

Knowledge will stop violence:

a brief information handbook for persons
engaged in working with people in
situations of violence or survivors of
trauma

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This information guide is recommended for volunteers, representatives of public organizations, consultants, specialists in the social sphere, working with people in situations of violence or trauma survivors, students of social, law, and medical specialties, as well as a wider audience.

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Table of contents

Part 1. Why violence is never hermetically sealed.....	4
Part 2. Basic recommendations in dealing with the problems of violence.....	10
Part 3. What is a trauma-informed approach to dealing with the problems of violence?	14
Part 4. How to interact with traumatized victims of violence ..	17
Reference List	26

Part 1.

Why violence is never hermetically sealed

Violence is an extremely complex and large-scale phenomenon that includes a wide range of related phenomena that affect such different spheres of human life as emotions, cultural perceptions and expectations, government and family institutions, close and child-parent relationships, professional, medical, psychological, legal, and many other areas. Because of this, violence cannot be interpreted as hermetically sealed, local, or private problem. Moreover, violence always has purely negative consequences for society. To understand the scale of violence, as well as its various harmful consequences, one can, for example, by tracing connections of this concept with some others.

Concepts related to the notion of "violence"

Aggression is a stable characteristic of the subject, that is, a personality trait that reflects a predisposition to behavior for causing harm or to the choice of violent methods of achieving its goal, or the very behavior itself, that is, the manifestation of aggression and its readiness to manifest, as well as similar affective states (fury, anger, rage). [1]

Aggression is behavior that is caused by the intention to cause harm to someone. [2]

Self-violence is the deliberate use of physical force or power, real or a threat, directed against oneself. [3]

Power is the ability to impose one's will, control or influence onto other people, even against their resistance. [4]

Harm - causing damage, loss to something or someone. [5]

Secondary trauma, or secondary traumatic syndrome, is a change in the practitioner's internal experience that results from his emphatic involvement with a client experiencing a traumatic condition. [6]

Anger is a negatively colored affect directed against a fragment of experience that is perceived by the subject as "unfair" and accompanied by a desire to eliminate this "injustice". [7]

Decriminalization is the process of recognizing an act as non-criminal, with the exclusion of its attributes from the criminal law and with the abolition of criminal responsibility for its commission (possibly with the establishment of other types of responsibility, for example, administrative one). [8]

Anger is a sense of furious irritation. [9]

Criminalization is the process of recognizing an act as criminal, and therefore, including its attributes in a criminal law, and establishing criminal liability for it. [10]

Group violence is violence directed against a group of people unified by attribute (for example, child abuse or, more narrowly, violence in schools, gender violence or, more narrowly, violence in childbirth, violence, based on religious identity, hazing in the military, on the basis of sexual orientation, and so on). [11]

Individual violence is violence directed against one person (for example, violence, while in a close relationship or personal persecution). [12]

Collective violence is violence by collective actors (for example, a state, a political group, a terrorist organization, and the like). [13]

Cultural violence is any aspect of culture that can be used to justify and legitimize direct forms of violence. [14]

Interpersonal violence is violence by a person or people. [15]

Sexual violence is any compulsory sexual acts (for example, forcing any kind of sex, including sexual games, viewing pornography and the like, as well as harassment, seduction of minors, implication in prostitution or pornography, exhibitionism and voyeurism). [16]

Physical violence is the deliberate use of physical force for causing harm (for example, inflicting bodily harm, including self-injury, a spat on the face, slapping, striking of various intensity. This includes involvement in the use of drugs and alcohol, the forcible dispensing of poisonous substances or medications, attempted strangulation or drowning, and so on). [17]

Economic violence is the deliberate use of physical force or power to control the use of money and other material resources, as well as forcible signing of documents. [18]

Material violence is the deliberate use of physical force to damage or destroy material things. [19]

Hatred is an intense, long-lasting, negatively colored destructive feeling, reflecting rejection, disgust and hostility to the object of hatred. [20]

Discontent is the lack of satisfaction, a negative attitude towards someone / something. [21]

Negativism is an attitude towards a person, people, and sometimes to life and the world, in general, with a negative bias. [22]

Public health is the health of the entire population conditioned by the impact of social and biological factors, not equal to the sum of health indicators of all its members and determining the state of society necessary for its safe existence. [23]

Pathology - a painful deviation from the normal state or development process. [24]

Consequences of violence - any physical injuries and damage, acute mental disorders, acute illnesses and their symptoms, death (the immediate consequences of violence), as well as various disorders in both physical and psychological development, somatic diseases, personal and emotional disorders, various syndromes, violations of socialization, and so on (distant consequences of violence). [25]

