



**JAMAICA FAMILY  
PLANNING ASSOCIATION**

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# **INTIMATE PARTNER VIOLENCE (IPV) TRAINING**

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# OBJECTIVES



Increase knowledge about Intimate Partner Violence (IPV)



Familiarize participants with the laws of Jamaica that protect victims of IPV



Provide participants with the ability/skill to use an IPV screening tool to identify IPV risks and vulnerable individuals



Provide the necessary referral to appropriate services for individuals identified as vulnerable.

# **MODULE 1 – INTRODUCTION & CONCEPTS RELATED TO IPV**

- **Definition and Terms**
- **Current Context & Global Prevalence**
- **Gender and IPV**
- **The Cycle of abuse**
- **Understanding Trauma**
- **Possible Causes**
- **Consequences/Outcome**
- **Socio-cultural reinforcers**



# WHAT IS INTIMATE PARTNER VIOLENCE (IPV)?

Any intentional or unintentional behaviour or acts of aggression, including coercion and controlling behaviour” or threats of such acts by a **partner** or **ex-partner**, OR **family member**, that result in:

- ❖ Physical, sexual or psychological harm or suffering
- ❖ Neglect or deprivation of rights and freedom; including threats of such acts (Adapted, World Health Organization, 2016).

**IT IS PERVASIVE AND KNOWS NO BOUNDARIES (PASTORS; POLITICIANS; JUSTICE PRACTITIONERS; POLICE; ETC.)**

# DEFINITION AND TERMINOLOGIES

- ❖ **Domestic Violence (DV)** - Domestic violence is defined as violence perpetrated by intimate partners and other family members
- ❖ **Family Violence (FV)** - covers physical, social, sexual, economic and emotional abuse and acts of aggression within relationships that are considered as family connections. It includes married couples, intimate partners whether living together or dating, and violence between parents and children, sibling violence, elder abuse, violence between close relatives such as uncles, nieces, nephews, grand-parents, grand-children, adopted parents and adopted children, foster parents and foster children, step-parents and their step-children plus step-siblings.

## DIFFERENT NAMES ... SAME ACTION

- ❑ Child Abuse, Family & Sibling violence
- ❑ Spousal Abuse
- ❑ Domestic Violence
- ❑ Abuse of elderly or Persons with Disabilities
- ❑ Vulnerable Partner violence
- ❑ Community based violence



**NB** The term **GENDER BASED VIOLENCE** is almost exclusively used for violence against women and girls

# DOMESTIC VIOLENCE TERMS?

- ❖ Women and Children are **DISPROPORTIONATELY VICTIMS**
- ❖ While elderly and persons with disability are **HIDDEN VICTIMS**
- ❖ Men are what is called the **SILENT/INVISIBLE VICTIMS**

**NB** Men are also often referred to as "**SECOND-CLASS VICTIMS**" as they are less likely to be taken seriously by police, their pastor lawyers, counsellors and even their friends.

# GENDER ISSUES AND DOMESTIC VIOLENCE

- ❑ **MEN** abusers usually act out of a feeling of **entitlement and power**. *(tends to be physical)*
- ❑ **WOMEN** usually act out of **retaliation, self-defence or principles** *(feeling they are doing the right thing)*. *(tends to be psychological)*



**NB** # Women are twice more likely to initiate domestic abuse.  
# Girls are more likely to be sexually abused, while boys (*and women*) are more likely to be physically abused.



# DOMESTIC VIOLENCE



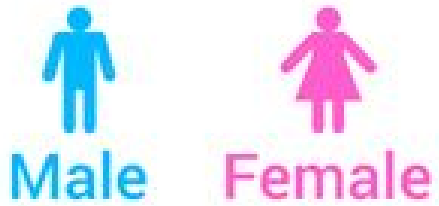
**ARE YOU A VICTIM?**

# CONTEMPORARY UNDERSTANDING OF GENDER

- Traditionally gender referred to male or female. Contemporarily, **Gender**, unlike sex, which is purely assigned by genetics, **is more difficult to define**.
- The term **Gender** refers to the characteristics of men and women, (boys and girls) that are constructed through social interaction.
- **Gender** includes norms, behaviours and roles associated with being a man or woman, as they relate to each other in a particular culture.
- In our society, gender roles and gender stereotypes have become highly fluid and can be seen to shift substantially, even over short period of time.

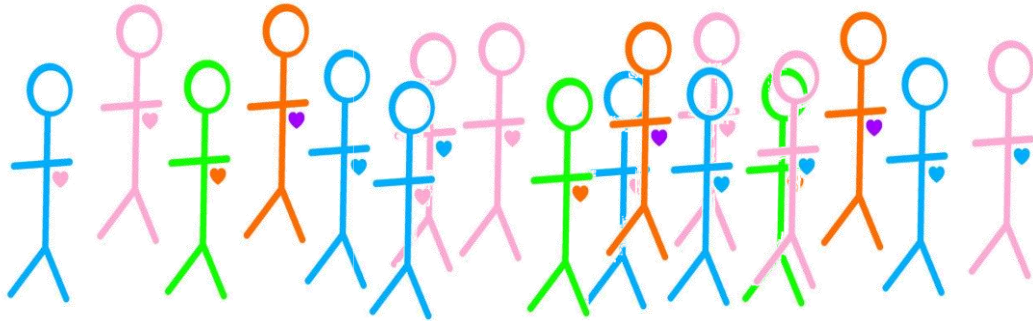


# THE WORLD'S VIEW ON GENDER



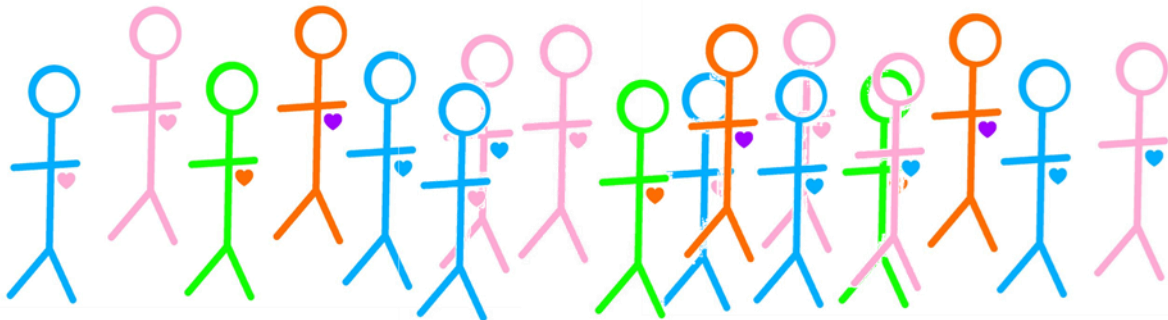
**The Bible defines only 2 genders.**

*("take 2 of every kind with you in the ark" **Gen. 6:20**)*



- **American children are being taught that there are as much as **58-64** genders**

<https://www.healthline.com/health/different-genders>



- **Canadian Children are taught that there are at least **72** genders!!**

<https://teentalk.ca/learn-about/gender-identity>

# DEFINITION AND TERMINOLOGIES

- ❖ **Gender Based Violence (GBV)** - GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender).
- ❖ **Violence Against Women (VAW)** - Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women

# DEFINITION AND TERMINOLOGIES

- ❖ **Gender non-conforming groups** - Identifying with a gender or having a gender expression that is not in accordance with society's masculine or feminine gender norms.
- ❖ **LGBTQI+** - Lesbian, gay, bisexual, transgender, queer and intersex
- ❖ **Spouse** - An unmarried party who has lived or cohabited with another party as man and wife for five (5) years or more.



# OTHER TERMS

- ❖ **Victim/survivor** - Anyone who have suffered physically, emotionally, mentally, financially or any impairment of any fundamental rights as a result of a crime/assault.
- ❖ **Child** - Is defined by the Convention of the Rights of the Child and the Jamaican Child Care and Protection Act as every human being below the age of 18 years.
- ❖ **Adolescent** - Defined by the UN as those between 10 and 19 years old.
- ❖ **Persons Living with Disabilities (PLwD)** - Includes “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. ([The United Nations Convention on the Rights of Persons with Disabilities \(2008\)](#))

# OTHER TERMS

- ❖ **Mandatory Reporting:** Is a legal requirement for service providers (such as police officers, social workers and teachers) who are obliged to report suspected abuse and neglect of vulnerable people (such as children, people living with disabilities, the elderly) to the police or to other governmental authorities. Mandatory reporting can result in legal requirements overriding the survivor's consent.
- ❖ **Informed Consent:** Is a process in which a person grants permission before an intervention, service or treatment or before the disclosure of personal information. All relevant information and facts must be provided before giving consent.

# ***“Sexual violence against women and girls in Jamaica: “just a little sex” - Amnesty International, 2006***

*One Jamaican woman who was abducted from her workplace and gang-raped at gunpoint recalled, **“The lawyer made me feel like a slut in court. He tried to convince the court that I was the guilty one, even though they were the ones that did such a terrible thing to me.”***

*Violence against women in Jamaica persists because the state is failing to tackle discrimination against women, allowing social and cultural attitudes which encourage discrimination and violence.”*

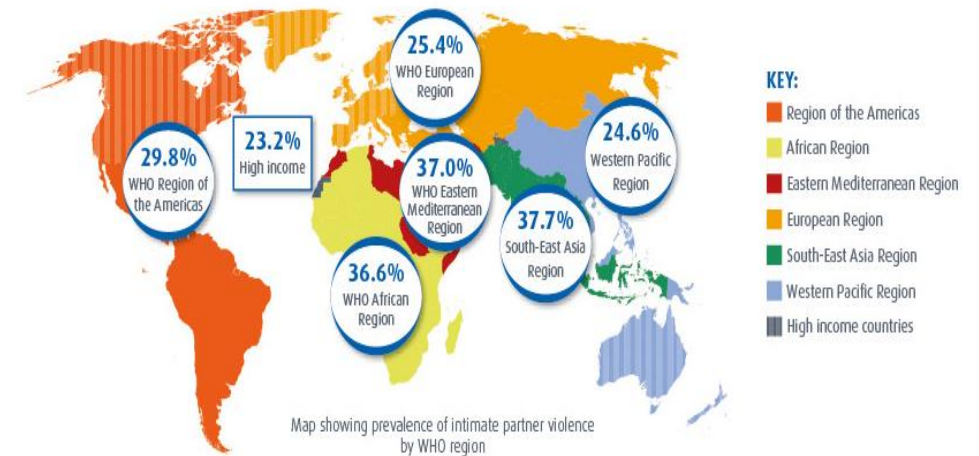
<https://www.amnesty.org/download/Documents/72000/amr380022006en.pdf>



# THE GLOBAL PREVALENCE OF DOMESTIC VIOLENCE

- Globally, **15-38%** of homicide of women are linked to domestic violence.
- Increasingly the victims are becoming younger in age, so too are the ages of the perpetrators
- It is being discovered, that by the time of the first report, a majority of persons have had previous incidences of being victimized.

## VIOLENCE AGAINST WOMEN: PREVALENCE



**NB Men who were sexually abused as boys or teens may also respond differently than men who were sexually assaulted as adults.**

# PREVALENT MALE DOMESTIC VIOLENCE

Approximately **1 in 4 women (23.2%)** and **1 in 7 men (13.9%)** have experienced severe physical violence by an intimate partner in their lifetime.

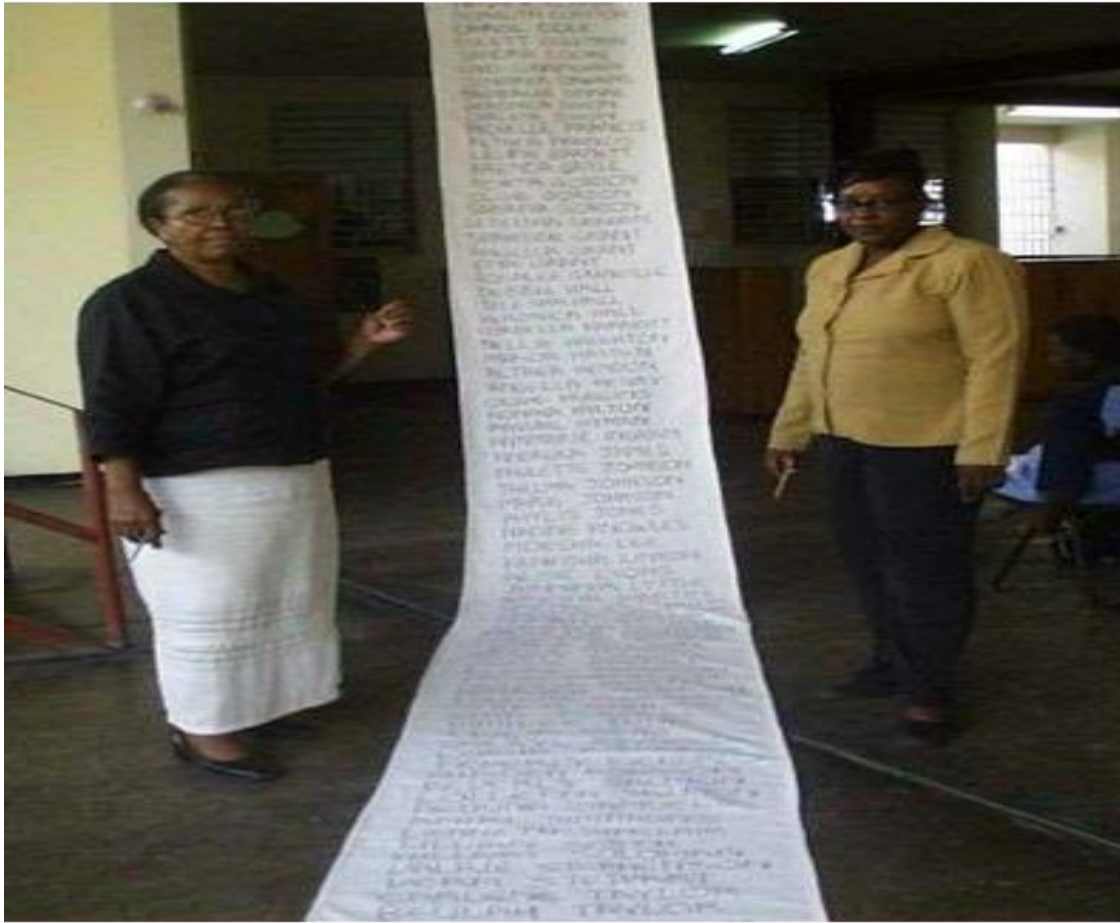


- While the regular reports by gender activist speaks to 1 in 7 men as victims. Research have reported number as high as **4 in every 10 men** will be a victim of IPV in their lifetime.
- When boys are added to the stats the numbers are believed to be much higher.

