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IO1 Training Materials

Prevention of Violence

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OBJECTIVES

At the end of the module, the participants will be able to:

1. understand the concept of violence, risk factors, and multiple and complex consequences.
2. recognize the impact of positive and negative behaviors on women and children health.
3. know what the effective interventions are.

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1. General description of violence

1.1. Context. Description/definition of violence

“Beating comes from heaven!”

“If I beat you means I love you!”

“Her short skirt was an invitation!”

“Just beat her, she knows why!”

“Dirty clothes should be washed at home!”

Violence! It is everywhere, on the street, at home, on TV, in newspapers, at school, in stores. We might believe that it is part of our existence, it is normal, it should be like that, so we must tolerate it. Wrong!

Humans are unique, “defined” by age, gender, beliefs, abilities, attitudes and much more. The way we see the world differentiate us, what may be acceptable or totally unacceptable. Disagreements between beliefs or attitudes might turn into conflicts. Physical violence used in conflicts can be easily recognized. Much harder to recognize and tackle over are differences in attitudes.

Decades ago, "violence" and "health" were rarely used words in the same syntagma. Today, violence is globally considered as a public health issue that must be recognized and addressed. Although interpersonal violence is under-reported, under-recorded and difficult to measure in terms of economic impact, there is evidence that suggests that violence effects on our society are enormous.

What is violence?

Defining violence can be done in different ways. World Health Organization define violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment, or deprivation” [WHO 2002].

Violence can be categorized from many angles or considering different elements. The experts are writing about direct and indirect violence, active and passive violence. Considering who is committing the violent act (the perpetrator), the violence can be categorized as follow:

- self-directed violence
- interpersonal violence (youth violence, child abuse or neglect by parents or their caregivers, intimate partner violence, elderly abuse, sexual violence)
- collective violence (wars, terrorism, violent political conflicts, genocide, repression, disappearances, torture, abuses of human rights, banditry, gang warfare)

This paper will cover the inter-personal violence, those aggressive behaviors that violates social boundaries and can lead to broken relationships with others. Response to and prevention of violence are more effective if we know the enemy.

Violent behavior comes with irritation and anxiety, but also with difficulties in controlling our own reactions. If we take a look at the interpersonal violence, we see that the majority of these types of violence occurs within the family (child abuse or neglect by parents or their caregivers, intimate partner violence, elderly abuse). Youth abuse and sexual violence can be linked to family life but also can happen between peers, within social group or perpetrated by strangers.

The Istanbul Convention, the first international treaty that legally defines violence against women defines domestic violence as follows: “All acts of physical, sexual, psychological or economic violence that may be committed at home or in a public place by a person who is a family member or a person that has been an intimate partner or spouse or ex-partner, irrespective of whether they lived together”. This is the most complex and complete definition because is covering all key elements: what, where, who, when. Family poly-victimization is defined as the co-occurrence of intimate partner violence, child abuse and neglect and elder abuse in the same family. Intimate partner violence during pregnancy became am major concern globally due to its prevalence, adverse health consequences and intervention potential.

The violence can take multiple forms but is important to remember that only in limited cases only one type of violence occurs:

- physical violence (shaking, pushing, hitting, kicking, driving dangerously, strangulating, etc)
- emotional or psychological violence (blaming, undermining, name calling, bad moods, making the victim feel guilty, harassment, stalking yelling, insulting, swearing, criticism, attacks on someone’s intelligence or how they look, etc)

- sexual violence (rape including marital rape, unwanted touching, sexual jokes, forced or unwanted sex or sexual activity, deliberately causing pain during sex, etc)
- economic violence (controlling all money and finances or restricting access to finances, stopping someone from working, controlling or denying the purchase of personal items, etc)
- social violence (isolating from family members and friends, controlling who they see, monitoring phone calls and emails, insulting or criticizing in front of others, etc)
- deprivation or neglect

1.2. The root of negative behavior – how behavior starts in general

There is always a motivation behind any action. The only one cause of violence perpetrated by someone against another person is the need for power and control.

Most of the types of inter-personal violence, in particular domestic violence, is a intentional learned behavior through observation, experience, culture, within the family, community, school and at work.

Violence is NOT caused by:

- poverty or lack of money
- alcohol or drugs
- disease
- genetics
- anger, stress or loss of control over the senses
- victim's behavior
- problems in a relationship

All the aspects mentioned above are only contextual factors that can disinhibit behaviors and facilitate the manifestation of violence.

Who the perpetrator can be?

Blue collar or worker, from rural or urban area, with or without good economic condition, with white or black skin, regardless the religion or sexual orientation, man or woman, does not matter. Anyone can be a perpetrator of inter-personal violence. Is not a stranger! It is the husband, partner, children or father.

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What are the warning signs to look out for?

