

Domestic Violence / Intimate Partner Violence

The abuse is not your fault.

The intent of abusive behavior is to achieve and maintain power and control over another.

Abuse is a pattern of assaultive and coercive behaviors in which an adult or adolescent tries to control the thoughts, beliefs, or conduct of an intimate partner or person with a significant relationship to himself/herself. It can include but is not limited to the following abuses:

Physical - Slap, punch, choke, or shove.

Sexual - Forcing another to have sex against their will.

Verbal - Threats, Humiliation, Intimidation, see below.

Psychological/emotional - Verbal/nonverbal Threats, Humiliation, Intimidation, see below.

Financial - Controlling the finances and withholding money, stealing from you, not allowing you to work, and sabotaging your job by making you miss work or calling constantly.

The abuser may also exert power using the following tactics:

Cultural - Abusers may threaten to call INS, misinform you about domestic violence laws in the U.S., use fear of police or government, steal/hide important documents (passport, visa etc.), kidnap or neglect the children, and turn the children against you.

Dominance — Abusive individuals need to feel in charge of the relationship. They will make decisions and expect you to obey without question.

Humiliation — An abuser may use insults, shaming or an public humiliation to erode your self-esteem and to make you feel powerless.

Isolation — In order to increase your dependence on him/her, an abusive partner will cut you off from the outside world and keep you from seeing family, friends, or going to work or school.

Threats — Abusers commonly use threats to keep their victims from leaving or to scare them into dropping charges. Your abuser may threaten to hurt or kill you, your children, other family members, or even pets. He/she may also threaten to commit suicide, file false charges against you, or report you to child services.

Intimidation — Intimidation tactics designed to scare you into submission include threatening looks or gestures, smashing things in front of you, destroying property, hurting your pets, or putting weapons on display.

Denial and blame — Abusers may minimize the abuse or deny that it occurred. He/she will commonly shift the responsibility onto you, indicating that the abuse is your fault.

Source:<http://helpguide.org/mental/>

[domestic_violence_abuse_types_signs_causes_effects.htm#signs](http://helpguide.org/mental/domestic_violence_abuse_types_signs_causes_effects.htm#signs)

Cycle of Violence – Denial works in each stage of the cycle to keep it going.

Tension building – The **survivor denies** that tension is building and attributes it to outside stress (such as work, bills, family). They blame themselves for causing the abusive behavior and think or hope that it will stop.

The **abuser denies** being abusive, blames it on the survivor, denies responsibility by attributing the behavior to alcohol, drugs, difficulty communicating etc. The abuser claims he/she had a momentary lapse in reason.

Explosion - The **survivor denies** their own injuries or claims the injuries are minor. They deny the need for police or medical help, blame it on drugs or alcohol and do not call it rape because of their preexisting sexual relationship.

The **abuser** blames the survivor (“s/he had it coming”) or blames stress and minimizes the severity. S/he **denies** raping the survivor.

Honeymoon (Hearts and Flowers) – The **survivor** want to believe the abuser’s promises and hopes the abuse will not begin again. He/she remembers the good parts of the relationship more than the abuse. The survivor has a hard time believing that this kind of person would be willfully abusive.

The **abuser denies** that it will ever happen again, begs for forgiveness, cries, declares his/her love, sends flowers, cards and presents. He/she promises to get help.

Source: Transition House, www.transitionhouse.org

What are the obstacles to leaving?

Lack of Intervention and Support – The survivor may be turned down or not believed by agencies, police, friends and family. They may not have anyone to turn to or anywhere to go.

Feelings of Powerlessness – Abusers use violence to take power from the survivor and deprive him/her of their sense of agency and self-worth. Survivors of domestic violence often feel isolated and helpless to change their situation.

Love – Abuse often begins after a commitment and investment in the relationship have occurred. *Most survivors do not want the relationship to end, they want the abuse to end.*

Denial and Minimization – Domestic violence is denied and minimized by abusers, survivors, and society, who may state that “it’s not that bad” or “she/he really didn’t mean it.”

Physical Danger – *Risk of being murdered is highest when in the process of leaving.* The abuser senses his/her loss of control and will use any means to regain it.

Fear of losing children – Fear that the abuser will take the children away.

Financial Considerations – Many survivors feel unable to support themselves or their children without the income of the abuser. *Survivors risk losing their home and/or job to be safe.*

Guilt and Self-Blame – **The person being abused often believes that it is their fault for not stopping the abuse or that they must have done something to deserve it.**

Cultural Barriers - She/he doesn’t speak English, is fearful of being deported, is not aware of U.S. laws, fear of police/authorities, and fear of reinforcing negative stereotypes about his/her community.

Career/Social Standing – Survivor fears ruining his/her (abuser’s, family’s, own) career or social standing. They may want to live up to social expectations or do not want to go on welfare.

Fear of being “outed” as Lesbian/Gay/Bisexual/Transgender

Disability – Abuser denies access to services or survivor feels responsible to disabled abuser.
Substance Use Problems – Fearing a lack of credibility in the eyes of the authorities.
Belief in Abuser’s Promises – Belief that the abuser will change, get help/counseling, and never do it again.
She/he is not ready to leave.