<https://jamaica-gleaner.com/article/lead-stories/20160911/men-silent-sufferers-male-victims-domestic-abuse-less-likely-cry-out>

**NB DOMESTIC VIOLENCE** including among females and males is believed to be 6 times more prevalent than is being reported.

# DOMESTIC VIOLENCE - JAMAICA



- Sexual assault is the second-most-common cause of injury for women, after fights. 5% of all violent injuries seen in hospitals are caused by sexual assaults.
- But the sexual assault investigation units in Jamaica estimate that only 25% of sexual violence is reported.
- **In 2020 the VSD provided services to 759 cases of Domestic Violence.**

Scroll of names Women and children victims murdered in 2004. © Women's Media Watch **sex** Amnesty International

*“Sexual violence against women and girls in Jamaica: “just a little sex” Amnesty International, 2004*

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# 2017, 450 CASES OF RAPE WERE REPORTED TO JCF

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Clear up rate of 39.6% - arrests

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66% of women affected by physical and sexual violence do not seek help from formal services

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Of those who do, 32% of them sought help from the police

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12% from health services

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80% tell friends, family, neighbour

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Most only seek help from the police for severe injuries or threats

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4 out of 10 women who sought help indicated they did not receive it.

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An estimated 40 per cent of Jamaican men are battered by their women and suffer in silence -  
**Norman Grindley**



UPDATED:  
**'Wo-manhandled'** -  
Battered men make up 40 per cent of domestic violence victims ..  
Policeman sticks with abusive wife for 15 years

As more agencies turn their searchlight on sexual abuse of the country's young girls, there is an increasingly loud call for more emphasis to be placed on boys who are victims of sexual abuse... I am disappointed that there appears to be no overwhelming drive towards identifying and assisting male victims.

Everton Hannam, chairman of the National Parent-Teacher Association in Jamaica

<https://jamaica-gleaner.com/article/lead-stories/20150531/boys-bear-pain-alone-sexual-assault-males-under-reported>

# MALE VICTIMS OF SEXUAL ASSAULT

Male victims of sexual abuse, have been known to suffer:

- A greater risk of anxiety and depressive disorder; suicide or fears of shortened future; fits of rage and anger.
- Flashbacks and feeling of vulnerability to other similar attacks
- Avoidance issues or withdrawal from relationships, out of fear that *“persons may look at them and see that they have been assaulted.”*
- Concerns or questions about sexual orientation (especially if you experienced an erection or ejaculation); Feeling like “less of a man”
- Guilt, shame or self-blame and may even harbour fears of eternal judgement.



There is an overwhelming need for confidential, non-judgmental support for men and boys who have been the victims of sexual abuse.

# ROOT CAUSES THEORIES OF IPV

1. Harmful social norms, attitudes, behaviours, and practices
2. Discriminatory gender norms
3. Inequitable power relations and power sharing issues between women and men influenced by socio-economic factors
4. Impulse control issues and other psychological issues
5. Drug use and abuse
6. Illiteracy



# NATURE AND PROFILE OF DOMESTIC ABUSER

- The abuser may be describes as the average male, regardless of education, class or religious belief
- Low self concept resulting from childhood abuse, disapproval or neglect
- May actually be a high achiever but deep inside, still perceives themselves as a failure to achieve personal goals
- Low frustration tolerance levels
- **This abuser may be male or female**

**NB BEAR IN MIND...**

**ANYONE CAN BE AN ABUSER!**

**ANYONE CAN BE ABUSED!**



# NATURE AND PROFILE OF DOMESTIC ABUSER cont'd

Psycho-  
Emotional

Verbal  
Physical  
Sexual  
abuse

Financial/  
Economical

1. **CHARMING**. - Initially, showers partner with praise, adoration, and attention. courtship is sweet and intense
2. **JEALOUS** - Views others as a threat to the relationship and accuses you of flirting with everyone;
3. **MANIPULATIVE** – A master at manipulation. Knows how to detect your weak spots, and uses your vulnerability to their advantage.
4. **PSYCHO-EMOTIONAL CONTROLLING** - Accusations and name calling or generally scaring, belittling, shaming; even tries to turn the children against you; history of abuse

## IPV DANGER SIGNS (PROFILING)

- 5. MOOD SWINGS:** One minute they seem “sweet” and repenting; the next they are “sour.”
- 6. “VICTIMING”:** Blames you for their actions and for the breakdown in the relationship.
- 7. CRITICAL:** Despite your efforts, you are criticized until you begin to feel ugly and useless.
- 8. BATTERER:** You find yourself in an escalating spiral of abuse; ever changing rules; their very presence sets you on “edge.”
- 9. PHYSICALLY CONTROLLING** – Stalks and tries to know where you are going and who you are with at all times. Tracks your movements. Takes your money; prevents you from progressing in life.



**INTIMATE PARTNER VIOLENCE  
(SOCIO-CULTURAL REINFORCERS)**

# 9 PRECIPITATING FACTORS - WHY PEOPLE STAY IN ABUSE



1. A culture of *tolerance*; *violence*; *silence*; and *victim blaming*
2. Psycho-socio-cultural conditioning or programming
3. Absence of positive role models or adequate support
4. Imbalance of power dynamics in relationships
5. Illiteracy; low self-esteem and other dependency issues
6. Ill-health and other dependences
7. The children factor
8. Drug and mental health issues
9. Non standardized pre and post marital counselling
10. Systemic Impotency in the social, legal, educational, and law enforcement system.
11. Fear of the unknown (poverty; unmet needs; no where to go; the unmarried identity crisis
12. Female abusers are hard to detect



While the findings suggested that **institutional response is slow for women, support for men are virtually non-existent.**

# SOCIO-CULTURAL REINFORCERS - WHY THE ABUSED STAY

13. "I love him/her or he/she loves me"
14. Sympathetic to the abuser
15. A violent man/father is better than no man or father-figure at all.
16. Absence of adequate support (abusers know you have no place to go)
17. Social stigmatization - singleness; separation, being abused
18. Fear of the unknown or unmet needs
19. Non standardized pre and post marital counselling
20. Falling away from Biblical mandates for marriages
21. **Fear of falling** away from the Biblical mandated **(relationships, marriage, forgiveness, etc)** fear of losing ones **MINISTRY** *(when the abused is clergy)*



**NB** While the findings suggested that **institutional response is slow for women, support for men are virtually non-existent.**



# END OF MODULE 1

Questions; feedback or  
take away



# JAMAICA FAMILY PLANNING ASSOCIATION



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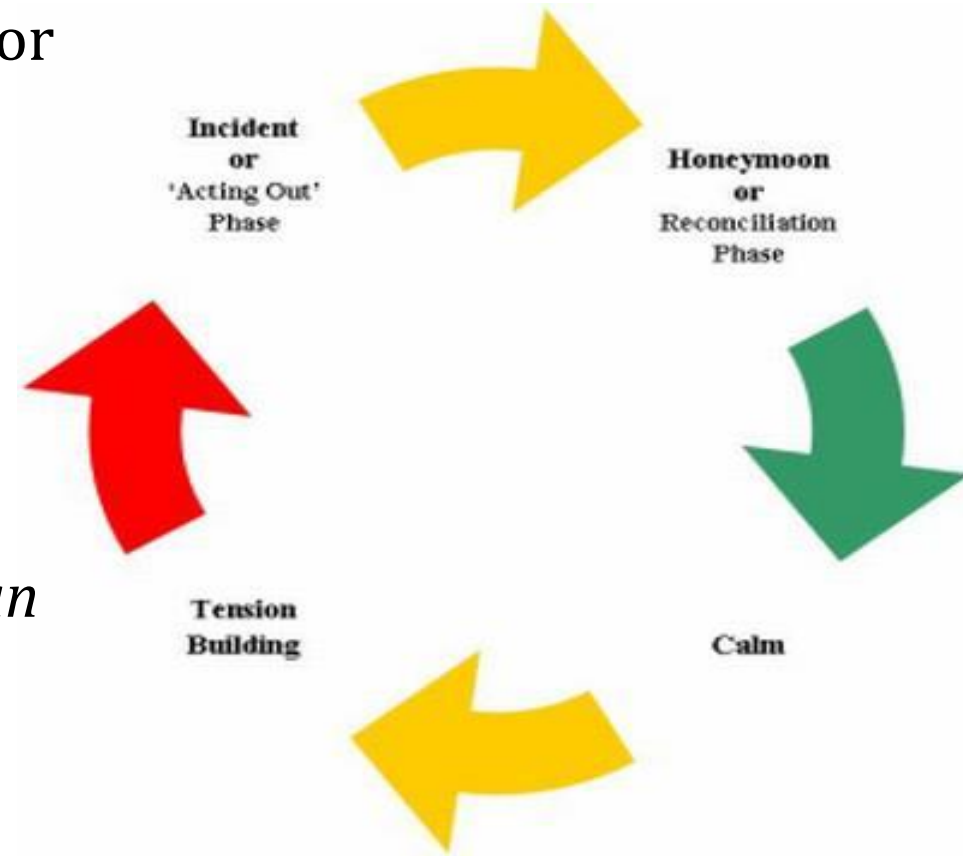
# MYTHS THAT CONTRIBUTE TO THE CYCLE OF VIOLENCE

- **MYTH 1:** A man's home is his castle. He is the king of the castle and has a right to do whatever he chooses there.
- **MYTH 2:** A woman who gets beaten usually brings it upon herself
- **MYTH 3:** Domestic violence is a family problem
- **MYTH 4:** A woman who stays with her husband or boyfriend after being beaten is either stupid or likes being beaten.
- **MYTH 5:** Abuse in a relationship is a sign of love and care



# CYCLE OF DOMESTIC VIOLENCE

- ❑ **TENSION BUILDING:** Abuser becomes tense, angry or depressed – quarrels; blame
- ❑ **INCIDENT:** Abuser strikes using words or actions
- ❑ **RECONCILIATION:** Abuser may beg for forgiveness; offer gifts; promise to stop/change
- ❑ **CALM:** Abused soon begin to feel responsible for conflict or fearful of doing anything to breakdown “*an emerging good thing*”
- ❑ **This opens the door for the CYCLE OF ABUSE to begin all over again.**



TRAUMA

STRESS

POSITIVE

TOLERABLE

TOXIC

# UNDERSTANDING TRAUMA

- Meridian Dictionary - a deeply distressing or disturbing experience.
- American Psychological Association (APA) defines "trauma" as a person's emotional response to an extremely negative (disturbing) event.



Only a small minority of exceptional people appear to be relatively invulnerable in these extreme situations (Kilpatrick, 2000)



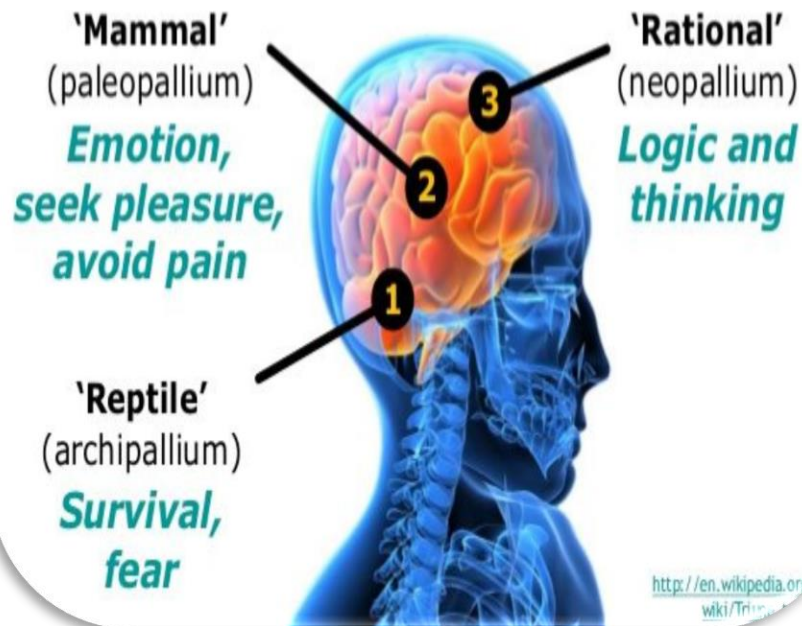
## POTENTIAL OUTCOME

- ❑ **FATAL OUTCOME:** Suicide; Homicide
- ❑ **NON-FATAL OUTCOME:** Injuries; self-abuse (e.g., substance; mutilation)
- ❑ **SOCIAL:** Stigmatization; isolation; truancy; broken families; deprivations
- ❑ **PSYCHOLOGICAL:** Memory and learning problems; Health problems; neurological conditioning (**FIGHT; FLIGHT; FREEZE response**); Problems with intimacy; Sexual Dysfunctions; Low self-esteem issues; Personality disorders; Health Complications; Hyper-vigilance & Hypo-vigilance (**learnt-helplessness**)

**NB** An abused child can become an abuser through a process called **Reaction Formation**, a defense mechanism in which a person unconsciously develops attitudes and behavior that are the opposite of unacceptable behaviour they are trying to repress.