Coercion - the use of force or power to obtain from the subject action contrary to his will. [26]

Force - the ability of living beings to produce physical actions and movements by straining of muscles; also, in general, a physical or moral ability to act. [27]

Socially-assistive activity is social activity carried out with the help of public resources and means to solve the problems of the individual as a member of society. Socially-assistive activities related to the problem of violence can be directed at the sources of violent acts, victims of violence, persons involved in the situation of violence (for example, family, children, close people), as well as subjects of socially-assistive activity who experienced secondary trauma. [28]

A stereotype is a stable, simplified, schematic representation of something. [29]

Trauma is an injury, which is perceived as a disruption of the anatomical integrity or physiological functions of the organs and tissues of the human body, resulting from an external influence. [30]

Trauma, psychological or psychic, is a harm to a person's mental health caused because of intensive influence of unfavorable environmental factors or acute emotional and stressful effects on his psyche. [31]

Rage is an extreme form of anger. [32]

An offense is a guilty, unlawful, socially dangerous act (both action and inaction) of a capable person. [33]

Crime - (unlike a misdemeanor) is an unlawful and socially dangerous act that is subject to criminal liability, that is, it violates a specific law. [34]

... And many other concepts.

As an interim conclusion

Summarizing the attempt to trace the links between the concept of "violence" and other related concepts, we will try to formulate an expanded definition of the key concept.

Violence is an extreme form of aggression and is always a targeted action (including inaction, as well as a self-action) with the aim of causing harm, based on the use of force or authority. Violent actions may be provoked by an aggressive behavior, negatively targeted affection, feelings and attitudes, as well as a variety of pathology and injury. Violence can be an offense or a crime, and the status of certain types of violence, from this point of view, can be dynamic and ambiguous. Violence may lead to trauma — both physical and psychological. Violence has many forms and varieties, each of which has both operational and long-term consequences, affecting not only the immediate participants (the source of violent actions and the victim) with varying degrees of intensity, but also close people (children, relatives, friends, colleagues, neighbors, etc.), professionals and specialists involved in the situation of violence (specialists in social support activities, practitioners, representatives of official agencies, etc.), as well as society as a whole (creating a culture of tolerance for violence and an impact on public health).

Part 2.

Basic recommendations in dealing with the problems of violence

(using materials provided by Milena Chausheva, public defender, DAWN, Seattle, USA)

Violence does not “happen”. Violence is always *committed*. That is, violence does not happen by accident or just because. To commit violence is always the choice of a person. According to experts and victims of violence, psychological violence at any time can develop into physical violence.

"Cycle of violence"

The scenario of violent actions, as a rule, develops in the same way and cyclically: the normal phase of relations - the phase of tension / conflict - the phase of breakthrough of violence - the phase of repentance - the "honeymoon" phase - the normal phase and beyond.

"Red flags" - signals that indicate the risks of violence

In addition to the cyclical development of relations, there are many attributes, the so-called "red flags", which may indicate that violence is already taking place, or there are risks of violence.

"Red flags" in close relations:

- Gas-lighting (a form of psychological violence, the main task of which is to get a partner to doubt his normalcy and the objectivity of what is happening), discrediting behavior, including in the presence of third parties,
- the partner's desire to control and limit external contacts, including the sharp manifestations of jealousy,
- demotivating actions and negativism of the partner (constant expression of doubts, disapproval, projecting of negative consequences, an aggravation of the negative context of the situation, ridicule, etc.),
- exploitation of one's own trauma, resentments, emotions to justify their own aggressive behavior, threats to commit suicide or self-violence,
- shifting of responsibility, lack of readiness to take responsibility for oneself,
- destructive behavior in extreme emotional conditions, propensity to such conditions,
- the use of small forms of violent actions (grabbing, pushing, squeezing, slapping, etc.) and involvement in any action, especially of a sexual nature, without consent or in spite partner's objection.

"Red flags" in the behavior of a person (a relative, an acquaintance, accompanied):

- stable anxious and dependent behavior in relations with the partner: anxiety as the partner will react to this or that choice or deed, fear, efforts to please the partner and the like,
- actions solely in accordance with the partner's instructions,
- communication of information about the regular emotional instability, jealousy, aggression, the desire for control by a partner,

- rarely venturing out from home, avoidance or inability to meet friends and relatives, outside of home always being accompanied by a partner,
- frequently misses work, study and other planned activities due to abstract health problems and personal circumstances or without an explanation of reasons,
- limited access to money, car, phone, the Internet, things and other material resources and means of communication,
- an obviously underestimated self-esteem or a rapid decline in self-esteem, growing loss of confidence,
- any other significant changes in personality: a person becomes closed and introverted, although before he/she was sociable and open, often depressed, although before he/she was cheerful, and the like,
- symptoms of depression, increased anxiety, suicidal moods.

