

MHA NEWSLETTER

FORMS OF ABUSE

Physical Abuse

Physical abuse is a powerful way that an abusive person gets and keeps their partner under control and it instills an environment of constant fear. While physical abuse is the form of abuse that is most commonly known, it may or may not be a part of an abusive relationship. If physical abuse is present early in the relationship, it commonly gets worse over time. If there is no physical abuse in the relationship, it may begin to occur when the victim is pregnant or when the victim is considering leaving the relationship.

Physical violence may include: hitting, punching, kicking, slapping, strangling, smothering, using or threatening to use weapons, shoving, interrupting your sleep, throwing things, destroying property, hurting or killing pets, and denying medical treatment.

Sexual Abuse

Some form of sexual abuse is common in abusive relationships but it is often the least discussed. It can be subtle or overt. The impact on the victim is commonly feelings of shame and humiliation.

Sexual abuse may include: physically forcing sex, making you feel fearful about saying no to sex, forcing sex with other partners, forcing you to participate in demeaning or degrading sexual acts, violence or name calling during sex, and denying contraception or protection from sexually transmitted diseases.

Emotional Abuse

Emotional abuse occurs in some form in all abusive relationships. It is a very effective tactic used by abusive partners to obtain power and control and it can cause extreme damage to the victim's self esteem. Commonly, emotional abuse

makes the victim feel like they are responsible for the abuse and to feel crazy, worthless and hopeless. It is so damaging that many survivors of domestic violence report that they would have rather "be hit" than endure the ongoing psychic damage of emotional abuse.

Emotional abuse can include: constant put downs or criticisms, name calling, "crazy making", acting superior, minimizing the abuse or blaming you for their behavior, threatening and making you feel fearful, isolating you from family and friends, excessive jealousy, accusing you of having affairs, and watching where you go and who you talk to.

Financial Abuse

This form of abuse is one of the least commonly known but one of the most powerful tactic of entrapping a victims in the relationship. It is so powerful that many victims of abuse describe it as the main reason that they stayed in an abusive relationship or went back to one.

Some forms of financial abuse include: giving you an allowance, not letting you have your own money, hiding family assets, running up debt, interfering with your job, and ruining your credit.

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Forms of Abuse. (n.d.). Retrieved September 28, 2016, from <http://nnedv.org/resources/stats/gethelp/formsofabuse.html>

DOMESTIC ABUSE AND DEPRESSION

Domestic abuse and depression share many symptoms. A long time ago, I told my doctor how I felt and he instantly diagnosed me with depression. Unfortunately, way back then, I don't think I had depression yet. I think the symptoms of domestic abuse were my problem. Unfortunately, the doctor didn't ask about domestic abuse, just depression. Maybe now, 20 years later, doctors do ask about domestic abuse and depression during the same visit.

I believe my diagnosis of depression was both a God-send and a curse. On the good side, the diagnosis opened up solutions like medications and counseling. The medicines helped, but I didn't attend counseling. My ex-husband does

not "believe in therapy," and I wanted on his good side as much as possible. Maybe the truth of both the domestic abuse and depression would have come out in therapy.

So the curse of the diagnosis was that it hid the domestic abuse, even from me. And doubly unfortunately, receiving the diagnosis caused me to believe that maybe my abusive ex-husband had been right all along. Maybe I was the cause of all our marital problems.

(Continued on page 2)

Domestic violence is correlated with a higher rate of depression and suicidal behavior



App(s) of the Month: Aspire News

ASPIRE News is a free application which contains summaries of top stories in world, sports, and entertainment news, from the When Georgia Smiled: Robin McGraw Foundation (and powered by Yahoo!). Additionally, if someone you know is in an abusive relationship—or if that someone is you—the Help Section of the application contains resources for victims of domestic violence. iPhone: <http://apple.co/2dAbRBo> Android: <http://bit.ly/2cCGd8Y>



(DOMESTIC ABUSE AND DEPRESSION...continued from page 1)

Domestic Abuse & Depression Symptoms

The symptoms for both depression and domestic abuse are eerily similar. Following are several symptoms of depression (D) and then my interpretation as symptoms of domestic abuse.