# NEUROLOGY AND LEARNT HELPLESSNESS IN IPV

## The triune brain



The order of response under normal (positive or tolerable) stress situations:

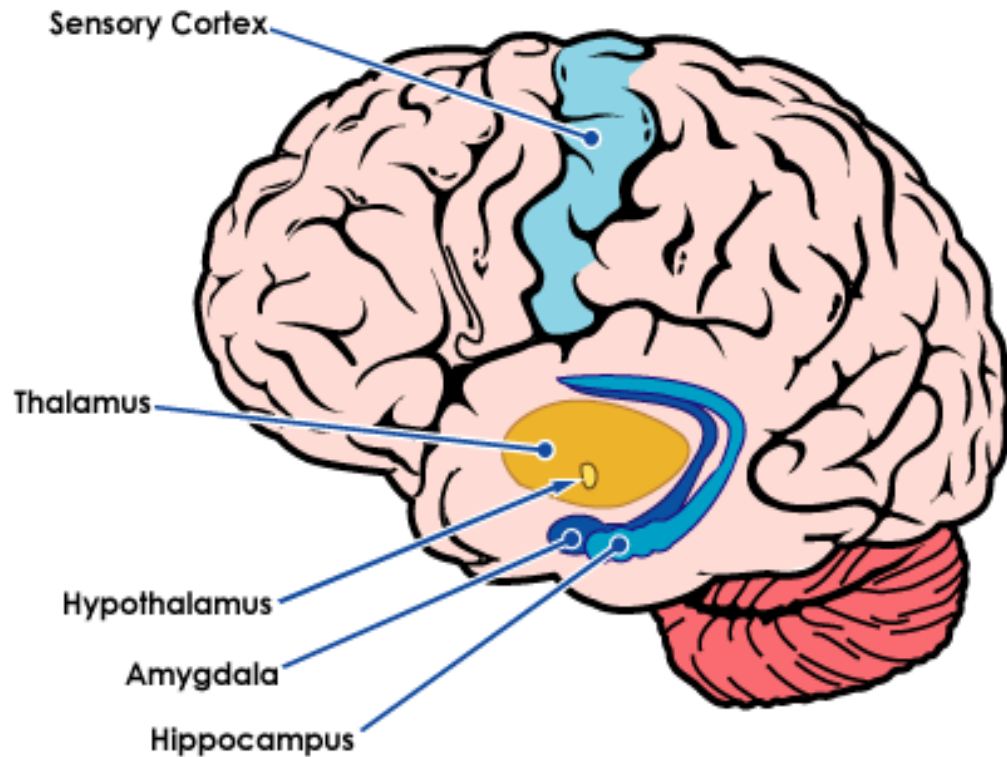
- **3<sup>rd</sup>** The **Rational**; logic; executive; or thinking brain - [**life goes on**]
- **2<sup>nd</sup>** The **Mammalian**; mid-brain; the feeling; the social; the avoid pain brain [**you seek help**]
- **1<sup>st</sup>** The **Reptilian**; the reactive; the survival, fear, fight, freeze or flee response to stress.

When stress becomes Toxic (severe/chronic), it may disturb the normal order of neurological response. **Resulting in helplessness or panic**

# UNDERSTANDING HOW THE BRAIN NAVIGATES TRAUMA

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## Parts of the Brain Involved in Fear Response



©2005 HowStuffWorks

As the stress becomes severe/ chronic, and if the person does not get help, it can trigger hormonal imbalances leading to the brain being transform from a -

**"GOLD MINE" to a "MINE FIELD"**

# NEUROPSYCHOLOGY AND CRIME RELATED TRAUMA

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Traumatic events initially produce **3** profound changes in the psycho emotional connection within the self:

- 1. HYPER-AROUSAL: A state of – ALERTNESS;** *as if the danger might return at any moment.*
- 2. CONSTRICTION: POWERLESSNESS;** *feeling of helplessness; and believes any form of resistance is futile.*
- 3. INTRUSION: INESCAPABILITY;** *flashbacks; nightmares - Re-living of the event as though it were continually recurring in the present.*



# NEUROPSYCHOLOGY AND RELATED TRAUMA

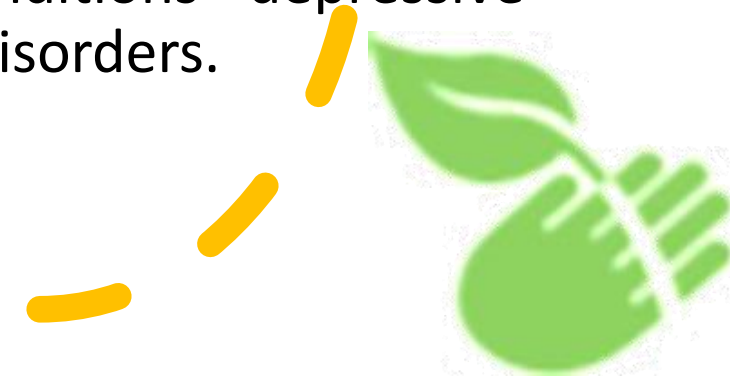
- The initial response is called a **PANIC ATTACK**.
- These 3 alterations of consciousness are at the heart of what we know as a panic attack and eventually, **post-traumatic stress disorder (PTSD)**.

Judith Herman, M. D., (1992).



# PTSD

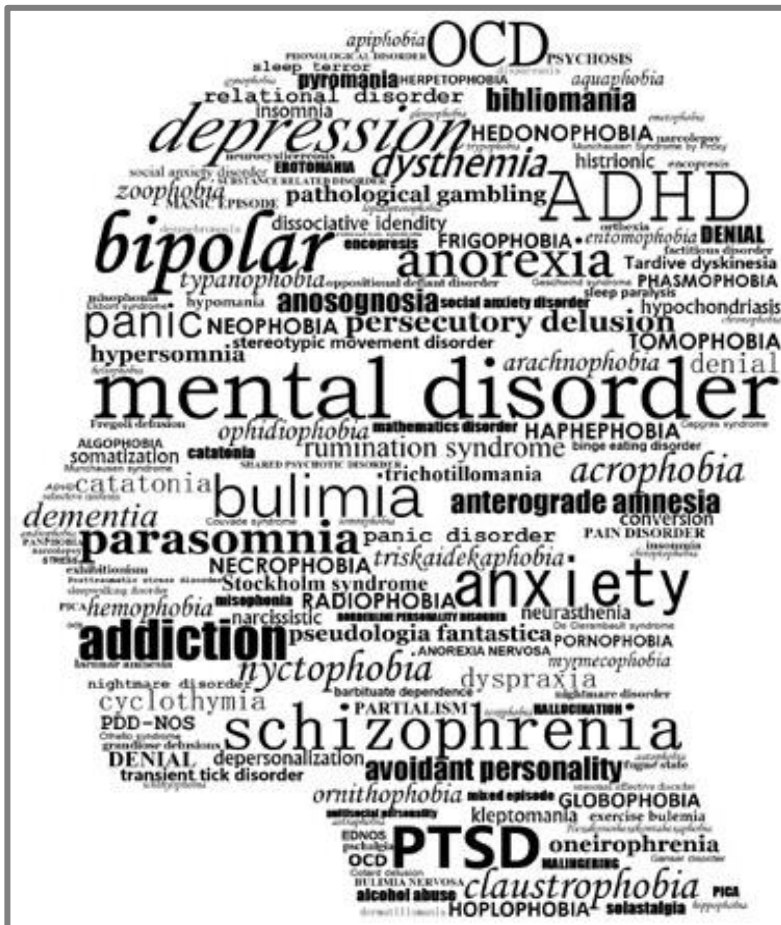
- Immediately after a potentially traumatic experience (such as sexual assault)
- Psychological distress (most victims of severe trauma)
- Characteristic set of symptoms (re-experiencing, avoidance and heightened sense of current threats)
- Alertness to danger or reacting strongly, sudden movements (e.g. being “jumpy” or “on edge”).
- Difficulties in day-to-day functioning.
- Persists for more than a month
- Require referral for specific clinical intervention
- Can trigger mental health conditions - depressive disorder alcohol use, other disorders.





# NEUROPSYCHOLOGY AND IPV RELATED TRAUMA

In some cases, if the person does not get help, the stress response systems may not return to the pre-domestic violence levels.



4. **DISCONNECTION: – SHATTERED SENSE OF SELF;** Belief systems become undermined, resulting in an existential crisis *resulting in feelings of aloneness and desire to withdraw from family, friendship and community.*

5. **THE DAMAGED SELF: Identity diffusion or dissociation – DETACHMENT;** *loss of control of body's trauma response mechanism which may lead to other serious long-term functional disorders.*

# EMOTIONAL INDICATORS OF TRAUMA

10

9

8

7

5

5

4

3

2

1

- Shame
- Blame (Other/Self)
- Confusion
- Depression
- “Suicidal feelings”
- Vulnerability
- Powerlessness
- Fear
- Anger
- Helplessness
- Insecurity
- Sadness
- Guilt
- Denial

# EMOTIONAL REALITY OF ABUSE – WHAT DOES THE IPV FEELS LIKE?



# BE PARTICULARLY MINDFUL OF...

- ❑ Cries but no tears seen falling down your cheek
- ❑ Screams but no sound to come from your mouth
- ❑ A pain so intense, no medicine can cure
- ❑ Appear spiritually strong but really feel spiritually weak



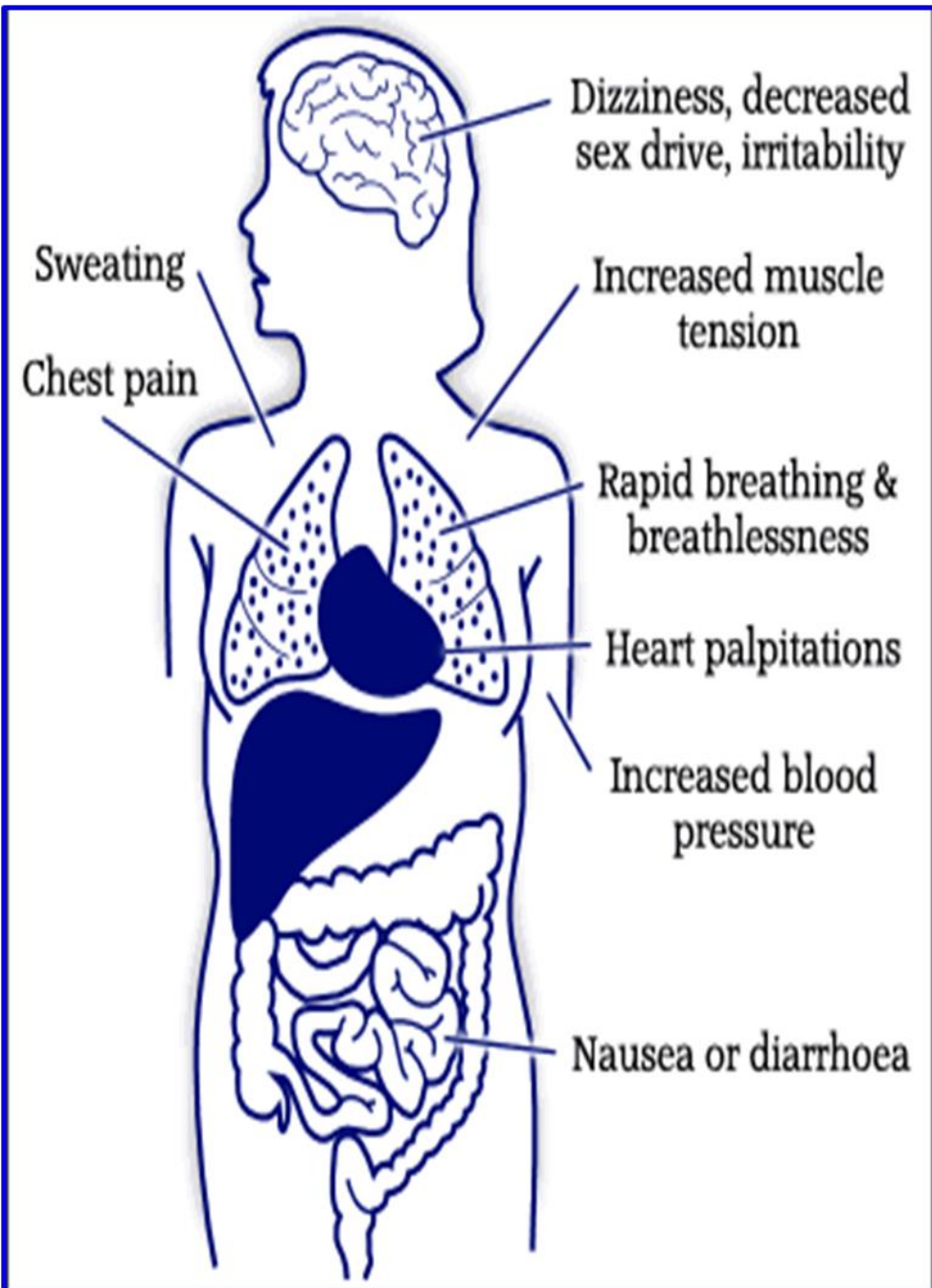
**NB** Increasingly the victims are becoming younger in age, so too are the ages of the perpetrators

# THE PSYCHO-SOMATIC IMPACT OF IPV

**SOMETIMES emotional distress, such as anxiety, can pre-programme the brain to alter body functioning. This can result in numerous physiological symptoms.**



# THE PSYCHO-SOMATIC IMPACT OF IPV



- Learning Challenges disorientations
- Heart Palpitations
- Breathlessness or Difficulty Breathing
- Bowel issues - Enuresis and Encopresis
- Trembling, shaking or excessive sweating,
- Body aches throughout the entire body
- Health problems - chronic infections, gastrointestinal problems
- Many “unexplained injuries



# THE COGNITIVE IMPACT OF IPV

- The trauma of victimization can have a profound and devastating impact on crime victims.
- **The parts of our brain that control higher order functions such as social skills, emotional control, logical thinking and learning are among the last areas to develop.**
- If a child experiences trauma in the early years, normal brain development may be affected, making it more difficult to develop these higher order skills e.g. relationship building.
- Unlike a broken bone, the mal-development of the neural systems mediating empathy, impulse control, anger, trauma and so on, resulting from violence during infancy and in adolescence, is not readily observable.



# THE COGNITIVE IMPACT OF IPV

Common cognitive impact of actually seeing the accused in court include irrational and excessive feeling of:

- Apprehension, shock, dread or terror
- Like your mind has gone blank or a feeling of “unreality”
- Feelings of **loosing control, dying, or “going crazy”**
- Tension, confusion, feeling overwhelmed, anger, rage, grief
- Shame, guilt or self-blame
- Trouble concentrating, or sustaining interest even in play
- Hyper-vigilance (live on the edge – enhance senses)
- Hypo-vigilance - helplessness





# PSYCHOLOGICAL DISORDERS (CODABLE)

In some cases, the stress response systems do not return to the pre-event level of homeostasis. In these cases, the signs and symptoms become so severe, persistent and disruptive that they become a mental or other type of functional disorder.



# CODABLE DISORDER ISSUES FACED BY VICTIMS OF IPV

- Memory and learning problems
- Generalized anxiety disorder (GAD)** nervousness, and tension all the time. making normal life difficult and relaxation impossible.
- Depression; anxiety & mood disorders (PTSD); suicidality and homicidally
- Gender identity and other identity issues
- Pathological shame and guilt levels; anger, insecurities, self-hate, self-blame
- low self-esteem issues; personality disorders
- Moderate to severe self-abuse (e.g. substance; mutilation)
- Severe problems with intimacy; sexual dysfunctionalities

# SOCIO-CULTURAL IMPACT OF IPV

- ❑ Despite the valiant fight, the social and psychological fraternity believe, “the fabric of our social lives are being rewoven by IPV.”
- ❑ Many Jamaicans in relationships “*live on the edge*” (psycho-emotionally and socially). Many consciously and unconsciously, alter our lifestyles in order to cover the impact of conflicts, beating and insecurities in the homes
- ❑ IPV has become so woven in to fabric of our society that many now believe their partner is their property and they that they have a right to treat as they feel.
- ❑ Trauma for individuals in these relationship traps have become normalized.
- ❑ Coupled with a feeling that the abuser is being actively endorsed by the norms of the society for them it is only a matter of time.