"Red flags" in the appearance of a person (a relative, an acquaintance, accompanied):

- frequent visible traces of minor injuries (bruises, abrasions, wounds on different parts of the body), explained by all sorts of accidents and own carelessness,
- wearing closed clothes not in-season (for example, clothes with long sleeves or a high collar in hot weather), use of sunglasses, even indoors or in cloudy conditions etc.

What to do if you recognize the risks of violence or violence

First, remember that working with participants of a situation of violence is always *purely individual* and must be carried out by specialists.

It is important to:

- ask a question, start a conversation (even if you are afraid to offend and be tactless, even if you find it difficult to believe, and you doubt), after all, we're talking about a threat to welfare, health, and sometimes the life of a person,
- speak to the person in private, when the partner is not around, and the conversation is unequivocally safe, and also tell that you do not use the information received contrary to the desire of the person, and keep this promise,
- tell what exactly is causing you concern, which signs you are paying attention to. Perhaps a person who experiences violence has not yet realized the problem, and it is through turning attention to specific signs that he can first realize that he needs help,
- indicate your willingness to help, and if a person is not ready to continue talking at once, suggest contacting at any time,
- leave the brochure of the crisis center, a confidential hot-line number, any other contacts where they can get help; often, it is easier to anonymously turn to strangers,
- be an attentive listener: perhaps, a person shares his problem aloud for the first time; in addition, the details of the situation will be useful for further work,
- support the person you're talking to and his / her interim decisions, tell him / her that you are on his / her side and are ready to help, even if right now the victim of violence is not ready for decisive action.

Part 3.

What is a trauma-informed approach to dealing with the problems of violence?

(based on materials provided by Riddi Mukhopadhyay, Director of Legal Affairs, Sexual Violence Legal Services Program, YWCA, Seattle, USA)

Trauma can be provoked:

- by extreme or catastrophic experiences such as rape, natural disaster, war, witnessing a murder, serious medical trauma and the like,
- by unfavorable life experience, which often has long-lasting consequences: gender discrimination, physical violence, harassment or intimidation, dependence, complex divorce and the like.

Modern research on the question of how the injured brain works [35], formulates the basic principles:

- in the face of traumatic circumstances, parts of the human brain that are responsible for logical behavior and remembering the facts lose their priority of working for the parts of the brain that are responsible for survival, in this regard, the behavior of the person who survived the trauma may seem illogical, paradoxical, not meeting expectations, and his evidence of a traumatic situation - fragmentary, illogical, unreliable, implausible;

- After the trauma has been experienced, there is no reason to expect from the victim that he can and, especially, should become "the same as before."

A modern study on Adverse Childhood Experiences (ACEs) studies the impact of this traumatic experience on how a person interacts and copes with his adult life. Mechanisms of influence of unfavorable childhood experiences on health and well-being throughout life:

Unfavorable childhood experience	Developmental
disorders of the brain	Social,
emotional, cognitive disorders	Choosing a health risk
behavior	Diseases, disabilities, social problems
	Early death.

In addition, a number of factors of daily life can aggravate the effect of trauma:

- combined personal risk factors (multiple victimization, mental and cognitive disorders, serious diseases, disability and the like),
- the victim's accusation culture,
- lack of support from family and community,
- not supportive legal and criminal systems,
- cultural barriers and others.

The behavior of the traumatized victim can often seem paradoxical, contradictory. For such behavior the following is common:

- discrepancy with expected emotions (excessive or inadequate, as well as paradoxical emotional reactions),
- un-timely, late reporting of violence,
- memory disruption, fragmentary, illogical, implausible evidence of situation of violence,
- a sense of shame, self-loathing, fear, self-guilt,

- difficulty of communicating, including the difficulties of verbalizing when describing the situation of violence,
- confusion, state of shock,
- continuation of relations with the perpetrator of violence or other relations with similar problems,
- signs of PTSD, depression, anxiety and other mental disorders,
- propensity to use medications and mind altering narcotic substances.

Part 4.

