DOMESTIC VIOLENCE IS A PUBLIC HEALTH ISSUE: CAUSES AND CONSEQUENCES

ACADV Advocacy Institute
2012

WHY WE SHOULD BE CONCERNED

- Domestic Violence in Alabama 2011
- • 26 -homicides
- • 1,853 - aggravated assaults
- • 23,472 - simple assaults
- • 16% of cases included firearms

WHAT DOMESTIC IS…

- It is:
  - ✓ a pattern of specifically targeted violence
  - ✓ a chosen behavior to achieve power
  - ✓ learned from home, peers, society
  - ✓ caused only by batterers NOT victims

WHAT DOMESTIC VIOLENCE IS NOT…

- It is Not:
  - ✓ a bad relationship
  - ✓ a result of lack of communication
  - ✓ bad behavior during a divorce/custody dispute
  - ✓ an anger or alcohol/drug problem
  - ✓ a result of provocation to victim behavior

BATTERERS CAUSE DOMESTIC VIOLENCE

- Battering is based on a belief system that relationships are about power and control.
- Batterers feel entitled to gain and maintain absolute power in a relationship.
- This belief system is learned, reinforced, and is the catalyst for illegal and abusive behavior.

PROOF OF CONTROL

- A batterer's belief system requires constant evidence that the batterer is in absolute control.
- Evidence of Control = victim compliance
- Victim compliance achieved through use of abusive tactics
- Abusive tactics escalate as batterer feels the entitlement to power/control is challenged.

PROOF OF BELIEF SYSTEM

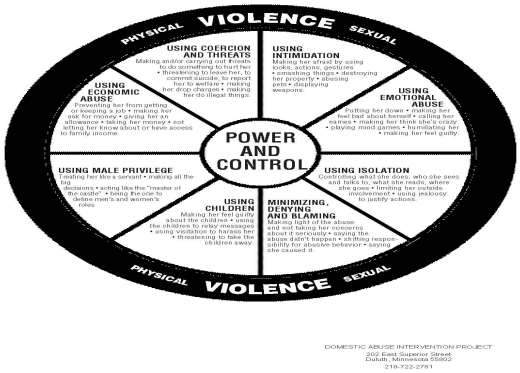
- Batterer's justify abusive behaviors by:
  - Rule making authority
  - Enforcing rule compliance
  - Excusing behaviors
  - Restrict all freedoms and rights of victims
  - Manipulating intervention systems

BASIC/FUNDAMENTAL RULES

- I make the rules.
- I am entitled to YOU, your obedience, services, affection, loyalty, fidelity and undivided attention.
- You cannot leave w/o my permission.
- You cannot tell anyone of the abuse.

From National Domestic Violence Judicial Institute Seminar Material presented by Barbara Hart.

8



DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781

VICTIM RESPONSES

- • Trauma informed training to understand reactions in context (reactions by victims may not seem rational or "credible") (repeat trauma can alter brain chemistry and contribute to behavioral responses)
- • Risk –may not be fully known to professionals
- • Batterer poses current and on-going risk and actively attempt to interfere with intervention

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VICTIM MYTHOLOGY

- No profile for victims other than most are female
- Assessing if person is in a relationship with a batterer not character flaws
- Victim behaviors are reactions to trauma and to the batterer's behavior
- No specific character or personality trait

BARRIERS TO ESCAPING ABUSIVE PARTNERS

- For sake of children
- Fear
- Love & hope for change
- Self-blame, embarrassment
- Isolation/entrapment
- Poverty
- Religious/cultural beliefs
- Believe their partner really needs them
- Lack of predictable, effective system response

13

ASSESSING LETHALITY

J. Campbell, et al (2007)indicate leading risk factor for intimate partner homicide= prior DV, followed by:

- access to guns
- estrangement
- stepchild in the home (women victims only)
- forced sex
- threats to kill
- nonfatal strangulation

Other factors include: depression, substance abuse, stalking, hostage-taking, obsessive about partner, homicidal/suicidal ideation (Hart 1995)

Hart, 1995

14

SCREENING IN HEALTH CARE SETTING

INFORMATION FROM
WARM SPRINGS HEALTH AND WELLNESS CENTER GUIDELINES FOR CLINICAL ASSESSMENT AND INTERVENTION ON DOMESTIC VIOLENCE

B. When to Screen

1. Women and adolescent girls- screening will be done for all presenting for examination…

- At new patient visits
- Every six months
- At disclosure of a new intimate relationship.
- During post- partum visits