# SOCIO-SUB CULTURES THAT HELP TO ENTRENCH IPV

1. “Informer fi dead” culture
2. Culture of silence (It may make them appear more authentic to their peers)
3. Culture of invincibility of the Underworld
4. Culture of fear
5. Culture of mistrust for “Babylon System”
6. Culture of Violence
7. Culture of indifference



# THE CULTURAL CYCLE OF INTIMATE PARTNER VIOLENCE

Children who observe their mothers being beaten are more likely to:

- Be perpetrators themselves or victims of IPV
- Display other violent behaviour
- 47.7% of Jamaican women who experienced intimate partner sexual violence had been beaten as children.
- Being humiliated or insulted as a child is also correlated to lifetime experience with intimate partner violence



# VICTIMS OF SEXUAL ASSAULT ARE:

- ❑ **3 times** more likely to suffer from depression.
- ❑ **6 times** more likely to suffer from post-traumatic stress disorder.
- ❑ **13 times** more likely to abuse alcohol.
- ❑ **26 times** more likely to abuse drugs.
- ❑ **4 times** more likely to contemplate suicide.
- ❑ **PSTD** in US war vets ranges from **10-31%** (Gulf war; Vietnam; Afghanistan; Iraq)
- ❑ **PSTD** in victims of crime range from **24-80%** (U.S. Department of Veterans Affairs)

# THE PANDEMIC & ITS POTENTIAL TO DEEPEN THE INTIMATE PARTNER VIOLENCE CRISIS

1. COVID-19 has caused major economic devastation, resulting in a **DEEPENING OF THE DEPENDENCY OF THE MORE VULNERABLE PARTNER** in the relationship.
2. When the more vulnerable partner is the male, it leads more to **EMOTIONAL ABUSE**. When the partner is female, it leads more to **PHYSICAL ABUSE**.
3. Since COVID-19 had resulted in many more being home together many **“prey”** at home were left feeling more vulnerable to their **“predators!”**

**NB** Studies show that children are most likely to be sexually and physically victimized in the places where they should be more safe (*home, school, church*)

# THE IMPACT OF IPV ON CHILDREN

- Early childhood exposure to traumatic events and violence threatens the healthy development of the children in the community
- Maladaptive behaviours, short and long term effects. Emotional, social, physical development:
  - Dissociative states,
  - Higher risk of exposure to violence
  - Delinquency and truancy
  - Poor strategies for coping with daily and severe stress; Learned helplessness,
  - Excessive responses to anger-provoking stimuli
  - Low impulse control
- **Unlike a broken bone, the mal-development of the neural systems mediating empathy, impulse control, anger, trauma and so on, resulting from violence during infancy and in adolescence, is not readily observable.**
- Later: psychological and physical diseases in adulthood. (*“Domestic Violence, Children and Toxic Stress” 2016*)





**TAKE  
AWAY**

## ASSIGNMENT FOR DAY 2

A Westmoreland woman who was in a viral video being punched and kicked harshly and repeatedly by her boyfriend in public reportedly told police investigators that she does not wish to press criminal charges against him, as they were only playing. Neighbours reported hearing her constantly being beaten and feared that it would one day end in a tragedy. When asked why they have not intervened or reported the matter they gave several excuses reflecting the many myths and preconceptions consistent with the reasons why people usually do not report.



Form. 3 groups. Each group is to (1) identify the victims in this matter and(2), discuss the possible **physical** , **emotional**, **social** implication of this situation from this case.



# END OF DAY 1 MODULE 1

Questions, feedback or  
take away



JAMAICA FAMILY  
PLANNING ASSOCIATION

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# INTIMATE PARTNER VIOLENCE (IPV) TRAINING

**RELEVANT LAWS AND LEGAL FRAMEWORK  
AND ESSENTIAL SERVICE DELIVERY**

**Mr. Osbourne Bailey & Mrs. Sheron  
Betancourt**

**Counseling Psychologists &  
Behaviour Modification Consultants**

**Day 2 Module 2**

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# ACTIVITY

A Westmoreland woman who was in a viral video being punched and kicked harshly and repeatedly by her boyfriend in public reportedly told police investigators that she does not wish to press criminal charges against him, as they were only playing. Neighbours reported hearing her constantly being beaten and feared that it would one day end in a tragedy. When asked why they have not intervened or reported the matter they gave several excuses reflecting the many myths and preconceptions consistent with the reasons why people usually do not report.



Form. 3 groups. Each group is to (1) identify the victims in this matter and(2), discuss the possible **physical** , **emotional**, **social** implication of this situation from this case.

# NUGGETS

**4** **DOMESTIC VIOLENCE** among females and males is believed to be 6 times more prevalent than is being reported. **This number is believed to be higher among males.**

**7** Domestic violence is pervasive and knows **NO BOUNDARIES** (PASTORS, POLICE and PROMINENT MEN, etc.)

**9** Men are also often referred to as "**SECOND-CLASS VICTIMS**" as they are less likely to be taken seriously by police, their pastor lawyers, counsellors and even their friends.

**10** Women are twice more likely to **initiate** domestic abuse.

# NUGGETS

**10 BEAR IN MIND... ANYONE CAN BE AN ABUSER!  
ANYONE CAN BECOME ABUSED!**

**11** There is an overwhelming need for confidential, non-judgmental support for men and boys who have been the victims of sexual abuse.

**15** While the findings suggested that **institutional response is slow for women, support for men are virtually non-existent.**

**16** Studies show that children are most likely to be sexually and physically victimized in the places where they should be more safe (*home, school, church*)

# NUGGETS

**17** An abused child can become an abuser through a process called reaction formation.

**19** It is being discovered, that by the time of the first report, almost **ALL** men were victims of previous incidences of victimization.

**24** Many men in abusive relationships, **especially those who are in positions of leadership in the church**, feel a great shame, and suffer a sense of loss of their moral authority.

**30** The church's ministry to abusive relationships must **focus more on VICTIMS AND OFFENDERS** and less on the image of the church!!



## **MODULE 2- JAMAICAN LAWS & LEGAL FRAMEWORK**

- **Offences Against the Person Act**
- **Family Property (Rights of Spouses)**
- **Child Care and Protection Act**
- **Sexual Harassment Prevention and Protection Act**
- **Cybercrime Act**
- **Sexual Offences Act**
- **Children (Custody And Guardianship) Act**
- **Property (Rights of Spouses) Act**
- **Trafficking in Person Act**
- **Domestic Violence Act**
- **Maintenance Act**

# RELEVANT LAWS AND ACTS IN JAMAICA

- **Offence Against the Person Act** (1864, 1995, 2006) Includes provisions that would criminalize marital rape
- **Family Property (Rights of Spouses)** (2004) To assist in the distribution of property
- **Child Care and Protection Act** (2004) To promote the best interests, safety and well-being of children.
- **Sexual Harassment Act**, (2015)
- **Cybercrime Act (2015)** To address computer related crimes (illegal uses of images and access to computer; Offences relating to or constituting revenge porn)
- **Sexual Offences Act (2003)** An to repeal the Incest (Punishment) Act and certain provision of the Offences Against Person Act; to make new provision for the prosecution of rape and other sexual offences; to provide for the establishment of a Sex Offender Registry ; and other connect matters.

# RELEVANT LAWS AND ACTS IN JAMAICA

## **Children (Custody And Guardianship) Act (1991)**

- Authorizing the court, upon the application of the mother or father of a child to make such order as it may think fit regarding the custody of the child.
- A parent(s) may be awarded (visitation); Joint Custody or Care and control. This is usually given to one parent, even in cases of Joint custody.
- The parent with care and control is responsible for the daily care and welfare of the child. The welfare of the child is the top priority the court will use to decide such cases.

# RELEVANT LAWS AND ACTS IN JAMAICA

- **Property (Rights of Spouses) Act.** The Act introduces the 'equal share (50/50) rule' which is a presumption that each spouse is entitled to one-half share of the family or matrimonial home on the grant of a divorce, the termination of cohabitation, upon separation with no likelihood of reconciliation. This applies to spouses - unmarried persons who have lived together as man and wife for 5 or more years. There are exceptions to the 50/50 rule: if the property is owned by the family of one of the spouses or was inherited. Or if the property was acquired by one spouse before marriage.
- **Trafficking in Person Act (2007)** The object of the Act is to prescribe measures to prevent and combat Trafficking in Persons with particular regard to women and children by (a) protecting and assisting victims of Trafficking in Persons having regard to their human rights, and (b) facilitating the effective investigation of cases of TiP

# RELEVANT LAWS AND ACTS IN JAMAICA

- **Domestic Violence Act** (2004, 2006) To provide remedies for domestic violence, for the protection of the victim through speedy and effective relief and for matters connected therewith and incidental thereto. The act provides for:
  - Protection (restraining order) and,
  - Occupation (right to live) order.
  - The order also make provision for the children in the relationship.

# ISSUES THAT ARE ADDRESSED IN THE FAMILY COURT AND PARISH COURTS

**Maintenance Act** - An act to center obligations on spouses to maintain each other, on parents to maintain their children and on persons to maintain their parents and grandparents, and for connected purposes

- Custody, Access
- Spousal maintenance
- Child maintenance
- Division of Property
- Maintenance obligations in divorce or separation - **e.g.** Obliging both parents to provide for a child that is under 18 years of age, extends to children over 18 with a physical and/or mental disability Or enrolled in tertiary studies, up to 23 years old.

# CIVIL CLAIM ISSUES

- **Claim of less than \$1M - Parish Court**
- **Claim of more than \$1M - Supreme Court**
  
- **Special Damages:**
  - Pain and suffering
  - Psychological, physical harm
  - Fractures, medication
  - Transportation; loss of income/earning
  - Damaged items Whiplash
  - Severe injury (e.g. Stab wounds)



# END OF MODULE 2

Questions, feedback or  
take away





JAMAICA FAMILY  
PLANNING ASSOCIATION

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# INTIMATE PARTNER VIOLENCE (IPV) TRAINING

**ESSENTIAL SERVICE DELIVERY**

**Mr. Osbourne Bailey & Mrs. Sheron  
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**Day 2 Module 3**

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# Module 3 – ESSENTIAL SERVICE DELIVERY

- Victims Centered Approach
- Complimentary Service Approach & Service Providers
- Critical Care initiatives (Solutions and steps to address IPV)
- Survivor Centered Approach
- Managed Care for the IPV Service Provider

# The Survivor-Centered Approach to Justice

- ❑ The term “**victimology**” was coined by the Father of victimology, Benjamin Mendelsohn (1956)
- ❑ Victimology is defined as, “*the scientific study of victimization. It includes an analysis of the process to reducing harm to victims.*”
- ❑ A focus on victimology has given rise to concept of the **The Victim-Centered Approach** to justice.
- ❑ This approach is defined as the “**systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.**”



# The Survivor-Centered Approach to Justice

- **A victim-centered approach:** seeks to minimize potential retraumatization associated with the criminal justice process, by providing the support of victim advocates and service providers, empowering survivors as engaged participants in the process.
- **In a victim-centered approach:** the victim's wishes, safety, and well-being take priority in all matters and procedures.
- **In a victim-centered approach:** Service provider and **LAW ENFORCEMENT PARTNERSHIPS** are crucial to the provision of a comprehensive and victim-centered response to human trafficking.



# THE TRAUMA-FOCUS PARADIGM

A **trauma-informed approach** begins with understanding the physical, social, and emotional impact of trauma on the individuals, as well as on the professionals who help them. This includes victim-centered practices. It incorporates three elements:

- Realizing the prevalence of trauma.
- Recognizing how trauma affects all individuals involved with the programme, organization, or system, including its own workforce.
- Responding by putting this knowledge into practice.

■ \* THESE RECOMMENDATIONS ARE SUBJECT TO WHAT IS PRACTICABLE



# WHO -IPV INTERVENTION STRATEGIES

## ▪ WHO: FIVE - STEP **LIVES** CLIENT-CENTRED APPROACH FOR VICTIMS OF SEXUAL ASSAULT

- 1) **Listen** with empathy and without judgment
- 2) **Inquire** about the patient's needs, including psychological and practical issues
- 3) **Validate** the client with assurances - she/he is not to blame
- 4) **Enhance** safety by discussing with client a plan to avoid further harm or violence
- 5) **Support** the client through connections to information, services and social support.

# COMPLEMENTARY SERVICES APPROACH

The complementary services usually work together to:

<b>Explain</b>	Explain the investigative and Justice process, rights, services
<b>Follow up</b>	Follow up investigation. Ensure v/s is not delayed or deferred
<b>Ensure</b>	Ensure protection of victim
<b>Ensure</b>	Ensure focus on v/s needs: medical, social

# COMPLEMENTARY SERVICES APPROACH

More than 6 out of every 10 victims will tell you that the worst time of their ordeal as a victims was during the court period. Whatever can be done to provide them with support during this time will go a far way in alleviating the road to recovery from and IPV victim to a survivor. Among the things that can be done include:

1. Upon first contact try to discover if the victim is faced with any matter the may be considered a crisis and may require immediate attention. (shelter; safety, etc.)
2. Seek to facilitate the providing of what information you can on the upcoming court date and what to expect during court as well as any other relevant information.
3. Help them too access the court orientation programme and counselling offered by the Victims Services Division of the Mojo.
4. Help them to put together whatever documentation may be necessary to expedite their case.
5. Do your best to endeavour that the victims are treated with respect so as to prevent secondary victimization
6. In the process of helping the victim to be court-ready, do not engage in any practice (e.g. coaching) that might compromise the victim's case.
7. Try to procure a prompt, integrated and coordinated justice responses for the victim



# COMPLEMENTARY SERVICES APPROACH

8. Never encourage the victim to misrepresent information to the court.
9. No matter how compelling the evidence is in their favour, do NOT promise more than is in your powers to deliver.
10. Remember every victims is unique and one is never ever able to predict how a victim may be impacted by the case, not withstanding your best effort.
11. Without creating additional panic the matter of victim safety and that of your own must be addressed.
12. Where necessary the relevant applications under the Evidence (Special Measures ) Act may be pursued to allow for the victim to attend court via live link.
13. The use of the case management approach should be encouraged to reduce the number of times the victims may need to attend court before the case may actually come up for trial.
14. Monitor the process, the needs of, as well as the risk to the victims, to ensure that the appropriate order is requested of the court in the best interest of the victim.