How to interact with traumatized victims of violence

(using materials provided by Riddy Mukhopadhyay,
Director of Legal Affairs
Sexual Violence Legal Services Program, YWCA,
Seattle, United States)

Dangerous MISTAKES:

- to wait for the victim to ask for help first: "If something is wrong, then sooner or later he / she will tell".

Probably will not tell, since shame, fear, lack of support or ignorance of the possibility to get help will become an obstacle. Or, indeed, it may be too late.

- to pressure, to demand admission, to be intrusive.

The victim of violence is constantly in a situation of pressure; an attempt to gain admission is also aggressive behavior that will only exacerbate the situation.

- blame the victim, shift some of the responsibility for what happened onto her: "It's your own fault", "How can you tolerate it? "Should have done long time ago...", "Another mouth to feed..."

The victim of violence is constantly accused by the perpetrator of violence, which shifts responsibility for the situation to her, and / or she / he feels guilty; The attempt to blame is also aggressive behavior, which will only exacerbate the situation.

- to express categorical assessments and give advice.

Assessments and advice are your subjective judgments and experience, but working with a victim of violence is always on case-by-case basis, and imposing someone's subjective experience in this situation is unacceptable.

- to try to convince the victim that violence is normal, acceptable or allowed: "Nothing to fear, it happens to everyone", "I have the same problems with my friends, and no problem, they still living," "It could have been worse."

Violence is not the norm, but a serious problem and a real hazard. Violence affects not only the victim, but also children, relatives, friends. Violence is unacceptable.

- to offer assistance on some conditions.

The victim of violence is constantly in a situation of manipulation and the need to fulfill other people's conditions; to set conditions in this case is also aggressive behavior, which will only exacerbate the situation.

PRINCIPLES of effective interaction of the subject of socially-assistive services:

By the Organization/Office

- Ensure consistency and coherence of actions of all employees involved in working with the victim.

Inconsistency, and, moreover, contradictory actions of employees of the organization or assisting specialists can become a source of significant difficulties for the traumatized client: failure to understand the algorithm of actions can aggravate a sense of disorientation and anxiety and to complicate communications.

- state the rules, conditions, and work procedures in-advance, clearly and unambiguously, as well as the area of responsibility of the client.

A traumatized victim may not have the faintest idea about the forms, how long, with which specialists, on what issues he needs to interact, which may aggravate his condition (disorientation, anxiety), and adversely affect the effectiveness of communication with a specialist.

- provide a comfortable, quiet, secluded place for meetings, (important!) Conforming to victim's perceptions on safety.

Avoid planning a meeting with the client in crowded, noisy places (cafes, parks, shopping malls and the like) that can be perceived by them as unsafe: the traumatized victim must discuss very personal and complex issues, and it is better done in a face-to-face format. At the meeting place, let your client choose where to sit and how to accommodate: for example, someone will prefer to be closer to the door, and someone, on the contrary, is further away from the doors and windows with his back to the wall. As the traumatized victim in-advance on what will make him feel more comfortable.

- make sure that the meeting place has the necessary resources and equipment, as well as printed information and other information materials that your client can take with him and use in the future.

If your client has special needs, for example, due to medical condition, consider the access and comfort issues of the meeting place for him. On the other hand, in an unfamiliar situation, a traumatized client may not remember or understand some of the information that you told him. In advance, provide for him the opportunity to take important information to go, to re-read in a relaxed environment. Also prepare additional materials (for example, official forms, sample documents and similar materials) that will be useful to the victim in other / next agencies, and if possible help him to fill them out.

If you foresee that during the meeting it will be necessary to carry out some important additional work (fill out, print out, certify documents and the like), provide in advance the availability of the necessary resources: if you postpone this work to the next meeting or leave it to the client, it may not get done.

During personal interaction

- Use a language based on awareness of trauma: understandable, inclusion-oriented, informative, not provoking shame and pain. **Important!** Avoid using everyday terms to describe the situation of violence, especially sexual violence, so as not to make the victim feel that what happened to him is the norm, "the usual thing."

The language you speak with your client plays a very important role in the effectiveness of your interaction. First, the language should not be too complicated, otherwise the traumatized victim will not understand you and the necessary further actions. Explain the meaning of special terms and procedures, if you mention them, try to use the common vocabulary. Secondly, in your conversations, emphasize that you will do certain work with the client, without leaving him alone with problems or challenges: "we will prepare the documents", "we will discuss" and the like. On the other hand, where the personal initiative of the client or his independent action is necessary, inform him about this unequivocally: "your turn"

"you need to do" and the like. Next, make sure that your speech is specific, informative, brief (without compromising content). Avoid discussion of topics that are not directly relevant to the case, "lyrical digressions", optional details, etc.

