TWO QUESTIONS

- Why do people who experience domestic violence stay in such relationships?
- What can GP’s do to help?
WHY DO PEOPLE STAY?

- Traumatic Bonding & Captivity
- Sequelae associated with ongoing domestic violence
TRAUMATIC BONDING AND PERCEIVED CAPTIVITY (1)

- Barriers to escape that are usually invisible
- Children are trapped by their dependency
- Adults are rendered captive by economic, social, psychological subordination as well as physical force
- The relationship between perpetrator and victim is one of coercive control using a combination of force and intimidation
- The perpetrator becomes the most powerful person in the life of the victim and the psychology of the victim is shaped by the beliefs of the perpetrator
- Perpetrators are not easily recognisable, obviously deviant or disturbed
- There are often profound differences between the private reality and the public presentation of families characterised by ongoing domestic violence
- Perpetrators seek out secretive situations where their violent behaviour will be excused, tolerated or even admired
- Few people believe that extraordinary crimes can be committed by people of such conventional appearance
- The perpetrator successfully seeks to control every aspect of the victim’s life e.g. friends, relatives, car licence, outings, and daily activities. The victim initially interprets such possessive attention as sign of passionate love
- The perpetrator seeks to create a willing victim who believes the violence is justified and eventually takes responsibility for its existence
- The methods of control are based upon the systematic, repetitive infliction of psychological and physical trauma. These are organised methods of disempowerment and disconnection
TRAUMATIC BONDING AND PERCEIVED CAPTIVITY (2)

- After several cycles of repeated violence in isolation the victim comes to view the perpetrator as the saviour.

- Perpetrators uses intermittent rewards to bind the victim eg. gifts, promises of reform, remorse and appeals to loyalty and compassion.

- Perpetrators seek to isolate their victims from any other source of information, material aid or emotional support and the victim becomes increasingly dependent on the perpetrator.

- The victim totally surrenders and validates her/his self-loathing and entrapment when she/he becomes a passive bystander and thereby complicit to the abuse of children.

- The victim relinquishes inner autonomy, worldview, moral principles and connection with others for the sake of survival. The victim disconnects from feelings, thoughts, initiative and judgement. The victim may eventually become so broken that the will to live is destroyed.
SEQUELAE ASSOCIATED WITH ONGOING DOMESTIC VIOLENCE

- Physiological
- Cognitive
- Self
- Emotional
- Relationships
- Behavioural
WHAT CAN GP’S DO TO HELP? (1)

- Ask directly if you suspect domestic violence when the possible victim is alone

- Use accurate reflective and empathic listening skills. Do not judge, patronise or try to rescue the victim. Remember the victim of long-term domestic violence will almost certainly have developed a traumatic bond with the perpetrator. The victim will feel helpless, powerless and completely terrified by the domestic violence

- Assess suicidal and homicidal risk and negotiate and document contracts

- Repeatedly emphasise strengths or signs of initiative and autonomy in the traumatised person including the courageous act of self-disclosure to you. Emphasis the profound violations of basic human rights that are involved in acts of domestic violence

- Remember your responsibilities under the legislation for mandatory reporting of suspected child abuse

- Emphasise that domestic violence is always the responsibility of the perpetrator irrespective of alleged provocation
WHAT CAN GP’S DO TO HELP? (2)

- Provide information on the potentially life-threatening nature of domestic violence, its escalating nature and the short and long term damaging impact to the victims including children.

- Strongly encourage the victim to take personal responsibility to seek physical and psychological safety for all vulnerable family members.

- Emphasise the resources available in the community to assist e.g. police, domestic violence crisis team, refuges, protection orders, experienced and well-qualified mental health professionals, relevant self-help books.

- Provide information on selecting a mental health professional who is experienced and skilled in treating the complex consequences of repeated and prolonged trauma.

- Do not judge or abandon the traumatised person. You may be the only support person involved and it may take some time and many attempts before the victim is able to organise to be safe. Be a firm yet gentle anchor providing unconditional regard and ongoing strong encouragement to seek safety and skilled mental health support.

- Screen and identify any untreated physical condition, which may reciprocally interact with the intensity of psychological distress experienced by the traumatised person.