perceptions may be that varying degrees of abuse and control are "normal".

Traditionally socialized women are expected to nurture and to "take care of". The socialization process encourages women to take responsibility when things go wrong, and to try to "fix" the problems that arise in the emotional context of the relationship. In a domestic violence relationship, if she does recognize that a behavior doesn't feel comfortable or good - or feels bad - and comments on it, she will probably be told by her abuser that she is "too sensitive" or is

“over-reacting” or that he “really didn’t intend to make her feel bad”. If she is well socialized in traditional gender roles and expectations she is vulnerable to begin minimizing the impact of her abuser’s behavior because she feels (consciously or subconsciously) responsible for the emotional well being of the relationship.

Just as emotionally abusive behaviors tend to build in frequency and intensity over time physically abusive behaviors tend build over time as well. Whatever tactics the abuser uses, the gradual increase in frequency and intensity contributes to a gradual numbing or distancing from the emotional experience on the part of the victim, which in most cases, is a critical step in setting up the escalation in the cycle of violence.

A single incident of abuse can cause major trauma in some victims. For other victims, traumatic impact may be the result of many different types of abusive behaviors over a long period of time. What is traumatic for one individual may not be traumatic for another, so it is always important to look at each individual, and her circumstances, as unique.

The following categories of abuse are typically found, in various combinations, in domestic violence relationships. The examples of specific abusive behaviors that are provided are limited because of space.

#### Abusive Actions

- Physical abuse: pushing; hair pulling; slapping; punching; kicking; biting...
- Sexual abuse: forced/coerced sex; violent sex; attack on breasts/genitals, rape...
- Intimidation: threatening looks or gestures; brandishing a weapon; harming pets...
- Isolation: jealous outbursts; cutting off from family, friends; following her, sabotaging her car, false accusations...
- Economic Abuse: interfering with job; taking her money; destroying her credit...

#### Abusive Communication

- Emotional/verbal abuse: name calling; put downs; mind games; guilt trips...
- Minimizing, denying and blaming: the abuse didn’t happen; its not that bad; its your fault...
- Using children: denigrating her in front of or to the children; using visitation to harass...
- Threats used for control: threatening to harm her, the children, her family; threatening to report her to police, C.P.S.; suicide threats...

#### Abusive Attitudes

- Male privilege: men are in charge; make all the decisions; superior to women...
- Double standards: he can go out with his friends, she is neglecting her children if she goes out with her friends; men cheat. women who cheat are whores, ...
- Women are of less value than men: that’s *women’s* work; raising children is not a job; men deserve to get paid more...

For most victims of domestic violence, a single seriously abusive action can cause major trauma (e.g. physical assault, which can range from a slap to a beating; the brandishing of a weapon...). For some victims, a single act can be traumatic enough in intensity to set up an ongoing fear response that locks her into *feeling* intimidated and vulnerable. Her vulnerability contributes to an increase in the power and control dynamics, which increases her vulnerability... and so the cycle increases in frequency and intensity over time.

Repetitive acts tend to compound trauma. Abusive communications can be very subtle, and although major trauma does not generally result from a single incident of abusive communication, over time repetitive abuses – subtle and/or overt – can have a major traumatic impact. Because the emotional abuse that is the result of abusive communication is difficult to pin-point, the impact is often more devastating to the emotional well-being of the victim than overt physically demonstrated act of abuse.

Response to ongoing / repetitive abuse varies from individual to individual. Degrees of isolation, abuse, abuse history, context of fear, threat to life, etc. all impact response or reaction, and degree of response or reaction. The victim's perception of self as a wo/man, perception of role and responsibilities in the context of a relationship, religious beliefs and values, etc. will also impact response to abuse. Many of the reactions we see in victims begin to make sense when seen in the context of their experiences, values and beliefs.

A shared traumatic experience, or similar traumatic experiences, can result in a diversity of symptom presentations in individuals based on who they uniquely are. Symptomatic responses can thus be conceptualized as a result of specific traumatic experience or experiences *in conjunction with* the environmental context of the experience and individual perception of the experience (did this occur in isolation, was she blamed for it, was the incident minimized/denied, was it an isolated incident...). Or to put it another way, to really understand the *meaning* of symptoms and be able to provide appropriate and meaningful intervention to address those symptoms, the unique individual experience(s) of trauma, as well as context and individual coping skills must be understood.

Some of the most typical reactions to domestic violence include in varying combinations the following presentations, or symptoms.

- Sleeping too little or sleeping too much.
- Changes in eating patterns.
- Difficulty concentrating, or intense concentration to keep intrusive thoughts at bay.
- Hypervigilance to surroundings, or a decrease in awareness of surroundings.
- Avoidance of thoughts, feelings, places, activities, people and /or conversations that remind her of her abuser and/or the trauma she experiences, or a need to talk about the trauma and think about the places, activities, ... related to the trauma, repetitively.
- Irritability, or absence of emotional responsiveness/reactivity.
- Feeling detached - from her experiences, from other people in her life, *from* her life.
- Loss of interest, loss of hope.
- Apathy or outrage
- Lack of ability to recognize or experience more than a limited range of emotions (e.g. anger, sadness, guilt and/or shame).
- Anxiety – feeling restless, keyed up, on edge. Anxiety can range from mild to panic attacks.
- Flashbacks – being flooded with memory. This can be emotional, physiological, and/or cognitive (with and without visual and or auditory flashback of the trauma).
- Fear: for her physical, emotional, economic safety; for her children's safety; for her ability to recover and provide for herself (and any children) in the future.
- Feeling like she is losing her mind.
- Substance use/abuse