Remember that your client may experience anxiety, be disoriented, not confident, and excessive information will only complicate the interaction. In addition, avoid evaluative statements that convey your subjective attitude to the situation or stereotypical ideas about it, as well as too emotional utterances and "labels." Both can exacerbate the sense of shame of your traumatized client, cause pain and lead to the impossibility of further interaction. Pay special attention to what you call the perpetrator of violence, check with your client: someone will prefer to call the aggressor by name, but for another person, the name itself can become a trigger, and in this case one can use the status ("partner", "spouse (a)" and the like) or roles within the context of the situation (for example, "perpetrator of violence" etc.).

It is important to avoid excessive emotionality and judgment calls. Finally, do not minimize the significance of the situation and the unacceptability of violence by choosing neutral, everyday means of verbalizing the situation of violence, for example, you should not call "rape" simply "sex." Such verbal understatement can lead to discrediting the experiences of the victim, and to creating the attitude that violence is the norm.

- be emphatic, attentive and careful listener, but keep the position of a professional.

The inclusive, considerate approach will help establish a confidential dialogue with your client rather than a formal, officious, "cold" approach. However, maintaining the professional distance will help you minimize the risks of secondary trauma, which means, in addition, you'll preserve the interaction efficiency.

- explain why you are asking specific questions. Forming an understanding that all your questions are not idle curiosity, but they are conditioned by specific tasks, is an easy way to give your client a sense of confidence and security, and to build trustful dialogue.
- respect the personal boundaries and safety of the victim. The situation of violence is always a violation of personal boundaries and is a real danger, therefore this principle of interaction is especially important for the victim, and not following it may lead to the impossibility of contact.
- reduce the number of requests to recall the traumatic situation - remember, you do not need to know all the details to do your work.

Each time the need to recall details of the situation of violence causes pain to the victim, aggravates his condition, contributes to a greater sense of shame, especially if the situation of violence includes a sexual context. Each time the situation of violence is re-lived, the victim is repeatedly traumatized. Try to reduce requests to reproduce the situation of violence to the required minimum.

- remind the victim that emotional responses and reactions are normal and acceptable in the context of working with you.

The victim can access his emotional reactions (crying, screaming, anxiety, difficulty of verbalization and the like) as unwanted, disapproved, "bad", may be ashamed of them. All this significantly reduces the effectiveness of interaction. Moreover, such reactions are a natural response of the brain to a traumatic situation, so simple verbal support, for example,

"I understand that it's very hard for you to talk about it," "there is nothing wrong in that you want to cry / you can not remember right away," and the like, will help to establish contact and continue working more efficiently.

Regarding yourself, as the specialist of social-assistive service

- be prepared for possible emotional extremes, acute emotional reactions and actions, unexpected behavior, up to disrespectful behavior from your client.

Remember that you interact with a traumatized victim who has experienced an unfavorable or catastrophic experience, so there is no reason to take his possible reactions and manifestations, which are the brain's response to the trauma, personally to your account.

- Do not be too hard on yourself, even if you accidentally created a trigger situation: everyone has the right to make a mistake; although, undoubtedly, it is very important to try to reduce the number of such errors.

A helping specialist is not a superhero, but also a human with his own biography, state of health, current stress and many other factors that determine not only the personality, but also the "here-and-now" state. Try to follow the principles of interaction with the traumatized victim, remain attentive. But excessive self-discipline, depriving yourself of the right to make mistakes will only lead to professional burnout, and therefore significantly reduce the effectiveness of work.

- be attentive to your own personal boundaries and safety,
- remember that secondary trauma of socially-assistive services practitioner is a real threat, so ensure the possibility of supervision and recovery techniques for yourself.

An assistive practitioner is one of the participants in the violence situation, therefore secondary trauma is likely inevitable.

But it is in your power to minimize its negative consequences. Do not neglect supervising, group and individual techniques for restoring internal resources (balanced work and rest, physical activity, spending time with nature or animals, listening to music, walking, fresh air, and therapeutic groups, such as art therapy and others).

You can get more detailed information on the issue you are interested in, related to gender violence, by sending a request to the e-mail of the project

"Knowledge will stop gender-based violence:
finding new solutions" project@help2stop.org
or find materials on the project website www.help2stop.org

*Thank you for helping me in preparing this manual go to
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Sincerely, Anastasia Babicheva



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ОСОЗ

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