Source: Transition House, www.transitionhouse.org

If you think someone you know is being abused....

Respect Confidentiality – When you approach them all discussions must occur in private, without others (including family) in order to build trust and ensure safety.

Talk to her/him. Listen and let her/him know that you care. Isolation is often the biggest hurdle that survivors need to overcome in order to find help.

Don’t judge. Believe and validate the survivor’s experiences. *Let her/him know that s/he is not alone* and that millions of women and men in the U.S. face abuse each year.

Acknowledge the injustice....Tell her/him that the abuse is not their fault. Explain that abuse in any relationship is never acceptable. Alcohol, drugs, financial pressure, depression, jealousy, etc. are never excuses for abuse and domestic violence is a crime.

Promote access to on-campus resources such as The Program for Violence Prevention and Response (VPR), vpradvocate@med.mit.edu or call (617)253-1307.

Promote access to community services. Resources are available if someone comes to you in crisis and needs hotline numbers, shelter, a restraining order medical and legal assistance.

Suggest that s/he develop a safety plan in case of an emergency. A local domestic violence program can help her/him safety plan. Help her/him using resources listed on the following page.

Be supportive! Understand that leaving any relationship – especially an abusive one-is difficult.

Respect her/his ability to do what is best for her/him at the time, even if it means staying or going back to her/his abuser.

Help plan for future safety. What has the survivor tried in the past to keep safe? Is it working? Does s/he have a place to go if s/he needed to escape? Does s/he have a safety plan? Were you able to connect them with community resources or on-campus resources?

Source: Transition House, www.transitionhouse.org

Resources

24-Hour Emergency Care

Campus Police	100(campus phone) or Campus (617) 253-1212 (no campus phone)
MIT Medical	(617) 253-1311
Mental Health on-call	(617) 253-2916
Dean on Call (Reach through Campus Police)	(617) 253-1212

MIT Medical (E23) <http://web.mit.edu/medical/>

Violence Prevention & Response Advocate (VPR)

Advocacy and support for survivors of sexual assault,
Relationship violence, and stalking (617) 253-1307

Sexual Violence Resources

http://medweb.mit.edu/wellness/topics/sexual_violence.html

Urgent Care (617) 253-4481

Mental Health Services

Counseling, evaluation, treatment, crisis intervention, and referral (617) 253-2916

Center for Health Promotion and Wellness

Health consultation, advice on helping a friend, information, speakers, programs, referrals, and relaxation hotline (617) 253-1316

Dean's Office

Student Support Services (5-104)

Personal counseling, excused absences, specialized student support (617) 253-4861

Office of Student Citizenship: Disciplinary process when reporting domestic violence

<http://web.mit.edu/citizenship/>

http://medweb.mit.edu/wellness/topics/sexual_violence.html#report

Student-to Student Resources

Nightline <http://web.mit.edu/nightline/> Peer listening hotline:

7:00 p.m. – 7:00 a.m. during school semesters (617) 253-8800

Medlinks <http://web.mit.edu/medlinks/www>

Basic information and referral (617)253-1318

Cambridge/Boston Area Resources (off-campus)

Hotlines

Safelink (statewide 24-hour hotline) (877)785-2020

ATASK Asian Task Force Against Domestic Violence (24-hours) (617) 338-2355

Elizabeth Stone House (24-hours) (617) 522-3417

Harbor Cov (24-hours) (617) 884-9909

Respond (24-hours) Crisis Hotline/Direct Service Office: (617) 623-5900

Transition House (24-hours) (617) 661-7203

Elder Abuse Hotline (must be over 60 years old & after hours) (800) 922-2275

Disabled Abuse Hotline (24-hours) (800) 426-9009

GLBT National Help Center

Hotline Hours: M-Fri. 4pm-midnight, Sat. noon to 5pm (888) 843-4564

The Network LaRed (Lesbian, Bisexual, Transgendered)

Hotline hours: M-Fri. 9am-Midnight, Sat. 1-6pm, Sun. 1-Midnight (617) 742-4911

Gay Men's Domestic Violence Project (800) 832-1901

Dial 0 and the answering service will contact someone who will call you back.

Fenway GLBT Helpline for all ages

Hotline hours: 6pm-11pm (888) 340-4528

Fenway GLBT Peer Listening Hotline for under 25 years of age

Hotline hours: 5pm-10pm (800) 399-PEER (7337)

GLBT National Youth Talk Line Hours: M-F 8pm-midnight, (800) 246-7743

Domestic Violence Information and Community Agencies

Jane Doe, inc. <http://www.janedoe.org/know.htm> (617) 248-0922

The Massachusetts Coalition Against Sexual Assault and Domestic Violence

Family Justice Center (FJC) 9am-5pm, Monday-Friday (617) 799-2100

Our Partners can listen and provide information and support while you consider whether or not to seek help from the police or prosecutors. Walk-in services at Commonwealth Ave. location.