Domestic violence involves power, control and domination, expressed through different behaviors, not only through physical violence:

- check up on the victim more frequently
- repeatedly accuse the victim of being unfaithful
- scare or hurt the victim
- make the victim nervous or afraid to say no
- control who the victim see or what to wear
- criticize the victim more frequently
- restrict access to money or places
- force the victim to do something
- threaten the victim if she/he intends to leave the house/relation

Risk factors for domestic or intimate partner violence during pregnancy in most of the cases are the same factors as in general. However, a mistimed or unwanted pregnancy can lead to an increased prevalence of intimate partner violence, compared to prevalence reported when an intended pregnancy is. [2 WHO]

There are many myths and stereotypes about violence against women that represents great barriers to understand the phenomenon. The victim is often described as helpless, fragile, exhausted, who was once pretty; she has small children, is not ready for any work and is dependent on her husband; belongs to a minority group or belongs to the lower class, being taught with violence. These beliefs are in most of the cases simple stereotypes, many victims belonging to the middle and upper class of society, where power is in the hands of the husband. Victims are found in all races, cultures, religions, educational and economic levels.

Myth: Domestic violence occurs in families with low economic and social status.

Reality: Domestic violence can be encountered in all classes and social categories, families with a higher status being more tempted to hide it from the public perspective on one hand and the educated perpetrators tends to use more “non visible” violence (psychological and social rather than physical) on another hand. They have a status and an image to defend, the "losses" in the case of public exposure being more important.

Myth: Some victims deserve to be beaten; they provoke the perpetrators.

Reality: There is NO justifications for violence. Although in therapy it is considered that both partners contribute to any relational pattern, it is not the case on domestic violence. Nothing justifies the violence.

Myth: Women like to be abused.

Reality: This myth is based on the fact that many victims do not leave their violent partner. There are many reasons for not leaving the perpetrator but often the victims are afraid to leave their perpetrators, knowing that leaving the abuser can be extremely dangerous for a victim.

Myth: If a victim wants to leave the relationship, she could do so at any time.

Reality: Many of the reasons why a victim remain in an abusive relationship are independent of her will. The victim is often psychologically captive, suffering from Stockholm syndrome, she can sympathize with the aggressor, she can present him in a favorable way, although his actions appear as clear abuses. The woman may be overly dependent on him or she may be forced to remain in custody and become a prisoner.

Myth: Violence is the result of alcohol or drug use.

Reality: There are perpetrators who are not alcohol or drug users.

Myth: Domestic violence occurs when the victim/perpetrator has psychiatric problems.

Reality: the victims/perpetrators do not necessarily have a mental health problem. Most perpetrators do not have mental illness, they are ordinary people who in many situations can be controlled.

1.3. The impact of violence on pregnancy /mother/child health proved

Pregnancy symbolizes an important moment when woman has autonomous control over her body and her independence from her partner. During pregnancy, women want and receive more attention from friends, family or health care providers, which creates more opportunities for others to notice sign, symptoms and/or behaviors that can indicate the presence of violence. Therefore, it becomes more difficult to keep secret the violence. Given that, the control aspect is a key aspect of domestic violence.

The violence has multiple consequences, some of them difficult or impossible to be quantified. The immediate and long-term social costs of violence are enormous, translated into absenteeism

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and risk of losing job, effects on school attendance and performance, decline in quality of life, isolation, reduced civic/community participation, intergenerational effects and culture of violence. Violence brings economic costs covered by the victim (paying for health services, specialized services such as psychological support, criminal and civil justice, personal costs to recover the destroyed properties) or burden the state expenses.

The health consequences are multiples, from physical, sexual and reproductive health problems to psychological and behavioural consequences. Physical violence during pregnancy, when abusive partners target a woman's abdomen, is not only hurting the woman but potentially affect the pregnancy as well. [2 WHO] Intimate partner violence during pregnancy due to physical or psychological violence has been found to be associated with both fatal and non-fatal health outcomes for the woman and the baby (3 WHO).

Pregnancy care, among many measure and behaviors, include starting prenatal care program in the first trimester of pregnancy. Unfortunately, women involved in an abusive relationship often seek such a service much later than women who are not in such a violent relationship some of them end up postponing this moment until the third semester of pregnancy. This delay may constitute a major risk factor for the health of both the child and the mother and the early detection of potential complications are reduced. On the other hand, the mother to be does not receive the key information and education during the pregnancy.

One of the most serious consequences of violence during pregnancy is fetal trauma that can lead to miscarriage. The sexual abuse during pregnancy puts the future baby in a situation of advanced risk. Women who go through any form of abuse during pregnancy are significantly more at risk of not getting pregnant and there is an association between the current state of abuse and at least one miscarriage in a woman's obstetric history.

The interval between pregnancies is shorten among women victims of intimate partner violence, so called "rapidly repeated pregnancies" phenomenon.

Each of these aspects puts both the mother and the future baby at risk indefinitely as long as problems are not identified and no action is taken to improve the situation.