# COMPLEMENTARY SERVICES PROVIDERS

Other services may be necessary and could be accessed through the IPV state run recovery mechanism

- Police
- Health
- Social
- Financial support, training, empowerment
- Shelter
- Child Protection
- Behaviour Change Programmes
- Counselling
- Welfare
- Multi-agency Referral Pathways

# ALTERNATE DISPUTE RESOLUTIONS

- **RESTORATIVE JUSTICE (RJ) and MEDIATION** usually provides a safe place for individuals in a conflict to talk, but parties in IPV may be in same space after the conference, which is not safe or controlled.
- The support persons of each party are likely to know each other and have unfacilitated conversations, which may have negative, reinforcing views.
- The follow up aspects are unlikely to be isolated, or take place in neutral space as the parties may be in ongoing relationship/ communicate re children etc.
- Limited timeframe for pre-preparation is not sufficient to mitigate the risks.
- Micro-aggressions and threatening behaviours may have developed over time, the Facilitator may not be aware of these signals , triggers, subtle threats which may force agreement by fear, duress or coercion and re-victimizes the survivor
- The survivor may not be comfortable voicing the harm done due to fear or intimidation. The information is likely to be very personal and sensitive and may cause anger or retaliation by the abuser.

# ALTERNATE DISPUTE RESOLUTIONS

Alternate Dispute resolution are usually only pursued when:

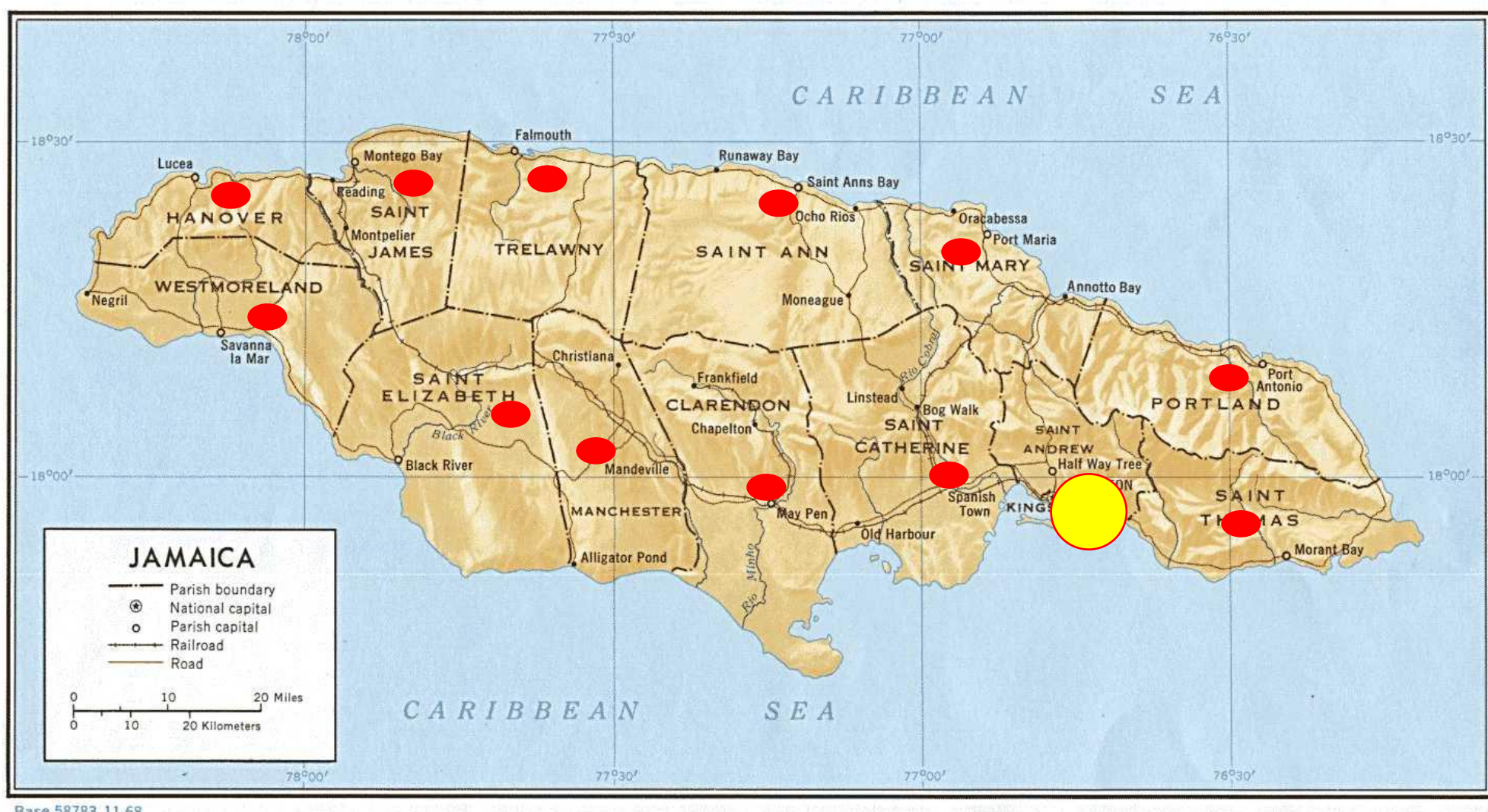
1. A valid risk assessment is required to determine that the victim would obtain the same or greater treatment as if they had gone through the criminal justice system process.
2. The justice service provider approves the mediators/facilitators conducting the process and are trained and qualified
3. The victim/survivor is fully informed of the process and has given consent for the process to proceed
4. In Restorative Justice in particular, the perpetrator would have had to accept responsibility before coming to the table.



# THE VICTIM SERVICES DIVISION

- ❖ Established in 1998, the VSD is the Division of the Ministry of Justice mandated to coordinate the emotional and technical support base for victims of crime.
- ❖ The VSD is instrumental in advancing the Ministry's Witness/Victim Care initiative. This initiative, allows the MOJ to provide support for victims/witnesses, even before an accused is identified.
- ❖ The 1<sup>st</sup> of its kind in the English speaking Caribbean.

# WHERE ARE WE?



Base 58783 11-68

**There is an office located in every Parish across Jamaica**

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# WHO IS A VICTIM?

Anyone who has suffered:

PHYSICALLY  
OR  
MENTALLY

EMOTIONALLY

Anyone can become a victim of a crime.



IMPAIRMENT  
OF  
FUNDAMENTAL  
RIGHTS

ECONOMIC  
LOSS

AS A RESULT OF CRIME



# CLASSIFICATION OF VICTIMS

❖ **Primary Crime Victim**

❖ **Secondary Crime Victim**

Person who experiences the harm **SECOND-HAND** (Intimate partner or family member)

❖ **Tertiary Crime Victim**

Person who experiences the harm **VICARIOUSLY** (Accounts from the media)





# VISION STATEMENT

- ❖ To be recognized as the premiere agency that offers emotional support, healing and justice to victims of crime in Jamaica.
- ❖ To become the regional model of victim support in the Caribbean, providing victim support services which include **psycho-emotional support and counselling**, a practical orientation to the Court, as well as other remedies that are in alignment with best practices and are responsive to the needs of the community.

# WHAT ARE THE EFFECTS OF CRIME ON VICTIMS

Emotional impact	Type of victimisation		
	Any burglary	Vehicle-related theft	Any violent crime
Respondent emotionally affected	81.4	78.7	82
Anger	60	79.7	60.3
Shock	35.2	20	41
Fear	28.4	5	26
Difficulty sleeping	26.8	6.3	26.3
Crying / tears	15	4.3	22.7
Depression	11.5	5	17.3
Anxiety or panic attack	12	2	15
Lack of confidence / feeling vulnerable	24	7	13
Annoyance	23	48	8
Other	2.6	5	4.3

# WHY A VICTIM SERVICES DIVISION?

- ❖ Internationally, victim support programmes are established primarily to provide a corrective balance to the criminal justice system.
- ❖ Professional emotional support base for crime victims aimed at reducing the trauma of victimization.
- ❖ Increase the coordination and networking of all appropriate agencies and organizations.
- ❖ Allow ordinary citizens to participate in the justice system hence increasing community cohesion and social solidarity (e.g. police/citizen's partnerships)

# THE VICTIM SERVICES DIVISION VOLUNTEER PROGRAMME?

Through its volunteer mobilization, training and deployment programme, ordinary citizens are allowed to participate in the justice system hence increasing community cohesion and social solidarity and bringing justice to the people of Jamaica.



# PHILOSOPHY OF VICTIM SERVICES DIVISION



- Free, Quality and Confidential Service



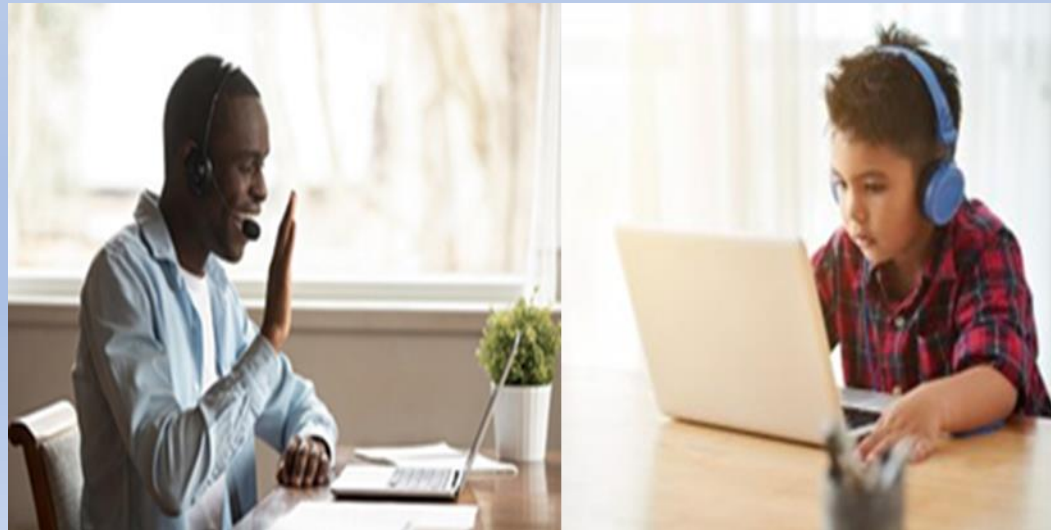
# ROLES AND FUNCTIONS OF THE VSD

## ❑ **Counselling and Emotional Support**

Play therapy; Parental support; Comprehensive Witness/Victim care  
West Kingston Satellite Centre

## ❑ **Crisis Intervention**

E-counselling, On-the-scene-response, Home visits, 'Walk-in' service.



# ROLES AND FUNCTIONS OF THE VSD

## ❑ Technical Services

Crime and violence prevention services; Special care for frontline Victim Workers

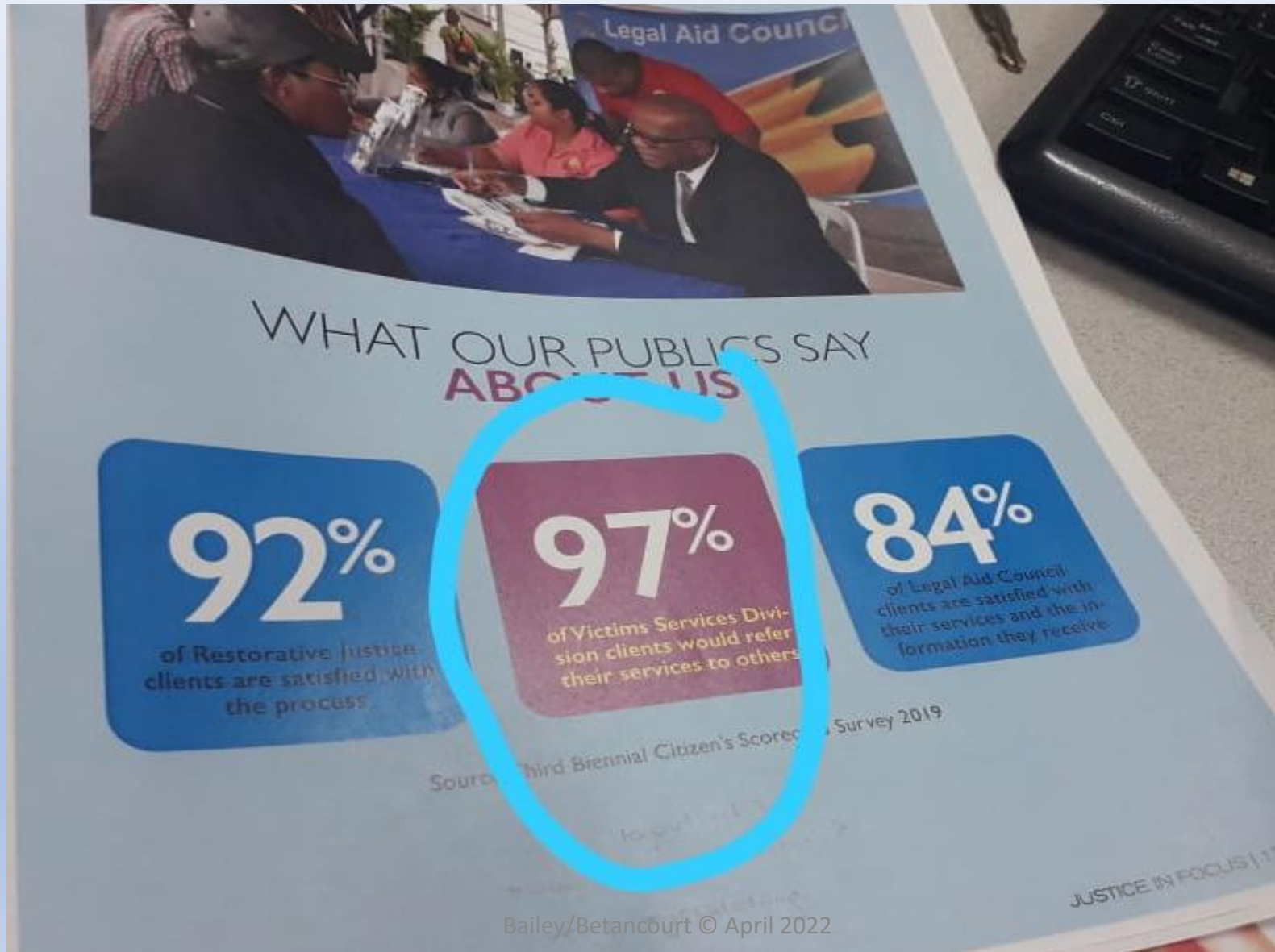
## ❑ Court Support

Court preparation; Readiness Report & Accompaniment with client

## ❑ Development of Victim Sensitive Special Intervention Programmes and Tools

Design & execution of therapeutic intervention targeting specific vulnerable groups *(IPV Intervention)* *BFPI; Adolescent Depression Screening;*

