



# Domestic Violence



  
**UTHealth**<sup>®</sup>  
The University of Texas  
Health Science Center at Houston



# Domestic violence: Signs and resources

**M**ost, if not all, of us want to find love and be in a committed relationship. But as most of us know, this doesn't always happen. Some people never find a romantic partner and others end up in unhealthy relationships or marriages.

According to the National Institute of Justice (NIJ), domestic violence or intimate partner violence describes physical, sexual or psychological harm by a current or former intimate partner or spouse. Violence by an intimate partner has both immediate and long-term effects.



To have a healthy relationship that is based on equality, your relationship must be built on:

TRUST

OPEN COMMUNICATION

MUTUAL RESPECT

HONESTY

SUPPORT FOR ONE ANOTHER

FAIRNESS

GOOD SENSE OF HUMOR

Research shows intimate partner violence occurs in all social, economic, religious and cultural groups. According to the Family Violence Prevention Fund, one in every three women in the world has experienced sexual, physical, emotional or other abuse in her lifetime. In the United States, one in three women and one in four men have been victims of physical violence by an intimate partner. Victims can suffer one or several characteristics of domestic violence at the hands of their abuser.

Relationships can make you a better person or a bitter person. To have a healthy relationship, both parties must want equality and work together to improve the relationship.

If someone you know is in an abusive relationship, as their friend or family member, you can show support by helping them identify resources for counseling, women's shelters or support groups and validating their concerns and encouraging them to get help.

If you are currently experiencing any of the abuse characteristics mentioned below and are in immediate danger, call 911. If you are currently experience any of these domestic violence characteristics mentioned below, please submit an online contact request on the UTHealth Employee Assistance Programs website (<https://inside.uth.edu/ut-counseling/contact-us-form.htm>) or call 713-500-3327 for immediate assistance, or contact the MD Anderson Employee Assistance Program at 713-745-6901.

### Physical Abuse

- Hits, punches, kicks, shoves, chokes or slaps you
- Uses weapons to inflict harm or threaten you
- Controls what you eat or when you sleep
- Forces you to use drugs or alcohol
- Stops you from seeking medical treatment or calling the police

### Emotional Abuse

- Attacks your sense of self-worth
- Insults you, calls you names, criticizes you or humiliates you
- Acts jealous, possessive or accuses you of being with other partners
- Withholds affection or acknowledgement in order to punish you
- Cheats on you intentionally and, in some cases, repeatedly
- Lies to you

### Psychological Abuse

- Threatens to hurt you, your loved ones, your pets or your children
- Controls the time you spend with others, or monitors where you go
- Controls what you wear, often with the accusation that you attract too much attention
- Damages or steals your belongings
- Blames you for the abuse, stating that you deserve what happens or that you instigated the problem
- Gaslights. Says things to make you question your perception of reality, such as “That never happened, you never remember correctly,” or “Don’t get angry over such little things, you’re too sensitive.”

### Sexual Abuse & Coercion

- Forces or manipulates you to perform sexual acts
- Demands sexual acts when you’re not willing or able
- Harms you during sex by choking, holding or striking you without your consent
- Forces you to watch pornography
- Insults you in sexual ways

### Reproductive Coercion

- Refuses to use a condom or other method of birth control
- Refuses to let you use birth control
- Sabotages birth control efforts such as poking holes in condoms, swapping out birth control pills, etc.
- Forces you to become pregnant
- Forces you to have an abortion, or prevents you from having the procedure, regardless of your wishes

### Financial Abuse

- Prevents you from having access to bank accounts with your money
- Only permits you to spend from an allowance
- Monitors how you spend money and decides what you can or cannot buy
- Steals your money or uses your savings without your permission
- Refuses to contribute to shared expenses such as rent, food, child care, etc.

### Digital Abuse

- Sends you insulting or threatening messages over text, email or social media
- Uses social media sites like Facebook to track what you are doing and where you are
- Demands you send sexually explicit photos or videos of yourself, or sends you similar digital images
- Looks through your phone and checks your call history, texts, pictures, etc.
- Orders you to not turn off your phone or punishes you when you don’t answer



# Domestic violence: Essential to change

**R**esearch shows abusers do not fit into a particular mold, they cannot be identified in a crowd on looks or personality alone. Abusers are in all social, economic, religious and cultural groups. According to the Centers for Disease Control and Prevention, abusers cross all age groups, with “violent behavior typically beginning between the ages of 12 and 18.”

According to the 2011 National Intimate Partner and Sexual Violence Survey nearly three in 10 women and one in 10 men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner. Domestic violence can impact a victim’s life, including being fearful, concerned for safety, post traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim’s advocate services, need for legal services or missed at least one day of work or school.

There are several possible reasons why some people become abusers.

Causes of abuse:

BELIEFS OR ATTITUDES  
TOWARD “TRADITIONAL”  
MALE AND FEMALE ROLES

NON-ASSERTIVE,  
JEALOUS OR  
SUPPRESSED FEELINGS

WANTING TO EXERT  
CONTROL OVER THEIR  
LIVES AND THOSE IN IT

POOR COMMUNICATION  
SKILLS

INSECURE IN THEIR  
RELATIONSHIPS AND SELVES

MAY HAVE PREVIOUSLY  
EXPERIENCED ABUSE

MAY HAVE LEARNED THE VIOLENCE IN THEIR CHILDHOOD HOME  
AND CARRIED THE PATTERNS OF ABUSE THROUGH THEIR ADULT LIVES

## First steps toward healthy relationships

Typical questions asked by loved ones and family members are: What treatment options are available to abusers? Can they really be helped? First and foremost, for any treatment to be successful, abusers must:

- Acknowledge they have a problem,
- Be honest about their abusive actions, and
- Make a decision and conscious effort daily to implement strategies learned in treatment.