2. Main researches/ studies concerning the violence on pregnancy

2.1. Conclusions about negative aspects of future parents behaviors concerning violence and the impact on children health

Effects of two or more types of violence associated could lead to more severe and less reversible impacts on the victims [Finkelhor].

Emotions are influencing the body system of the person and ultimately the health. Many studies conducted in the last decades demonstrated that happier people experience less depression and stress, have a lower heart rate, stronger immune system, and a longer life. Other studies suggest that the level of happiness is determined, at least in part, by genetics. Although it fluctuates according to circumstances, the majority of people return to their family level of satisfaction. [Lyubomirsky]

Psychological problems faced by mothers before and after birth could be risk factors for the development of anxiety in their children, especially in adolescence. The psychological problems of expectant mothers generally translate into biological changes in the intrauterine environment in which the fetus develops, putting at risk the normal maturation of the brain structures responsible for triggering the emotion of fear. This can also mean an increased risk of their children for anxiety in a few years, towards the age of adolescence. At the same time, the first study presented also draws attention to the environment in which children develop after birth: maternal depression negatively influences the mother-child interaction and is therefore a risk factor for the occurrence of depression in adolescence [Davis, Halligan]

The consequences of violence during pregnancy are not limited to the ones affecting the woman but they are translated into long-term adverse outcomes on that will affect the baby, from pre-term delivery, low birth weight, and lower rates of breastfeeding to lack of attachment between mother and child leading to psychological consequences. Intimate partner violence during pregnancy is associated with higher levels of depression, anxiety of the woman that predicts children's behavioural and emotional problems up to four years later showed the findings of a longitudinal study, with the underlying mechanism including the effect of maternal mood on the fetal brain development, which affects the child's behavioral development. [1 WHO]

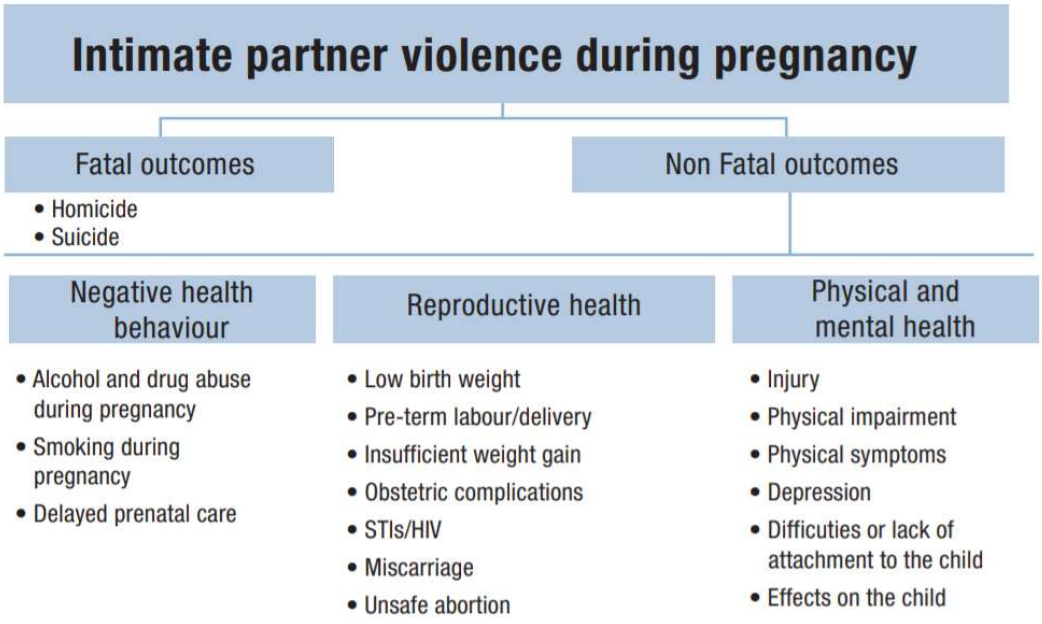

Figure x. Health outcomes of intimate partner violence during pregnancy (Source: 3 WHO)

Fractures, lacerations, other trauma, sexually transmitted infections, pain disorders, depression, anxiety, posttraumatic stress disorder, even suicide and many more are amplified in pregnancy, with an increased risk of pregnancy outcomes such as preterm birth, low birthweight, and small for gestational age [Chisholm] [Sanchez] [Madkour] [Berhanie]

Exposure to physical and sexual abuse might be common among women that request termination of pregnancy and strongly associated with psychological negative outcomes (depression, anxiety, PTSD). [Hogberg] A relationship exists between maternal trauma, prenatal exposure to violence and developmental difficulties and disorders in the offspring [Toso].