# MOJ/VSD VICTIM SERVICE INTERVENTION







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# INTIMATE PARTNER VIOLENCE (IPV) TRAINING

**BEST PRACTICE AND REFERRAL PROCESSES**

**Mr. Osbourne Bailey & Mrs. Sheron  
Betancourt**

**Counseling Psychologists &  
Behaviour Modification Consultants**

**Day 3 Module 4**

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**VICTIMS WHO DEVELOP THE COURAGE TO TALK ABOUT  
INTIMATE PARTNER VIOLENCE ARE 4 TIMES MORE LIKELY  
TO SEEK HELP THAN THOSE WHO KEEP SILENT!**

# **PROTOCOLS PROCESS FOR TRAUMA-RESPONSIVE TREATMENT OF SEXUAL ASSAULT VICTIMS**

**INTAKE – Consistent with SOP**

**Risk Assessment - Address possible Crisis Issues**

**Assess Client Need - Immediate; medium and long term**

**Safety and Protection**

**Managing risks – Timely implementation of plan of action**

**Communication & Data Management -**

**Public Education**

# **PROTOCOLS FOR TRAUMA- RESPONSIVE TREATMENT OF SEXUAL ASSAULT VICTIMS**

## **Minimum Service standards for treatment of victims of IPV**

*Dignity of the client should be protected: with special consideration to the most vulnerable irrespective of age, gender; orientation or disability.*

*Non-discriminatory regards for rights: Services provided to all clients in an environment free from prejudice, stigma, discrimination or condemnation. and standard of care.*

**Client should be taken to a quiet, private and secure area and a member of staff should be with the client at all times.**

**In case of injuries, client should be referred to hospital or health facility immediately**

# Protocols for trauma-responsive treatment of sexual assault victims

**DO NOT  
JUDGE**

Is the client married to the attacker? Living with the attacker, have they made previous reports?

Marital rape and other cases may be difficult to prove under Jamaican law.

Treatment as a victim of sexual assault is not dependent on whether a case can be proven or is likely to be successful.

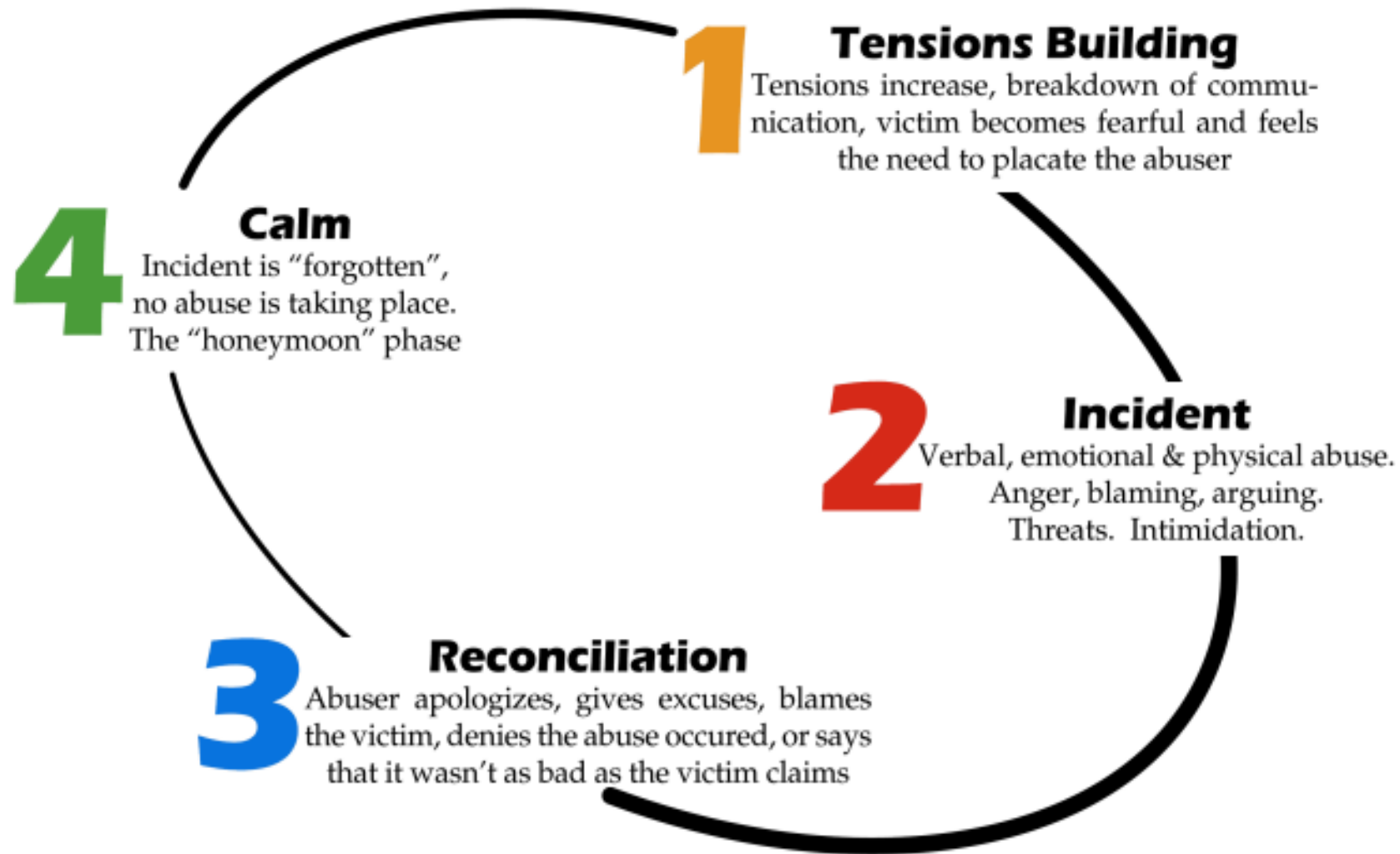
Risk assessment might be necessary

Treat all reports seriously

# SUMMARY OF PRACTICAL STEPS FOR INTERVENTION TO HELP VICTIMS LIVING WITH DOMESTIC ABUSE

- 1. BELIEVE THEM:** Male victims of abuse fear not being believed
- 2. BE REASSURING:** Provide comfort (**Confrontative Reaffirmation**)
- 3. DON'T BLAME:** By asking the “*Why didn't you*” questions.
- 4. BUILD TRUST:** With them, and in themselves (confidentiality is key)
- 5. REMAIN AVAILABLE:** They may need more than a short-term solution.
- 6. BE COMPREHENSIVE:** Use a team approach in the support giving process
- 7. BE PATIENT:** Listen patiently; let them tell their story at their own speed, also, remember you may be seeing a client at different stages in the cycle of abuse.

# Cycle of Abuse



# BE MINDFUL OF VULNERABILITIES AND ADDRESS IN SERVICE DELIVER STANDARDS

Increased risk/exposure to exploitation, discrimination and violence as a result of:

Age – young or senior citizens

Ill-health

Disability or other minority status

Mentally ill

Sexual orientation

Disempowered position in society: poverty, indigent, rural, disenfranchised, homeless

Male victim of IPV



# COMMUNICATING WITH PERSONS WITH DISABILITIES

- Consider the needs of the individual and the accessibility features/ limitations of the building or facility. Efforts should be made for appropriate arrangements to be in place.
- Speak to the client not support person. Even while using an interpreter
- If you are not sure what to do, ask your client, “How may I help you?” Your clients with disabilities know if they need help and how you can provide it.
- Avoid stereotypes and make no assumptions about what type of disability or disabilities the person has or what they can do.
- The phrase, “***person with a disability***” is preferred to “***disabled person***”
- Consider including people with disabilities in the testing or evaluation of your communication services.
- Speak naturally, clearly and directly – Do not shout even over the phone.
- If you do not understand, simply ask again, or repeat or rephrase what you heard and ask if you have understood correctly.




# DON'TS



- Do not move persons wheelchairs without their permission
- Do not leave them in awkward, undignified, uncomfortable positions such as behind doors/ facing walls
- Do NOT lift them
- Do not touch assistive devices
- Do not move items or equipment, such as canes and walkers, out of your client's reach
- Respect your client's personal space. Do not lean over her or him or on his or her assistive device.
- Direct the client to accessible features in the environment, such as accessible washrooms and ramps.
- Lead persons who are blind (offer elbow), do not pull them

# MINIMUM SERVICES STANARDS???





October is...

**Domestic  
Violence**  
Awareness Month



# **CRITICAL CARE INITIATIVES FOR IPV VICTIM/SURVIVORS**

**Socio-emotional factors that may impact efficiency of the  
service delivery process**

# DOMESTIC VIOLENCE, A SERIOUS BUT PUBLIC HEALTH PROBLEM

- National Strategic Action Plan to Eliminate Gender-Based Violence (2014 – 2024). The **FIVE-P**- approach to gender-based violence includes:

1) **PREVENTION (Pre-emptive Intervention + Research)**

2) **PROTECTION (Rescue)**

3) **PROSECUTION AND INVESTIGATION**

4) **PUNISHMENT**

5) **PROVISION OF REDRESS; RESTITUTION**

**SOLUTION MUST BE FOCUSED ON BOTH VICTIMS AND OFFENDERS!!**

# 9 SOCIOCULTURAL FACTORS THAT MAY COMPLICATE THE IMPACT OF CRIME ON VICTIMS

- 1) Biographic - Age, gender, culture, etc.
- 2) Early traumatic or abusive childhood
- 3) Financial strain or unemployment
- 4) Past or unfinished grieving experience
- 5) Family/community history of violence
- 6) Low levels of perceived support including self-blame
- 7) High Stress life style (mental state before or at the time of crime)
- 8) Severity of the crime/loss (Including cultural stigmatization of crime)
- 9) Confidence in the Criminal Justice Process.



# BECOME FAMILIAR WITH SOME OF THE BASIC EMOTIONS ASSOCIATED WITH ATTENDANCE TO COURT

Common emotional symptoms associated with court related anxiety include irrational and excessive feeling of:

1. Apprehension, shock, dread or terror, intense sorry
2. Like your mind's gone blank or a feeling of "unreality"
3. Tension, confusion, feeling overwhelmed, anger, rage, grief
4. Shame, guilt or self-blame
5. Trouble concentrating, or sustaining interest even in play
6. Hyper-vigilance
7. Hypo-vigilance - helplessness
8. Eating disorders, sleep disturbance,
9. Enhancement of particular senses (e.g., hearing, smell, sight)





# PRACTICAL APPROACHES TO IPV INTERVENTION

## MEASURE THE EMOTIONS: COMMIT TO SEEK HELP IF NEGATIVE INDICATORS PERSIST



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**Happy**



**Angry**



**Scared**



**Embarrassed**



**Surprised**



**Stressed out**



**Worried**



**Excited**



**Hopeful**



**Lonely**



**Sick**



**Empty**



**Afraid**



**Hopeless**



**Disgusted**



**Nervous**



**Silly**



**Frightened**

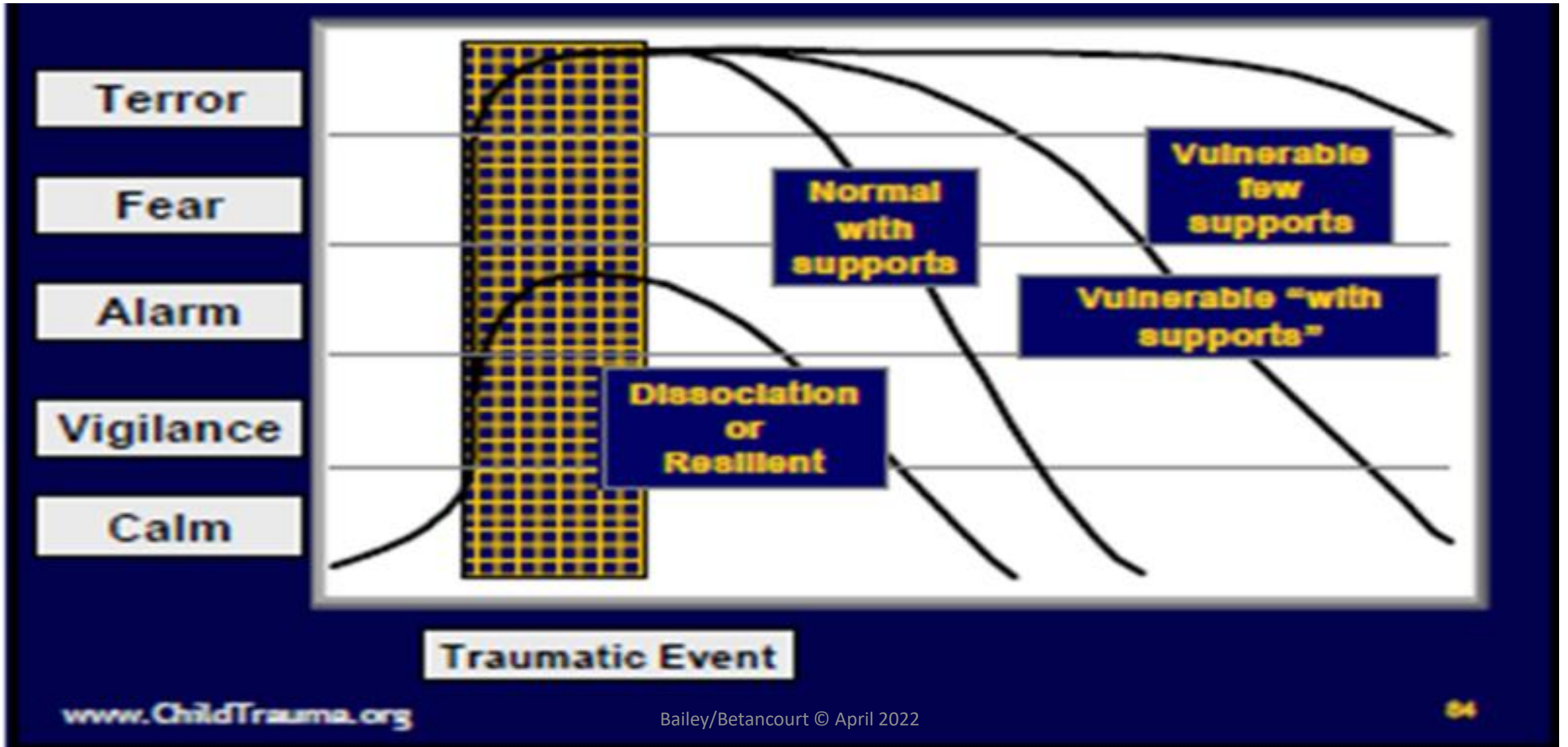


**Disappointed**



**In Love**

# ACCUTE RESPONSE TO TRAUMA DYNAMICS



# Understand Major Causes Of Fear For Victim In Court

1. Thoughts of seeing or being hurt by the accused inside/outside the Court.
2. Accused of Lying. Not being believed by the Judge.
3. Being shouted at or cross-examined by the defence.
4. Not understanding what is happening in the court.
5. Their family being mad at them because of the outcome.
6. Feeling sick in Court or forgetting exactly what happened.
7. Not understanding the questions asked in the Court room.
8. Seeing the friends and family of accused outside the Court room.
9. Crying or making a fool of themselves on the witness stand.
10. Seeing people they know in Court or their names in the Newspaper