## Signs of changed behaviors

During and after treatment, what are indicators of change in the abuser?

- Admitting fully to what they have done,
- Has stopped making excuses,
- Making amends,
- Accepts responsibility and recognizing that abuse is a choice they make,
- Not declaring themselves “cured,” but rather accepting that overcoming abusiveness is a decades-long process,
- Demonstrating respectful, kind and supportive behaviors,
- Not blaming their partner or children for the consequences of their actions,
- Changing how they respond to their partner or former partner’s anger and grievances,
- Not demanding credit for improvements they’ve made, and
- Consistent changed behavior.

## How individual therapy can work with group therapy

Individual therapy as a treatment option can be beneficial when the abuser is also attending group therapy or a Batterer’s Intervention Program (BIP). Attending individual therapy can help the abuser address personal issues triggered by the group therapy process. Alone, individual counseling is not as effective. The effectiveness of group therapy lies in the ability of its members to hold each other accountable in a structured supportive environment.

## Batterer’s Intervention Programs (BIPs)

BIPs makes the victim’s safety a priority. The long-term weekly classes are designed to address every aspect of abuse, stop violence and educate the abuser about non-violent strategies for having healthy interpersonal relationships. According to the U.S Department of Justice, Office of Justice Program and National Institute of Justice, providing treatment for a longer period of time (26 or more weeks) helped reduce battering during the term of treatment and for some time thereafter. Regardless of the treatment, one thing researchers and mental health providers agree on is the abuser cannot do it alone. They need help changing their ways of thinking and behaving.

## Why anger management doesn’t work

Without these components, there is little hope for change in their behavior. The individual must want help before change can take place. Many years ago, anger management classes were thought to be an effective treatment in addressing the abusers anger. “After 20 years of anger management classes, the research is clear. Anger management classes do not work. The issue regarding domestic violence is power and control. The offender is likely to beat or abuse the victim whether or not he or she is angry,” explains George Anderson, M.S.W., founder of Anderson & Anderson, the world’s largest provider of anger management counseling.

## Why couples therapy doesn’t work

While typically requested, couples therapy is also not an effective treatment because it does not lend itself to focusing on the thoughts, feelings and behaviors of the abuser. Couples therapy places responsibility of the abuser’s change on both people, rather than solely on the abuser.

In couples therapy it would be easy for the abuser to try and redirect the focus of treatment to the spouse/significant other’s behavior. This results in the victim staying in the cycle of violence - tension building, explosion and honeymoon phase. Abusers should be the focus of the treatment and must understand they are solely responsible for changing their own behavior.

There is a significant increase risk of the victim being abused at home after expressing concerns in



therapy and this is a major concern of clinicians and researchers alike. Therefore, couples therapy as an initial treatment strategy is not a viable option. When to begin couples therapy is a decision the abused partner should speak with a mental health care provider to determine.

## Early prevention

Early prevention also needs to be considered to help break the cycle of violence. Abusers can be identified in age groups as young as 12. Teaching pre-adolescents the definition and characteristics of healthy relationships, appropriate and inappropriate behavior in both family relationships as well as interpersonal relationships moves in a positive direction toward breaking the cycle. In hopes of decreasing incidents of intimate partner violence, laying the foundation early may encourage abusers and potential abusers to seek treatment earlier, resulting in reduced intimate partner violence and healthier relationships overall.

Victims should also pay attention to any red flags or uncomfortable feelings or thoughts they might have when they interact with their abuser. While it's crucial the abuser acknowledge that treatment is a long term process, it's also vitally important for the victim to acknowledge the same. Consistency over a period of months, not just weeks, should be the focus. In other words, are the abuser's changes lasting? Just because the abuser is nice for 30 days doesn't necessarily indicate lasting change. The victim as well as the abuser has to allow sufficient time for the abuser to work through their behavioral issues. The time period varies for each person and every relationship.

If you find you are in need of support or counseling, you can submit a confidential online contact request on the UTHHealth Employee Assistance Programs website (<https://inside.uth.edu/ut-counseling/contact-us-form.htm>) or call 713-500-3327 for immediate assistance, or contact the MD Anderson Employee Assistance Program at 713-745-6901.

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## Resources

**If you are in immediate danger, call 911.**

UT Police at Houston	713-792-2890
UTHealth Student Health and Counseling Services	713-500-5171
UTHealth Crisis Hotline: IM UT	713-500-4688
Workplace Violence	713-792-7867 (STOP/2-STOP)
UTHealth Employee Assistance Programs	713-500-3327
MD Anderson Employee Assistance Program	713-745-6901
UTHealth Title IX Office	713-500-3131
MD Anderson Title IX Office	713-745-6947
Houston Area Women's Center	713-528-2121
Houston Area Women's Center, Rape Crisis Hotline	713-528-7273
Domestic Violence Hotline	713-528-2121
National Domestic Violence Hotline	1-800-799-7233 (SAFE) or 1-800-787-3224 (TTY)
United Way	713-957-4357 or dial "211" anywhere in the state of Texas
Aid to the Victims of Domestic Violence (AVDA)	713-224-9911
National Coalition Against Domestic Violence (NCADV)	303-839-1852



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