

Psychology of Abuse

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Overview

- ▶ Today we will take a brief look at
 - The definitions and patterns of abuse
 - Why not leave an abusive situation
 - Fear and the brain
 - How does this all relate to criminal behavior

“Abuse”

- ▶ What is “abuse” and who determines that it, whatever ‘it’ is, is actually abuse or abusive?
- ▶ How many times does an event have to occur to be considered abuse or abusive?
 - Once?
 - More than once?
- ▶ Does everyone who has encountered abuse respond the same way?
- ▶ Are all individuals who abuse (i.e. abusers) alike?
- ▶ How does abuse in the home effect the child(ren)?

Definitions

- ▶ What is 'abuse' anyway?
 - Verbal
 - Physical
 - Sexual
 - Psychological
 - Financial
 - Any combination of the above listed types

Some answers

- ▶ To answer the questions in the questions in slide 2:
 - Abuse is defined as above, for example, and determined not from the perpetrator's perspective, but from his/her behaviors
 - Once is too often.
 - However, it is the pattern (the frequency, severity, consistency) of the behavior that we study and look—and that which we will be discussing today.
 - Individuals who have been abused do respond similarly
 - Individuals that abuse do evidence similar patterns
 - Variable effect occur as children witness abusive situations
 - * *Of course, there is some variability or individuality that is in both the abused and abuser.

Why doesn't she leave?

- ▶ 1970's Lenore E. Walker
- ▶ National Violence Against Women Study (2000)
 - Lifetime= 25% of women & 7.6% of men reported being raped or assaulted physically
 - Past 12 months= 1.5% women & 0.9% men raped or assaulted physically
 - Under-reported!

Battered Spouse Syndrome

- ▶ ‘Spouse’ to “partner”
- ▶ Syndrome= cluster of psychological symptoms
 - caused by living in violence
 - Trauma/chronic stress and fear
 - Lead to anxiety spectrum D/O
 - PTSD
 - Obsessive–Compulsive D/O
 - Stress related physical symptoms

Common Factors in Domestic Violence

- ▶ Risk Factors (perpetrators and victims)
 - History of Domestic Violence
 - Poverty
 - Recent move to new country, culture
- ▶ Perpetrators
 - Power and Control
 - Mental Illness
 - Antisocial Personality Disorder

Violence Feeds on Itself

- ▶ Often starts out as a positive relationship
 - He's attentive
 - Great chemistry and sex
 - "In love" immediately
 - Rescued from bad situation

First Episodes of Abuse

- ▶ Often denied, rationalized, explained away—make excuses for it
- ▶ Victims don't talk
 - Protecting
 - Feeling shameful
 - Fear
 - Maintain relationship and lifestyle

Cycles

- ▶ “Honeymoon” phases
- ▶ Slow escalation
 - Debasement over time
- ▶ Isolation
- ▶ Helplessness and ‘learned helplessness’
- ▶ LOC (Locus of Control)

Leaving

- ▶ Not the 1st time---maybe not even the 101st time
- ▶ Less able to leave over time
 - Fear: of reprisal, financial, emotional
 - Children
 - Isolation and support system
 - Timing
 - Leaving is often the most dangerous time in the relationship
 - Pregnancy often escalates abuse

In The Brain

- ▶ Victim changes over time
- ▶ Chronic stress
- ▶ Hippocampus= learning and memory
- ▶ Amygdala= emotional brain
- ▶ Orbito- and pre -frontal Cortex=emotions and social behaviors & functioning
- ▶ Cingulate= process information
- ▶ Hypothalamus= chemical (hormones, neuropeptides) stimulations

Conditioned Fear

- ▶ Body responds/reacts
- ▶ Increases in BP, respiration, breathing, anxiety
- ▶ Triggers flashbacks, fear, worry, sleep problems, substance use...
- ▶ Anxiety Symptoms
- ▶ Depression
- ▶ PTSD Symptoms
- ▶ OCD

Long Term Effects

- ▶ Sense of self
- ▶ Anxiety, OCD, PTSD, Depression
- ▶ Takes responsibility for perpetrator's behavior
 - Dependent/co-dependent
 - Conditioned fear responses
- ▶ Problems w/emotional dysregulations
- ▶ Memory, attention, impulse control, judgment effected as result of brain changes
- ▶ Emotionally and behaviorally over-reactive
- ▶ Daily life in a war zone

“Snap”

- ▶ Snapping out of the war zone or because of it can lead to legal impairments
- ▶ Prosecution of the a person who has ‘snapped’ involves various components— which we will not focus on today
- ▶ Defense of the person is where we will spend a few minutes
 - A full CLE regarding defending a client who has ‘battered spouse/partner syndrome’ will occur at a later date

Legal Trouble

- ▶ How does a person who has been in an allegedly violent relationship present as a client?
- ▶ How is the situation assessed?
- ▶ Let's take a person charged with PFMA as an example. Let's say the following:
 - 1.) Client is charged with PFMA w/o Hx of legal impairments or MH treatment. When discussing with your client the possible sentences that she could be facing, she is unresponsive, emotionally aloof and appears unconcerned

Legal Trouble cont.

2.) Client is charged with PFMA, is reposeful, apologetic, mildly hysterical and tells you she was in an abusive relationship. Looking at the history—which there isn't any- 'nothing' seems to indicate abuse; there are no police or hospital reports. Alleged victim is calm, cool and collected.

Legal Trouble cont.

3.) Client is charged with PFMA, is clean cut, calm, well dressed and spoken, claiming he didn't even touch her—indicating he never has and wouldn't.

Wrap up

- ▶ Situations that you have encountered?
- ▶ Any questions?
- ▶ If you would like more information or have comments or suggestions, please let me know:
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