Moreover, in most of the cases the violence do not stop once a child is born. A conflictual family becomes a "nest for incubating and producing" violence. As an adult, the child will often reproduce models of violence acquired in the family. In a family with violent manifestations, the child can be directly involved, being an active actor of violence, in most of the cases the target for the violence. Also, the child attends as a spectator to violent discharges, either verbal or physical. All these organize and trigger in the child's emotional structure the violent behavior. Moreover, dysfunctional family models including conflicting and aggressive ones are inherited trans-generation behaviors and become even more important.

2.2. Conclusions about positive behaviors concerning violence and the impact on children health

The family is the oldest and most important institution of human civilization. It is a complex form of biological, social, spiritual and material relationships between people bounded by blood, marriage or adoption. The family is an optimal environment for human formation and becoming, it is an emotional, social and cultural environment.

It is not enough to live in the same house, eat at the same table and sleep under the same roof. the family must contribute to the mutual fulfillment, growth and becoming of individuals. the family represents a unity in aspirations, ideals, desires, needs. one family enjoys the achievements of the other and is with them in trouble.

There is the so-called sensory memory of the body and many of the experiences that the mother lives during pregnancy make their mark on the physical, but also mental and emotional development of the future child. The impact of emotions in the immune body can be measured by determine the levels of IgA (immunoglobulin A). Five minutes of anger asks from the body's immune system almost six hours to recover. By opposite, five minutes of happiness, joy, compassion, immediately increase IgA levels by 41% and continue to rise for six hours after.

The maternal positive affect may be beneficial for outcomes related to the length gestation, and that this effect cannot be accounted for by the lower stress levels associated with higher positive affect. Interventions to increase maternal positive affect may be beneficial for fetal development. [Voellmin]

The quantity and quality of father involvement in the children’s care influence their development. High levels of father involvement in all aspects of childhood but during pregnancy as well are associated with significant and highly desirable outcomes for children and families. [Wilson] Paternal involvement in children's lives is associated with a variety of beneficial child outcomes like reduces incidence of health conditions (e.i. obesity), improved cognition or improved mental health. A broad series of factors that might affect father involvement including culture and context, interpersonal factors, legal framework, knowledge and self-efficacy, attitudes, beliefs, and incentives have to be taken into consideration. [Allport] Participating at prenatal visits, taking paternity leave which is more and more available and accessible, and helping children with homework were beneficial in improving paternal health and were associated with a reduced likelihood of intimate partner violence. [Ling Chan]

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3. Examples of evidence based interventions to prevent and reduce violence

Violence affects us all, directly or indirectly. Whether as direct victims, witnesses to violence, members of the community or part of a society that tolerate violence, we cannot claim to live in an "bubble" and not see, not hear, not affect us what it happens around.

Therefore, to limit violence we must invest in prevention and effective response. Translate into other words, effective primary, secondary and tertiary prevention programs should be strategized, developed, implemented, monitored and evaluated.

Talking about prevention, there are two crucial and distinct timing to be addressed: before violence happens and after.

Primary violence prevention is about preventing violence before it occurs, looking at and focusing on root causes and using an upstream approach for prevention methods.

Secondary violence prevention focuses on treating immediate injury and harm resulting from violent incidents.

Tertiary violence prevention refers to a range of activities aimed to lessen the medium and long-term negative consequences of violence, includes therapy and other rehabilitation efforts.

Secondary and tertiary prevention are the actions taken after domestic violence has occurred; they are commonly named *response to violence*.

The World Health Organization recommends a set of evidence-based preventive and curative interventions to address interpersonal violence-related health problems, problem behaviors and risk factors, and potential mechanisms or means to deliver them.

Evidence-based preventive and curative health interventions that could be delivered in pre-pregnancy/ interpregnancy	Existing delivery mechanisms that could be used to deliver interventions at scale in low- and middle-income countries
Health promotion aimed at preventing dating violence	Community settings such as school; sexual health programmes
Changing harmful gender norms (including those that perpetuate or tolerate violence against women) through comprehensive sexuality education that addresses gender equality, human rights, sexuality and sexual relations; community mobilization	Community settings such as schools; mass media
Combining and linking economic empowerment and gender equality or life-skills training for women and adolescent girls through community mobilization	Linkage to programmes involved in economic development; microfinance; microcredit and behaviour change communication;
Reducing harmful use of alcohol/ interventions for problem drinkers through: (i) screening and counselling of people who are problem drinkers, and treatment for people who have alcohol use disorders; (ii) changing individual and social norms	Primary care facilities; community settings mass media
Provision of health-care services and psychosocial support to survivors of violence; recognizing signs of violence against women; providing medical (including psychosocial) care and referral services where appropriate (including post-rape care)	Primary care facilities; referral services / specialized services

Figure x. Evidence-based interventions to address inter-personal violence-related problems, problem behaviors and risk factors, and mechanism of delivering them. (Source: [4 WHO])

Health promotion aimed at preventing dating violence

Healthy, respectful, and nonviolent relationships have the potential to reduce the occurrence of dating violence and prevent its harmful and long-lasting effects on individuals, their families, and the communities where they live. It is critical for youth to begin learning the skills needed to create and maintain healthy relationships, learned behaviors having long-term impact.