- difficulty concentrating (D) coincides with the abuser's use of repeated interruptions during arguments and when the victim tries to do something for anyone other than the controller.
- difficulty remembering details (D) coincides with the abuser's continual remaking of history and insistence that their memories are correct and the victim's are wrong.
- difficulty making decisions (D) coincides with the abuse victim's knowledge that nothing they do will be "right" so decision-making becomes tough and anxiety provoking.
- fatigue and decreased energy (D) coincides with the unending stress caused by living with an abusive person.
- feelings of guilt, worthlessness, and/or helplessness (D) are also ideas a controlling person want their victim to feel so control is easier to maintain.
- feelings of hopelessness and/or pessimism (D) are the resulting feelings an abuse victim undergoes due to the abuser's control of them.
- insomnia, early-morning wakefulness, or excessive sleeping (D) are also signs of stress abuse victims experience.
- irritability, restlessness (D) can evolve after sleep disruption, anxiety, and other symptoms of domestic abuse.
- loss of interest in activities or hobbies once pleasurable, including sex (D) are usually present in abuse victims because the controller limits their pleasurable activities and sex with an abusive person is not "fun".
- overeating or appetite loss (D) along with substance abuse can become coping mechanisms used by victims.
- persistent aches or pains, headaches, cramps, or digestive problems that do not ease with treatment (D) are also side-effects of stress caused by abusive relationships.
- persistent sad, anxious, or "empty" feelings (D) are hallmark signs that a victim feels "with no reason" since the abusive partner denies those feelings should exist in the victim because they "have it so good."
- thoughts of suicide, suicide attempts (D) also plague many victims of domestic abuse who are ever-increasingly hopeless as to find a solution to their relationship problems and may hear their abuser say "We'd be better off without you. You're a terrible mother!" or similar statements.

I believe the abuse I suffered at home triggered my depression. The domestic abuse would have happened because of who I married. But maybe the depression didn't have to happen. I probably would have been diagnosed earlier if I didn't go along with my husband's idea that the only thing wrong with me was that I was a spoiled brat.

Treating Domestic Abuse And Depression

Getting out of an abusive relationship was the best way to treat its symptoms. When I lived with someone who exhibited disordered behaviors (abused me), I was destined to fall into his unreal world defined by his control and my confusion. No one can live with the dis-ease abuse causes without developing a disease for his or herself.

To treat depression, I've opted for anti-depressants and therapy when I could get it. I didn't make therapy a priority; I wish I had. I've visited a few therapists at different times, and I've been on and off anti-depressants for many years. I thought that I shouldn't need the medication to be normal, but every time I stopped the meds, I fell into depression. I felt that having this mood disorder was something to hide – a shameful secret that I could overcome if I were stronger, smarter, or a better person (feelings reinforced my ex-husband who scornfully called my medications "happy pills").

Now I realize that depression and its symptoms are not my fault. Depression is my brain's misguided chemical reaction within the unique confines of my genetics and environment. Try as I might, I can't control what my brain chemicals do (or neglect to do), but I can work with my brain to ease the pain of depression.

Domestic abuse and depression wove a tight knot around my thinking. My abuser's disdain for my "imaginary disease" and refusal to talk about it helped cement the stigma of depression in my thoughts. Now, without the domestic abuse, I feel I can heal from depression like I never would have if I'd stayed in my abusive marriage.

Although I've been on my own for two years, I continue to struggle with depression. I had hoped that the depression would disappear with the abuse, but it seems here to stay. With medication and by taking care of my body, I can ease my depression symptoms. Neither the symptoms of depression nor the symptoms of abuse are enough to keep me down.

Holly, K. J. (2012, May 16). Domestic Abuse and Depression. Retrieved September 27, 2016, from <http://www.healthyplace.com/blogs/verbalabuseinrelationships/2012/05/domestic-abuse-depression/>



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DOES DEPRESSION CAUSE VIOLENCE?

Question:

Can a person display irritability and violence because of long-term depression and anxiety disorder? Is there a way of dealing with this when you can't communicate with the person's doctor who is treating him? These instances usually happen at night when he is up - he sleeps most of the day.

Answer:

Depression and anxiety disorders are conditions that affect people in many different ways. Anxiety is occasionally part of depression, or may exist without depression in the form of panic attacks, generalized anxiety or specific phobias (or extreme fears). Anger and irritability are common symptoms in depression, and occasionally occur in anxiety without depression. In addition, there are other mental illnesses where anger, and the inability to control one's anger are the main symptoms.

Violence is another issue from anger. Violence, especially towards another person, is never an acceptable way to deal with anger, whether that anger is associated with depression or some other cause.

People who suffer from mental illness where anger occurs need treatment - not only with medications, but with counseling and behavioral therapy to learn healthier ways of dealing with the anger.