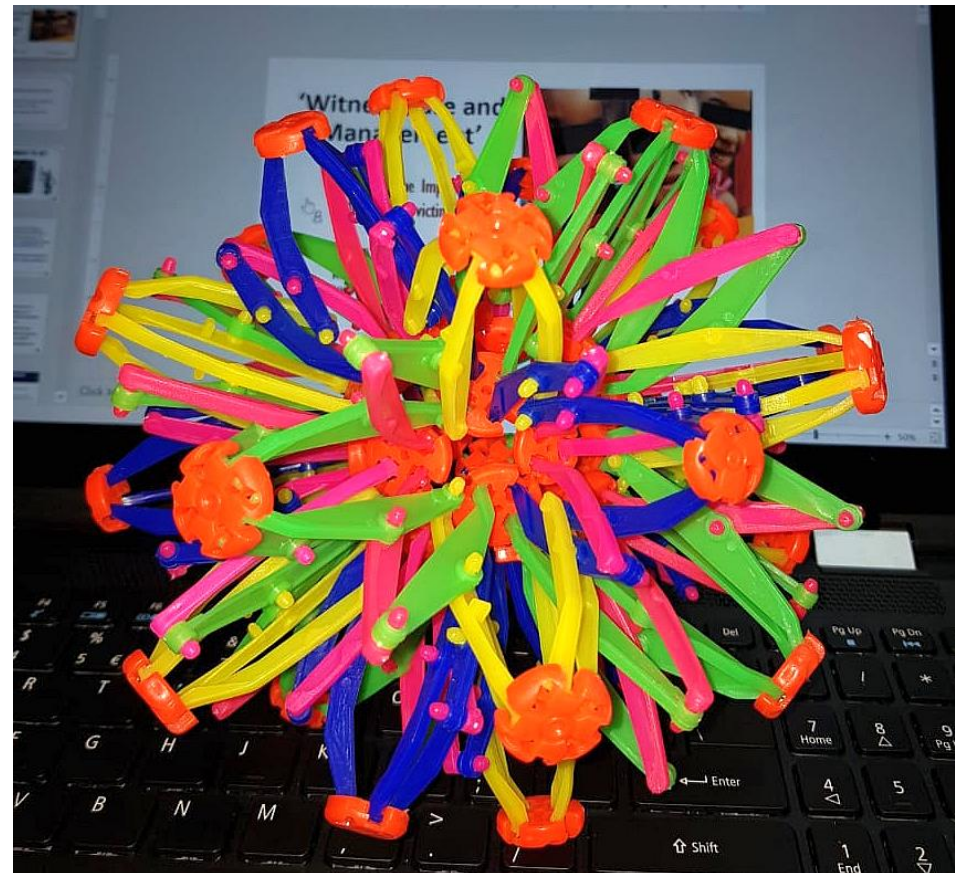
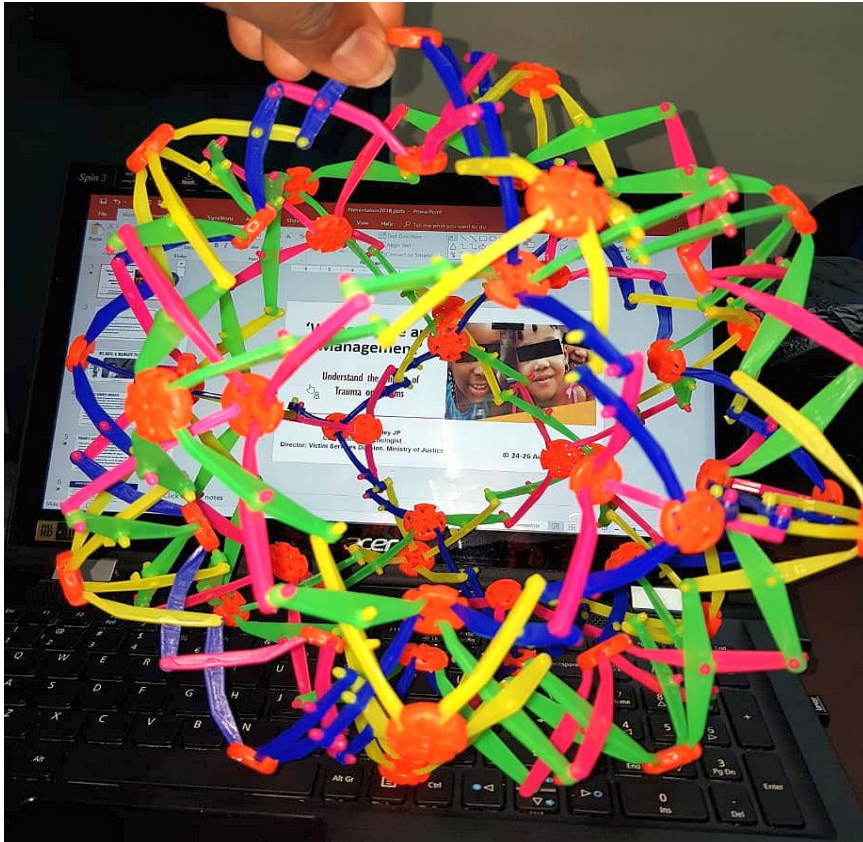
# Develop An Appreciation for the Level of Discomfort A Client May Have With Discussing Certain Subjects

- Victims (particularly child victims) of certain offences usually those sexual in nature, may often delay in their response to questions.
- It is natural to be embarrassed, secretive, afraid or outraged to speak of degrading sexual activity in public. Be sure to do what is necessary/possible to explain this to the child and to the court.
- Defence often capitalize on delays to undermine credibility.
- **ACTIVITY : Cross-examine a partner, asking them some of the most intimate and juicy details of their past sexual involvement.**



# TO REFRESH OR TO RELAX?

- On the day of Court it is better to have the victims focus more on Relaxing than a last minute effort to have the “Refresh” the details of the testimony they shall be giving.



# CONSULTATION ON AN INDIVIDUAL EXIT PLAN

1. Exiting an abusive Relationship may not be an overnight thing
2. Begin to surround yourself with strong people with the capacity to empower and rebuild your self-esteem
3. Seek professional help, if you need to. It is important to be able to say that you ***“truly tried everything to make your relationship work.”***
4. Stop engaging in trying to use ***“reason to win”*** an argument. **YOU NEVER WILL!**
5. Begin to craft an EXIT PLAN – where; when; how much, etc.
6. Begin to detach **emotionally; behaviourally** and **cognitively** from the relationship (*even if sex is happening*)
7. Rekindle your relationship with God and forgive yourself.
8. You will have “bad days” when you are wondering if you are doing the right thing. Especially if things appear to be changing or a tragedy occur.
9. Even if you change your mind, for whatever reason, **DO NOT** disclose your plans
10. When the time comes, pack your "bungle" (Jer. 10:17). and do not look back! Even if the relationship is to be rekindled it ought not to be a GOING BACK, but a going “forward.”

# “LIGHT” BUT GENUINE LAUGHTER CAN BE A POWERFUL IN-COURT TOOL

6 health benefits of laughter

Improves your mood



Reduces stress



Boosts your immune system



Improves your heart health



Improves your brain function



Helps to relieve pain



**What soap is to the body,  
LAUGHTER is to the Soul**

**~ Ancient Jewish Proverb**

# WHEN FEELING OVERWHELMED – TRY USING A S.T.O.P. TECHNIQUE

- **SIT UP:** in the midst of the “*chaos.*” Interrupt your thoughts and activities. Place your hands on your lap.
- **TAKE TIME:** to clasp them with your palm turning out. Raise your clasped hands slowly out in front of you, then push them to the sky/ceiling (*palms turned out*), then bring them before you as far as you can reach and hold it, as if you are searching for the in peace within you. (*closing eyes helps*)
- **OBSERVE:** (with eyes closed) the office/home around you from the vantage point of inner peace. Notice the sensations in your body as you take deep breaths. Lower your hands slowly to your lap. **Repeat 2 or 3 times.**
- **PROCEED:** Resume activities embracing the refreshed strengthening, wisdom – regarding choices, and being present, at the moment.

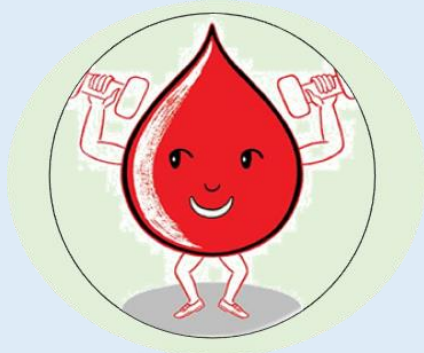




# MANAGED CARE OF THE IPV SERVICE PROVIDER



**SUFFICIENT  
SLEEP**



**EXERCISE**



**HEALTHY  
RELATIONSHIP  
WITH GOD**



**STRONG  
EMOTIONAL  
SUPPORT**



**LAUGHTER; SENSE  
OF HUMOUR**



**EMOTIONAL  
MATURITY**



**WHATEVER GIVES  
YOU MEANING**



**HEALTHY  
EATING**

**Do fun activities; art project; know your stress trigger; compromise; forgive; accept your imperfections and that of others; let “it” go**



JAMAICA FAMILY  
PLANNING ASSOCIATION

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# INTIMATE PARTNER VIOLENCE (IPV) TRAINING

**Introduction to the IPV Tool, Referral and Best  
Practice**

**Mr. Osbourne Bailey & Mrs. Sheron  
Betancourt**

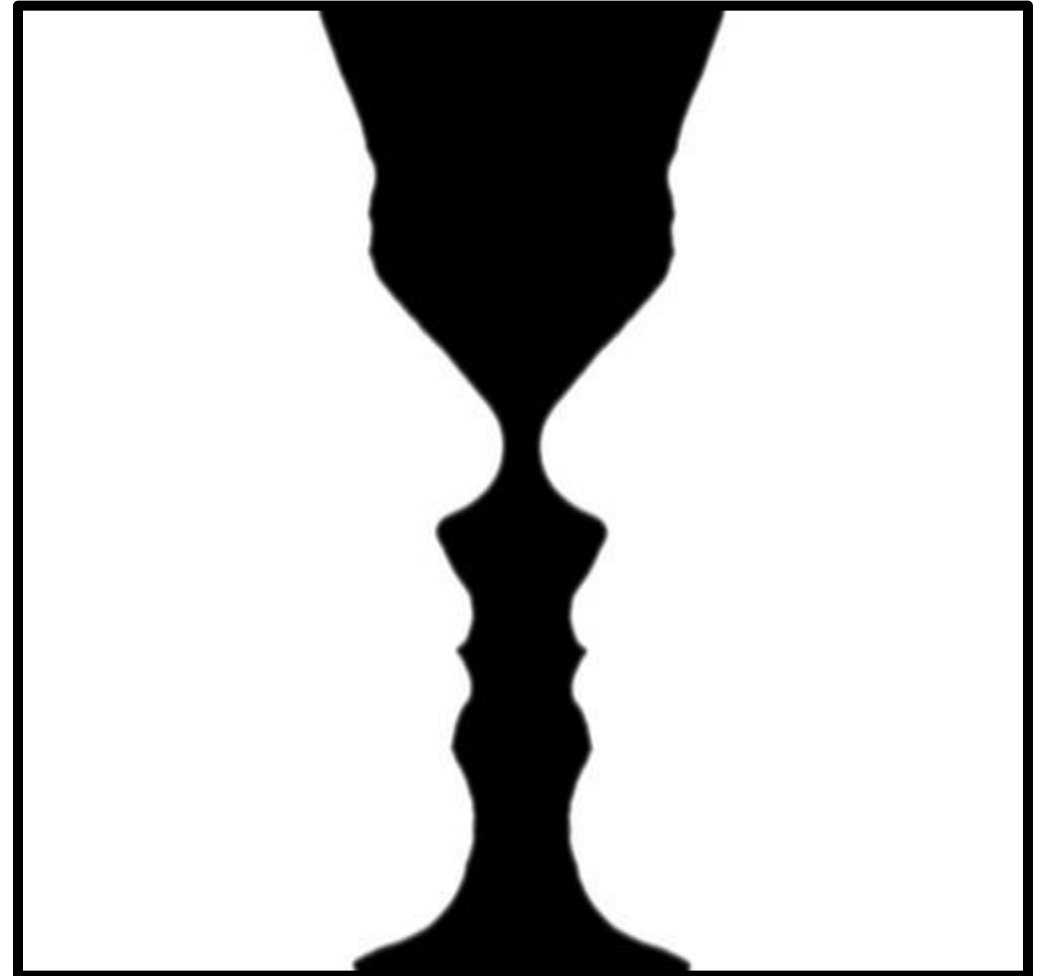
**Counseling Psychologists &  
Behaviour Modification Consultants**

**Day 3 Module 4**

**© April 2022**

Today was the absolute worst day ever  
And don't try to convince me that  
There's something good in every day  
Because, when you take a closer look,  
This world is a pretty evil place.  
Even if  
Some goodness does shine through once in a while  
Satisfaction and happiness don't last.  
And it's not true that  
It's all in the mind and heart  
Because  
True happiness can be attained  
Only if one's surroundings are good.  
It's not true that good exists  
I'm sure you can agree that  
The reality  
Creates  
My attitude  
It's all beyond my control  
And you'll never in a million years hear me say that  
Today was a very good day.