The key to dating violence prevention is early intervention destinated to teens or even earlier and increased awareness among parents and school staff. Open, honest discussions with teens are important. By helping youth to establish positive respectful relationship-building skills, certain risk factors for dating violence victimization or perpetration can be mitigated and potential domestic violence behaviors may be prevented.

Divers strategies and approaches were developed to be used to stop dating violence and intimate partner violence before it starts. Center for Disease Control and Prevention Atlanta developed a

technical package [CDCP] that describes evidence-based strategies and approaches for preventing dating and intimate partner violence. The strategies are designed to address dating and intimate partner violence across lifespan.

Figure x. Strategies and approaches at different levels of the social ecology aiming to reduce dating and intimate partner violence. (Source: CDCP)

Changing harmful gender norms (including those that perpetuate or tolerate violence against women) through comprehensive sexuality education that addresses gender equality, human rights, sexuality and sexual relations

Changing unhealthy gender norms is one of the important keys to changing unhealthy behaviors, including sexual. One of the most effective gender transformative approach is men engagement.

Community-based collaboration and broad-based partnerships are key elements in mainstreaming consciousness. Partnerships ensure the coverage of the programs to diverse groups of population, involve women's organizations to reflect all the perspective of such change and ensure the sustainability of the initiatives. Involving public institutions and workplaces is necessary because these institutions are representing services "hubs" for population, can be the place to promote gender norms. Creating a safe environment in which girls and boys, women and men can "step out" from gender norms limits and try to change them will bring more courage and more attitudes towards harmful practices. One enabler for change is to showcase the already existing initiatives,

achievements, changes is the community. The public campaigns in which men voices represent the central piece and message are very effective and inspirational. Legal and social policies are critical for accelerating the pace of change and effecting permanent shifts in gender relations and gender norms. [UNFPA]

Combining and linking economic empowerment, gender equality or life-skills training for women and adolescent girls community mobilization

Economic developments and empowerment can lead to rapid change in gender roles, which can, in turn, lead to changes in gender norms. The strategies that can lead to economic empowerment of women and girls can be grouped into two main topics: a) ensure equal rights and opportunities between women and men, and b) promote work-life balance. Access to safe and equitable employment opportunities , access to and control over economic resources and opportunities, access to education and training, existence of social protection and childcare, access to and control over reproductive health and family formation, freedom of movement, al them are contributing to economic empowerment of women and girls but not only, on long term can lead to societal change of norms.

Recognizing signs of violence against women and providing health care services (including post-rape care), referral and psychosocial support to victims of violence

Health care professionals are often the first and only point of contact for women who have experienced violence. Therefore, health care professionals play a strategic role to identify women who have experienced and/or are at risk of experiencing further violence, to provide them with medical care and to make referrals to other services.

Antenatal care represents an opportunity for identifying signs, symptoms or behaviors that might indicate that women who experience intimate partner violence. The access to medical care being controlled by the perpetrator in many cases, antenatal care visits can represent the only point of contact for women within a health-care setting, the only chance to provide support for the victim and follow-up the evolution of violence.

WHO recommends different steps for an effective intervention of health care providers for potential victims of violence:

- **Identification of survivors of intimate partner violence**. While some women may disclose violence experienced, many women do not disclose, or do so only if they are being

asked. Therefore, it is important that health professionals are trained on how to recognize signs of gender-based violence and how to communicate with survivors

- **First line support**, which include being supportive and validating what the woman is saying, asking about history of violence, listening carefully but not pressuring the woman to talk, assessing the risk and helping her to increase her safety, and facilitating access information about resources.
- **Care of injuries and urgent medical treatment**, including sexual assault examination, prevention of unwanted pregnancy, HIV and sexually transmitted infections.
- **Mental health assessment and care**
- **Referral**

The key element in the intervention in the identification of the survivors which rely on the skills and ability of the health care provider to recognize the signs of violence and to help the woman to disclose violence. If a victim does not disclose the violence or does not want to be helped, adequate support cannot be provided.

The minimum support offered to the victims is to provide information about the types of abuse and the cycle of violence, to assess the risks and danger and discuss a safety plan with the woman. The provision of this minimum support may decrease the psychological and physical violence and improve women's physical and mental health.

Changing individual and social norms regarding drinking, screening and counselling of people who are problem drinkers, and treating people who have alcohol use disorders

Alcohol contributes to violence through a combination of: direct pharmacological effects, personality of the individual, the circumstances, and attitudes and social norms. Impact of alcohol on men and women are different from drinking behaviors to behavioral influence, therefore a gendered perspective of changing norms regarding drinking is necessary. Both drinking and violence are social behaviors that are influenced by gendered social norms. Drinking represents an expression of harmful masculinity and false idea of manhood, it provides "the courage" for risky behaviors, and particularly to act through violence against women. Alcohol through disinhibiting the behaviors can represent a "tool" for violence but also a symptom of exposure or witnessing violence, indicating inter-generational consequences of violence.