Casa Myrna Vasquez <http://www.casamyrna.org/> (617) 521-0100

A multicultural agency dedicated to ending domestic violence.

Renewal House (At-risk youth and domestic violence survivors) (617) 318-6010

The Unitarian Universalist Urban Ministry unites communities and transforms individuals through education, service, and advocacy.

<http://www.uuum.org/templates/System/default.asp?id=42140>

EMERGE: Counseling, training sessions, group sessions (617) 547-9879

for abusers, community awareness programs. <http://www.emergedv.com/>

MAPS Massachusetts Alliance Portuguese speakers (617) 864-7600

MAPS provides a wide range of health and social services to the Portuguese-speaking community. <http://www.maps-inc.org/services/>

Teen and Children's Services

Teen Dating Violence Intervention Program (617) 868-1650

<http://www.transitionhouse.org/dvip.html>

Children with Voices: A Child Witness to Violence Program (617) 354-2275

a collaborative project between The Guidance Center, local battered woman shelters, such as RESPOND, Inc. and Transition House, and other local agencies.

<http://www.gcinc.org/>

Department of Child and Family Services (DCF) Child at Risk Hotline (800) 792-5200

<http://www.gcinc.org/index.asp>

Department of Social Services Domestic Violence Unit (617) 748-2333

For reporting suspected neglect/abuse in Massachusetts. www.mass.gov/dss/

Police/Legal Information

Cambridge Police Domestic Violence Unit

Ms. Leah Cefalo (Civilian Liason) (617)349-3371

<http://www.cambridgema.gov/CPD/CommRes/domesticviolence.cfm>

Boston Police Department Domestic Violence Unit

Lt. Detective Wilson (617)343- 4350

http://www.cityofboston.gov/police/divisions/dv_contactInfo.asp

District Attorney's Office (617) 619-4260

The District Attorney's Office offers a number of services to victims of domestic violence. For information about restraining orders, domestic violence related crimes, safety and shelter needs, and other services. http://www.mass.gov/dasuffolk/help_dvv.html

Victim Rights Law Center (free legal services) (617) 399-6720
<http://www.victimrights.org/html/help.htm>
Greater Boston Legal Services (GBLS) <http://www.gbls.org/> (617) 371-1234
Community Legal Services and Counseling Center (617) 661-1010
<http://www.clsacc.org/>
Victim Compensation <http://www.ago.state.ma.us> (617) 727-2200
Financial Assistance for Victims of Crime in the Commonwealth of Massachusetts
Compensation for lost wages, medical, dental, and counseling expenses, and funeral burial costs.

Medical Services (open during business hours)

Beth Israel Deaconess Medical Center: (617) 667-8141
Center for Violence Prevention and Recovery
<http://www.bidmc.org/CentersandDepartments/Departments/SocialWork/SocialWorkPrograms/CenterforViolencePreventionandRecovery/DomesticViolence.aspx>
Fenway Health: Violence Recovery Program (617) 927-6250
http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_violence
The Victims of Violence Program (VOV) (617) 591-6360
of Cambridge Health Alliance (CHA)
<http://www.cha.harvard.edu/yov/publications/Common%20Reactions%20brochure.pdf>
Brigham and Women's Hospital (El Hospital Brigham and Women's)
Passageway is a domestic violence intervention program at Brigham and Women's Hospital. 617-732-8753 or 617-732-6660; Beeper #31808
<http://www.brighamandwomens.org/communityprograms/Passageway.aspx>
Children's Hospital Advocacy for Women and Kids in Emergencies (AWAKE)
Domestic Violence intervention program and community violence resource.
Massachusetts General Hospital (MGH)
Domestic Violence and The HAVEN Program (617) 724-0054

Stalking Resources

Stalking Resource Center 800-394-2255
Stalking Resource Center (SRC), a program of the National Center for Victims of Crime (NCVC), raises national awareness of stalking and encourages the development and implementation of multidisciplinary responses to stalking in local communities. SRC provides trainings, an information clearinghouse, a practitioners' network and a peer-to-peer exchange program. <http://www.ncvc.org/src/Main.aspx>
United States Department of Justice
<http://www.ovw.usdoj.gov/aboutstalking.htm>
National Crime Victimization Survey: Stalking Victimization in the United States
<http://www.ovw.usdoj.gov/docs/stalking-victimization.pdf>

Cyberstalking Resources Online

• **Cyber Angels: www.cyberangels.org**
Non-profit group devoted to assisting victims of online harassment and threats, including

Cyberstalking. Personal Safety pdf. <http://www.beverlypd.org/pdf/PERSONAL%20SAFETY/CYBERSTALKING.pdf>

- **1999 Report on Cyberstalking: A New Challenge for Law Enforcement and Industry**

A comprehensive 24-page Department of Justice Publication
www.usdoj.gov/criminal/cybercrime/cyberstalking.htm

- **WHOA (Women Halting Online Abuse): www.haltabuse.org**

Founded by women to educate the Internet community about online harassment.

- **Get Net Wise: www.getnetwise.org**

Online resource for families and caregivers to help children use the Internet in a safe and educational manner.