## PERCEPTIONS - Read from the top to the bottom then from the bottom to the top



## **MODULE 4- Introduction to the IPV Tool, Referral and Best Practice**

- Appreciation for IPV Tools
- Introducing IPREST Tools
- Case Management and referral approach
- Role of other Social Service Providers
- Economic and Social empowerment services

# IPV TOOL INTRODUCTION

- A positive answer to any of the questions means a positive screen
- Once there is a positive answer, the Case Worker should further probe to identify whether the abuse is current or from past relationship and employ strategies to aid the client through the process.
- At the initial stage of counselling, the VSO should inform the client of the screening tool and outline its purpose, whether it for general wellness or to bring awareness to IPV risks.

# COMPARISON OF IPV SCREENING TOOLS

TOOL	CHARACTERISTICS	ADMIN METHOD	POPULATIONS STUDIED*
Abuse Assessment Screen (AAS)	<b>5 items.</b> Assess frequency and perpetrator of physical, sexual, and emotional abuse by anyone. Body map to document area of injury.	Clinician	Abused pregnant and nonpregnant African-American, Hispanic, and white women in health and prenatal clinics and emergency departments
American Med. Assoc. Screening Questions	<b>10 items.</b> inquire about physical, sexual, and emotional IPV to be asked in physician's own words.	Clinician	Women patients in health care settings.
Assess of Immediate Safety Screening Ques.	<b>11 items.</b> Assess physical safety of patients who disclose current IPV.	Clinician or self report	Women and men patients in health care settings.
Bartlett Regional Hospital Domestic Violence Assess	<b>18 items.</b> assess IPV, patient safety, and referral options. Body map to document site of injury.	Clinician	Female patients over 16 in a hospital setting.

# COMPARISON OF IPV SCREENING TOOLS

TOOL	CHARACTERISTICS	ADMIN METHOD	POPULATIONS STUDIED*
Computer Based IPV Questionnaire	<b>14 items.</b> assess physical and emotional IPV, suicidal ideation, perpetration, sexual violence victimization, and weapons	Self report via computer	African-American and white men and women in emergency departments.
Danger Assessment	<b>15 items.</b> assess a woman's potential danger of homicide by an intimate male partner.	Self report	Abused women in the community, battered women shelters, prenatal clinics, and primary care clinics. African-American, white, and Hispanic women.
Domestic Violence Screening/ Documentation Form	<b>20 items.</b> assess physical IPV, patient safety, handguns in the home, substance use, and referral/reporting options.	Home Care Health Professional	Women and men patients in home care settings.

# COMPARISON OF IPV SCREENING TOOLS

TOOL	CHARACTERISTICS	ADMIN METHOD	POPULATIONS STUDIED
<b>Intimate Partner Risk Assessment Screening Tool II (IPRASTII)</b>	<p><b>11 items.</b> Assess physical and emotional IPV, homicide, suicidal ideation, perpetration, sexual violence victimization, and access to handguns, etc.</p> <p><b>NB</b> Average length of an IPV tool is 11 items</p>	Clinician; Self report/ computer	<p>Jamaicans (victims and non victims) across all 14 parishes</p> <p>Can be used in all suspected victims circumstance (shelters; health facilities; court; church; school.</p> <p>One may hypothetically complete this tool for a friend.</p> <p>A referral generated as a result of using this tool will automatically be actioned by Victims Services operative in the MoJ in all 14 parishes</p>



# INTIMATE PARTNER RISK ASSESSMENT SCREENING TOOL II

## Intimate Partner Risk Assessment Screening Tool II

**Intimate Partner Risk Assessment Screening Tool** - is a self-report questionnaire to be used to measure potential risk of relationships, that you are in, about to enter in or recently exited.

<b>NAME:</b>	<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>AGE:</b>
<b>ADDRESS:</b>	<b>CONTACT NUMBER:</b>	
<b>RELATIONSHIP:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Visiting <input type="checkbox"/> Single <input type="checkbox"/> Other		<b>Duration:</b>
<b>CHILDREN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NEXT OF KIN:</b>	<b>CONTACT #:</b>
<b>NAME OF CASE WORKER:</b>		<b>DATE:</b>

# INTIMATE PARTNER RISK ASSESSMENT SCREENING TOOL II

<b>Possible emotional abuse</b>		<b>YES</b>	<b>NO</b>
1	I have a partner who gets jealous or tries to control my life.		
2	I have a partner who tries to keep me away from my family or friends.		
3	I have a partner who sometimes says insulting things, threatens me and puts me down.		
<b>Perception of safety</b>		<b>YES</b>	<b>NO</b>
4	I have a partner that I am afraid to disagree with because they might hurt me or my family members.		
5	I do not feel safe in the relationship I am in or the home where I live on account of my partner.		
<b>Physical abuse in a current relationship</b>		<b>YES</b>	<b>NO</b>
6	I am in a relationship with someone who has pushed, hit, kicked, or otherwise physically hurt me.		
7	I am in a relationship where my partner has threatened me with violence.		
<b>Other violence-related questions</b>		<b>YES</b>	<b>NO</b>
8	In the past 12 months, I have felt so low that I thought about harming myself or committing suicide on account of my partner.		
9	I have been made to have sex when I didn't want to.		
10	I have been in arguments or fights with my partner where I felt threatened by a gun, knife or other weapons.		
11	I am in a relationship with someone who tracks my movements and tries to know where I am going and who I am with at all times or uses other mechanism to prevent me from moving about freely.		

# INTIMATE PARTNER RISK ASSESSMENT SCREENING TOOL II

## RISK REPORT

EMOTIONAL ABUSE <input type="checkbox"/>	SAFETY <input type="checkbox"/>	PHYSICAL ABUSE <input type="checkbox"/>	IMMINENT VIOLENCE <input type="checkbox"/>
COMMENTS:			

## RECOMMENDATION

POLICE MONITORING <input type="checkbox"/>	COUNSELLING <input type="checkbox"/>	PSYCHIATRIC/PSYCHOLOGICAL ASSESMENT <input type="checkbox"/>
EMERGENCY SHELTER <input type="checkbox"/>	MEDIATION <input type="checkbox"/>	PROTECTIVE/RESTRAINING ORDER <input type="checkbox"/>
OTHER:		

# CASE STUDY 1 - INDIVIDUAL

Carol came to the clinic for her prenatal visit, she reported feeling some amount of discomfort and when probed by the nurse reported that her boyfriend, that she has been living with since 2019, held her down on the bed and tried to squeeze the baby out of her belly, as he does not want her to carry a baby for him. Carol expressed that she loves him very much and believed he was very stressed out at this time because he is unemployed. She also reported that she got pregnant for him in 2019 but lost the baby at 3 months. He frequently beats her and Carol believes that her HIV positive status is as a result of his infidelities. He refused to get tested and often curses her about her status. Carol just wants to have her baby and get back to the job at the bar so that he will not be so stressed.

**Use the tool to assess this person to the best of your ability based on your knowledge and make the necessary recommendation in the appropriate place on the tool.**

# CASE STUDY 2 - GROUP

Wendy lives with her spouse and 2 children (1 year & 5 years old). She is unemployed and wants to get a skill to become independent. Her friend introduced her to HEART and she registered for the Hairdressing Course and should have started January 2022, but have been unable to attend as her boyfriend prevents her from leaving the house.

She is totally cut off from her family and he constantly says abusive things to her, and beats her regularly, especially when she tells him that she wants to leave and go back to her family. He is employed near to the house and regularly monitors her, he has caught her on several occasions packing bags to leave and beats her unmercifully.

**Use the tool to assess this person to the best of your ability based on your knowledge and make the necessary recommendation in the appropriate place on the tool.**

## **CASE STUDY 3 - GROUP**

A Westmoreland woman who was in a viral video being punched and kicked by harshly and repeatedly by her boyfriend in public reportedly told police investigators that she does not wish to press criminal charges against him, as they were only playing. Neighbours reported hearing her constantly being beaten and feared that it would one day end in a tragedy. When asked why they have not intervened or reported the matter they gave several excuses reflecting the many myths and preconceptions consistent with the reasons why people usually do not report.



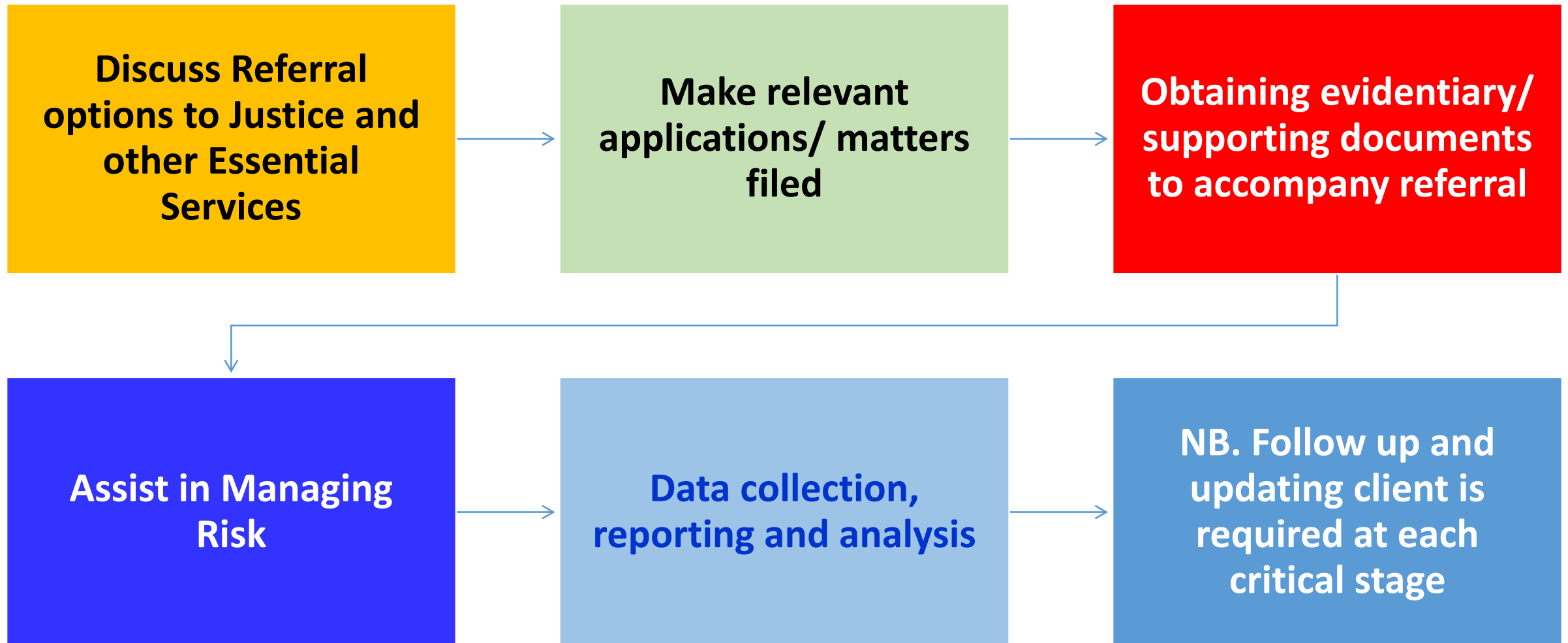
**Use the tool to assess this person to the best of your ability based on your knowledge and make the necessary recommendation in the appropriate place on the tool.**

# CASE STUDY 4 - INDIVIDUAL

Elect someone from your contact that you believe would benefit from being screened by the IPRAST II.

**Use the tool to assess this person to the best of your ability based on your knowledge and make the necessary recommendation in the appropriate place on the tool.**

# THE CASE MANAGEMENT AND REFERRAL PROCESS





# THINGS TO BE MINDFUL OF IN THE REFERRALS PROCESS

- Try to arrange a direct appointment. Avoid them turning, only to find out that they were not being expected.
- Limit number of times a victim needs to recount story. Recorded only relevant statements
- Ideally Referrals' premises should be safe and have survivor and child-friendly spaces
- The “multi-agency” protocols should be employed in the best interest of the victims
- Refer to MoJ/ VSD to get assistance to coordinate victims' access to referral sources
- Be always mindful of victims with special needs when sending or taking them to referral sites. Issues to consider include literacy, transportation etc.

# YOUR CRITICAL VICTIM CARE INTERVENTION PORTFOLIO SHOULD CONTAIN STRATEGIES TO ADDRESS SOME OF THESE ISSUES

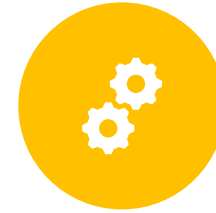


**REMEMBER TO NETWORK**

**You need not provide all these services on your**



**CRISIS INTERVENTION**



**TECHNICAL SERVICES**



**SPECIAL INTERVENTION**



**COURT SUPPORT**



**SPIRITUAL & EMOTIONAL SUPPORT**



**DATA MANAGEMENT & RESEARCH**

# WHERE TO GO FOR HELP

**Woman Incorporated /Crisis Centre**

**4 Ellesmere Road, Kingston 10.**

**Tel: 929-9038 /929-2997**

**Office of the Children's Registry**

**12 Charlton Crescent, Kingston 10.**

**Lime: 908-2132/2143; Digicel: 618-5888/822-7031**

**Centre For Investigation Of Sexual Offences &  
Child Abuse (CISOCA)**

**3 Ruthven Road 10.**

**Tel: 876-926-7318; General Off: 876-926-4079**

**Dispute Resolution Foundation (DRF)**

**5 Camp Road, Kingston**

**Tel: 906-2456/3657**

**Bureau of Gender Affairs**

**5-9 South Odeon Avenue, Kgn 10.**

**Tel: 754-8576-8**

**The Nearest Police Station**

**Family Members**

**CHURCH**

**Victim Services Division (VSD)**

**47E Old Hope Road Kingston 5**

**Tel: 1-888-VICTIMS (842-8487); 946-0663 Cell:  
618-3620**



# END OF DAY 3 MODULE 4

Questions, feedback or  
take away

THANK YOU  
FOR YOUR  
ATTENTION



**EVALUATION  
& FEEDBACK**