To ensure that alcohol, violence and the relationships between them are addressed at all stages in the life cycle, interventions should be complex, targeting the behaviors but economically in an equal way. By increasing the minimum legal drinking age, limiting the commercial for alcohol,

limiting access to alcohol, increasing the taxes on alcohol products are drivers to alcohol consumption reduction.

4. How violent behavior can change - the role of professionals

Multiple factors that create a circle of violence can lead to intimate partner violence: inter-generational violence, male domination norms, cultural norms that tolerate intimate partner violence, role models in the "training" of future violent incidents, violence in society. This circle of violence can be broken only by addressing all perspectives of this complex phenomenon but starting from addressing the needs of victims/survivors of violence, the witnesses and the perpetrators.

It is commonly recognized that 100% responsibility for the violence is of the perpetrator. The use of violence is a choice for which each perpetrator is responsible and for which he/she should be held accountable. Their violence is always the result of a decision to attack and is instrumental and intentional. Thus, to reduce prevalence of intimate partners violence starts with violent behavior change. Perpetrator programs are only one part of a necessary wider system of intervention against domestic violence and should not be run where specific victim support services do not exist.

To effectively deal with intimate partner violence, perpetrators programs should be an integrated part of an integrated intervention system. It is particularly important to cooperate closely with services for victims and their children to ensure their safety as well as to achieve an integrated approach to domestic violence. These principles of cooperation should be implemented by including representatives from victims' centers as part of management team in perpetrator centers. Collaboration and networking with all other services, agencies and professionals working with domestic violence (e.g., social services, health services, child protection services, and the justice system) are also important. Rehabilitation services for intimate partner violence perpetrators should be based on a coordinated community response, encompassing a multi-agency approach, the focus being placed on conveying to perpetrators a new social understanding based on equality and mutual respect.

The primary aim of an intimate partner violence intervention program is to promote the safety of vulnerable persons. Women, children and elderly people are the most vulnerable to violence, considering the weakness and the statistics that show them as most exposed to violent situations.

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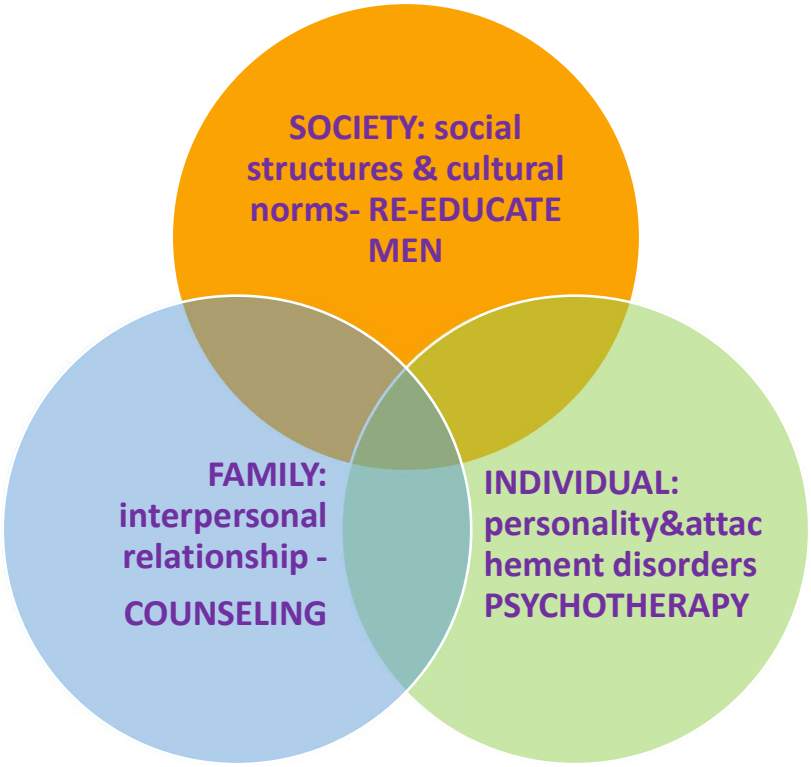
As part of the intervention, the men as perpetrators should be accountable for their violence towards women, children and elderly. All persons should have access to services which can help them for resolving their problem with violence, including people from remote geographical areas, with low level of education, language or other physical barriers and those with substance abuse.

There are three prevailing sets of theories cited on literature regarding work with intimate partner violence perpetrators.