Certain illegal and street drugs can also lead people to have bursts of uncontrolled anger, including metabolic steroids, cocaine and PCP. Friends

Elder, N., MD. (2002, June 17). Anxiety and Stress Disorders. Retrieved October 03, 2016, from <http://www.netwellness.org/question.cfm/24247.htm>

and family members who live with people with anger do NOT need to live with violence.

Victims of violence, especially interpersonal violence from a friend, spouse or lover, are at high risk for mental and emotional illnesses, as well as the physical injuries that may occur from the violence.

Children who grow up in homes where there is abuse between the adults also are at high risk for developing emotional and mental illness.

If you live with someone who is violent to you, your first priority should be your health and safety, and the health and safety of others in the household, such as children and elderly people.

Your local domestic violence intervention center or telephone number can give you information on making a safety plan and resources in your community to help you. When you are safe, or have a safety plan, you are better able to help another person.

Encouraging that person to see their physician regularly, take their medication appropriately, get counseling and mental health services, and take care of their physical and emotional health by eating healthy foods, drinking plenty of water and juice, getting a sufficient amount of sleep, getting regular exercise and avoiding street drugs, alcohol and cigarettes can help.

If you don't feel safe helping someone with these behaviors, then it may not be a safe relationship for you to be in.

OCTOBER FOOD FOR THOUGHT

Domestic violence doesn't stay home when its victims go to work. It can follow them, resulting in reduced or poor quality performance in the workplace. Or it can spill over into the workplace when a person is harassed by threatening phone calls, absent because of injuries or less productive from extreme stress. With nearly one quarter of American women and one fifth of American men reporting being physically or sexually abused by a partner at some point in their lives, it is a certainty that domestic violence is affecting employees and costing workplaces hundreds of thousands of dollars. The idea of "leave your baggage at the door" is a barrier to individuals who need help and support with domestic violence situations. Only 1% of referrals to agencies such as ours are received from employers. There is much the work place can do to assist and support their staff in crisis without "being involved" in their personal lives. Recognizing signs of violence and providing opportunities during work time to meet with advocacy programs are just two things employers can do to help improve the lives of their employees as well as reduce costs associated with abuse.

This presentation will be given by: YWCA Aid to Victims of Violence program director, Linda Brownell.

Wednesday, October 12th
Noon - 1 pm
Cortland Career Works (99 Main St.)
Free, lunch will be provided

RSVP to:
FoodForThoughtRSVP@gmail.com
or 607-756-8970 Ext 260

Food for thought programming is a collaboration of Cortland Prevention Resources and The Mental Health Association of Cortland County.



P.O. Box 282, Cortland,
NY 13045

RETURN SERVICE REQUESTED



Addressee

Questions, comments, or feed-back on the MHA Newsletter?
We appreciate your thoughts!

EMAIL OPTION:

If you'd like to receive the MHA Newsletter electronically in color as a PDF, please send your full name and email to:
erin@sevenvalleyshealth.org

Community Events & Support

Cortland LGBT Men's Group

Monthly group for LGBT men and their allies at
Cortland LGBT Resource Center, 73 Main Street.
Contact 607-756-8970 for more information.

Wellness Wednesday - "And Then I Met"...

SUNY Cortland (Corey Union, Exhibition Rm.)
12 October - 7:00 pm to 8:00 pm

Join us for a panel of students, faculty/staff, and community members that will be speaking about their experience when they met someone from the LGBTQIAP community for the first time. After that, we will have a brief discussion on how to be a good ally.

Parents & Change Support Group

This support group is for parents and caregivers of children, teens and adults with mental health conditions. Meetings are from 6:00 pm to 7:30 pm at 90 Central Avenue in Cortland. For more info please contact Beckey Tripp at parentsandchange@yahoo.com

2016 Meetings:

Oct 10 Nov 14 Dec 12

Caregivers Support Group

Meets every 4th Thursday at 12:30 pm at the County Office Building, Dining Room. For more information on the group or other caregiver resources including access to respite care in Cortland County, contact:

The Area Agency on Aging at (607) 753-5060.



If you have an upcoming community event or article you would like considered for admission to the MHA Newsletter, send your submission to ben@sevenvalleyshealth.org by the 7th of the month prior.

Disclaimer: The information presented here does not constitute professional medical advice. Individuals respond to treatment for mental health conditions in different ways, and treatment plans often need adjustment over time. Patients should work closely with their doctor and other health professionals in order to achieve optimal control of symptoms.