1. The approach centered on society and culture works from the understanding that the domestic abuse is caused by social structures, cultural norms and other factors that endorse or do not challenge the use of control and abuse by men against their female partners. This model of intervention seeks to re-educate men, by teaching them about the impact of these structures and of their own abusive behavior and by helping them to see the importance of equality and non-violence in marital and similar relationships.
2. The family-oriented approach starts from the basis that the structure of individual families and interpersonal interactions within the family are the cause of domestic violence. It focuses on healthy communications within the family and usually involves counseling or similar methods.
3. The approaches oriented to the individual are based on psychological theories which place the blame on personality disorders, biological disposition or attachment disorders caused in early childhood. Interventions are either psychotherapeutic or cognitive behavioral.



BIOPSYCHOSOCIAL APPROACH

Programs may use diverse intervention methods and techniques to accomplish the primary goal of ending perpetrator's use of violence and abuse, at a minimum:

- Recognising and accepting violent and controlling behaviors
- Identification the effects of violence and potential legal consequences

There are three models of intervention for perpetrators. None of them has yet been proved to be more effective in reducing recidivism of violent acts than any other. The choice of one model depends on existence of a service and referral network and the resources of the center.

1. The Duluth model involves 2 or 3 sessions covering the topics of nonviolence, threatening, respect, support and trust, honesty and accountability, and partnership. This model emphasizes that perpetrators' assistance must take place in the context of a coordinate community response to domestic violence.
2. The EMERGE model include 48 weeks divided in two phases: 8 weeks of orientation (defining domestic violence, negative versus positive, domestic violence consequences, types of violence, communication) and 40 weeks of group work. Frequently, exercises to develop respect and empathy for the victim are used.

3. The AMEND model prefers a long period of assistance (from 36 weeks up to five years for the most difficult cases). Basically, it consists in group therapy but include also some individual counseling sessions.

Individual interventions are regarding the recommended set of services for perpetrators' rehabilitation and are consisting in:

- Psychological counseling centered on empowering the perpetrator, the perpetrator psychological assessment, psychological support in identifying and solving problems by the perpetrator.
- Psychiatric evaluation
- Legal counseling is the submission of rights and obligations provided by law, presenting his actions impact on others, the consequences of breaches.
- Social assistance is aiming to identify the real needs of beneficiaries, to establish a contingency plan, identifying the extent income rental housing or with relatives, friends, acquaintances, looking for a job, mediate beneficiaries' relationship with other institutions, family.
- Facilitating the access to specialized services for alcoholism or addiction
- Mediation between victim and perpetrator
- Social rehabilitation and reinsertion

Group intervention shall be another intervention modality. Individual sessions may be provided for intake and assessment purposes and may augment group intervention. Individual sessions shall not be substituted for group sessions except in special cases where individuals have medical or mental impairment, acute psychiatric disorder(s), or significant language barriers which interfere with group participation. To promote quality service and maximum interaction, optimum group size is 3-15 participants. For the purpose of modeling healthy and equal relationships and to monitor the group process, groups should be co-facilitated by one male and one female facilitator, when is applicable. To most effectively deal with issues of gender and violence, groups for perpetrators should not include women as participants. Mixed groups might place women participants in danger, or disadvantage them, as they may be also dealing with issues of victimization by male partners.

Perpetrator services cannot "cure" violent men or guarantee drastic changes, as behavioral change is a long and complex process. However, research demonstrates that, of perpetrators who complete a program some will stop their violence and significantly change their abusive behavior, some will stop their violence but maintain their controlling and intimidating behavior, and some will continue their violence. Although not all men will end their abuse, in the majority of cases, perpetrator

services can reduce dangerousness. Working in the same time with the victims, their safety will be increased.

Programs will promote responsibility and accountability, the fact that abuse is the sole choice and responsibility of the perpetrator. Abuse is never justified. Although a man may have been socialized to believe in his right to control women and children, or even have been trained to use violence, he can still choose to take responsibility and learn non-violent ways of relating. Some men who seek assistance with stopping their use of violence have also experienced violence themselves and may use this as a justification for their own violence. Workers need to keep separate at all times the issues relating to a man's own experience of being violent and his responsibility for his own violence against others. Any excusing, condoning or minimizing of this use of violence on the basis of his own pain and difficulties reinforces his use of violence rather than challenging it.

5. Education for future parents/population for a healthy life style concerning the violence and in general – the role of educational programs, the role of community, schools

When we think of home, we imagine a place where we feel safe, where we receive warmth and, ideally, love. This makes intimate partner and domestic violence so difficult to understand, recognize and punish; it is contradictory, uncertain and difficult to comprehend.

Family-life education is one complex approach for healthy family functioning and provides primarily a preventive approach. The skills and knowledge well know as being crucial for healthy functioning are strong communication skills, good decision-making process skills, positive self-esteem and healthy interpersonal relationships skills. Family-life education, it is an educational rather than a therapeutically program as the name, is a concept that is relevant throughout lifespan that should be adapted to individual and family identified needs. [Robila]

From birth but mainly in adolescence, people are forming ideas and behaviors around gender norms. Comprehensive sexuality education in schools can help young people develop gender-equitable attitudes towards relationships and sexual behavior, prevent early unwanted pregnancies, and promotes respectful non-violent relationships.

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Schools play an essential role in educating children about violence and healthy behaviors. Engaging children in prevention education and awareness raising in school can increase violence disclosure from their side, trust in schools staff playing a key role. Moreover, participating in a school-based program may encourage children more likely to disclose to a family member than to professionals. Prevention programs in school are more effective and sustainable when are promoted through whole-school policies and practices than through single-component programs or individual teachers. Also, the staff should be trained for a better understanding of violence, to work with their own stereotypes, attitudes and behaviors and to know the way to help the children after disclosing violence and referral options. A holistic approach includes provision of support for both students and their parents already living with violence. The content, method and skills to implement such programs in schools need to be carefully chosen to strengthen students' involvement and sensitively handle students' vulnerabilities and needs.

The very first initiatives to support victims of intimate partner violence were peer-based movements, from people that suffered violence to others. Peer to peer support represent a key element within intimate partner violence' services and together with victims' advocates they increase the understanding of violence and its mitigation. There are few key factors that drive to success or failure (if they are not fulfilled) of peer-to-peer support. Obtain the trust of victims or potential victims of violence into peer capabilities, to ensure the continuum of support offered once the violence was disclosed, to link the initiative to an integrated network of services that can better cover and respond the multitude of victims' needs, to undertake a risk assessment from the very beginning of the intervention, all represent essential elements for the success of peer to peer programs.

Community mobilization is a highly systematic and long-term approach aiming to change social norms and do preventive work for interpersonal violence that involves all levels of a community. Community mobilization is a primary prevention approach because it aims to stop violence before it starts and because it promotes healthy behaviors and environments. Secondary prevention is also met within community mobilization when the issues of violence are made public in a community and persons experiencing violence seek for support.

Community mobilization can use different strategies, depending on the available resources and means, to reach diverse audiences across the ecological model (individual, relationship, community and society levels) that include:

- Grassroots initiatives that engage family, friends and neighbors
- Influencing public perceptions through traditional, popular and new media
- Influencing local, national or international leaders through advocacy activities.
- Training of professionals not directly involved in support provision to victims, influencial community members, but not limited to them.

Within the community but not limited to this, the bystanders are playing a crucial role in taxkling violence. The bystander is someone who witnesses a violent incident but is not personally involved in the incident itself. Proactive bystanders intervene when they witness an incident between a perpetrator and its victim, the passive bystanders do nothing. Four stages of bystander's action are described from noticing the incident till acting.

Figure x. Stages from passive to proactive bystander. (Source: Berkovitz 2009, adapted by Fenton et all, 2016)

The social network is an important resource for the victims and families affected by violence. The family climate depends on multiple factors: numerical composition of the family, intra-family relationships, personal values, adaptability, economic status, level of education, etc. The families with extensive relations or contacts outside the family itself are rearly affected by violence. By opposite, isolation is correlated with the violence against spouse, children, and often against the elderly. Moreover, these families do not receive much support from outside the nuclear family.

The tendency of other persons, particularly bystanders, to tolerate violence and keep silence, lead to low levels to zero trust of the victims in the options to break the circle of violence and self-protect. The phenomenon of domestic violence is much more frequent and widespread in

subcultural environments, with educational deficiencies, in primitive psychic structures, with weakened or suppressed behavioral self-control, often in conditions of alcohol consumption.

What should people do if someone they know is being abused? First, the signs of interpersonal violence should be recognized, identified and a conversation with the person potentially subject of violence should be initiated. More information on how to help a person subjected of violence can be obtained by calling one of the support institutions or organizations to ask for advice.

If a pregnant woman disclose that she is subject of violence, the support person should try to help her by:

- being supportive and listening without making any judgements
- ensure she knows she is believed and understands that violence it is not her fault
- asking if she wants to seek help from one support organization and offer to help her to contact that organization, including accompanying her
- staying in touch and continuing to check how she is

The costs of interpersonal violence are far higher than the ones borne by armed conflict and increase burden into health sector more than cancer or chronicle diseases. Blame, shame and guilt affect the choices of people subject of interpersonal violence. Multi-sectoral cooperation for response, prevention, awareness raising, and education can prevent interpersonal violence to happen and improve the lives of children, young people and adults coping with the consequences of violence.

Life as a couple is a wonderful emotional experience, but it can also be a fertile ground for divergence, conflict, unleashing frustration and imposing opinions. Before deciding to form a formal family or to have a child, at least three questions should be self-asked:

Do I feel comfortable/happy in this relationship?

Am I free to express my opinions?

Am I afraid of my partner's reactions?

The answers to these questions should serve as food for thoughts and the best decision should be made.

What happiness means, what the best decision is?

Happiness is when the reality meats our expectations.

Remember! There is life after violence if the victims turns into a survivor and do the first step to break the circle of violence by seeking support!

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