2. Screening in pregnancy will occur…

- At the first prenatal visit
- At first prenatal visit and at least once during each trimester of pregnancy during prenatal care

3. Pediatric visit - Female caregiver/parents who accompany their children will be screened…

- During new pediatric patient visits
- At each well child visit during the first year of life and then once per year at well child visits
- At disclosure of a new intimate relationship

4. Pediatric visit-female or male caregiver/parents known to be in same sex relationships who accompany their children will be screened…

- During new pediatric patient visits
- At each well child visit during the first year of life and then once per year at well child visits
- At disclosure of a new intimate relationship

- 5. Men will be screened on an as indicated basis.

HOW TO SCREEN

- 1. Screen in a safe environment. Separate any accompanying persons from the patient when screening for domestic violence. Ask the patient about domestic violence in a private place. If this cannot be done post pone screening for a follow up visit.

- *2. Use your own words in a non-threatening, non-judgmental way. "Domestic Violence is so common I ask all my female patients about abuse in the home"*

- *3. Use questions that are direct, specific and easy to understand. Do you feel safe in your current relationship?*
- *Have you or your children ever been threatened or abused (physically, sexually or emotionally) by your partner?*
- *Is there a partner from a previous relationship who is making you feel unsafe?*

- Degree of abusers control over patient
- *• Does your partner ever try to control you through threats to you, your family or pets?*
- *• Does your partner try to restrict your freedom to see friends or family?*
- *• Do you have your own money or financial support?*
- *• Do you feel like you are walking on eggshells around your partner?*
- *• Do you feel like you are controlled or isolated by your partner?*

- 4. Discuss with patients the confidentiality of these questions and the mandatory reporting of child abuse.
- **Remember that the patient may deny abuse if she is not ready to deal with the situation or is in denial. Even if you are certain of an abusive situation do not force the issue with her. The decision to leave or take action**
- **needs to be hers.**

- Be supportive of the patient with statements such as…
- *• No one deserves to be abused.*
- *• There is no excuse for domestic violence.*
- *• The violence is not your fault; this is the responsibility of the abuser.*
- *• You are not alone; there are people you can talk to for support.*
- *• It must be very difficult for you to leave your situation. We are here to help when you are ready.*

- Explain to the patient that documentation of past and future incidents with a medical facility or with the police may be beneficial to her in the event she takes legal action in the future.
- Give the patient resource information phone numbers and safety plan information.
- If time is limited, help her set up a future appointment with a provider she choose or with the clinic social workers to discuss and document these issues.

DOCUMENTATION

- Explain to the patient your concerns and the importance of documentation of present and past injuries for her benefit in event of future legal proceedings; obtain verbal agreement of exam. A written consent should be obtained for photographs.

History of Present Complaint

- Use the patient's exact words and descriptions of events when ever possible.
- •Record "excited utterances" and use descriptive terms in regards to emotions and appearance.
- Record significant or relevant past history and medical problems.
- Include hospitalizations and, surgery, resulting from violence.
- Have the police been called in the past?
- Has she had to seek safe shelter?

- During the physical exam, examine any scars (old and new) with documentation of the patient's explanation of each. (kicked by a boot, hit with a bottle etc.) Document scars, wounds, and bruises on anatomic drawing and with photographs.

HIV/AIDS AND DOMESTIC VIOLENCE: COERCIVE FACTORS

ECONOMIC ABUSE:
Abuser refuses to pay for medical, dietary or other health related needs. Not allowing access to resources to escape the violence or obtain needed HIV treatment. Using disability money for others things rather than the victim's health needs. Abuser uses HIV status as an excuse not to work or not allowing the victim to work.

ISOLATION:
Moving the victim away from friends and family; unnecessarily screening visitors; using HIV status as an excuse to keep visitors away; not allowing victim to attend support groups or doctor's appointments.

MANIPULATING CHILDREN:
Threatening to take the children. Threatening to tell the children about the victim's HIV status. Threatening to use the HIV status of the victim with the court or child protection agency to try and scare the victim that the children will be taken away. Using the children to keep tabs on the victim. Using high risk behavior around the children.

SEXUAL ABUSE:
Refusing to use protection during sex. Refusing to get tested for HIV or not allowing the victim to get tested or attend medical appointments. Lying or not telling the victim about their HIV status with the intention of infecting the victim. Exposing the victim to HIV or other STDs through forced or coerced sex with the abuser or others.

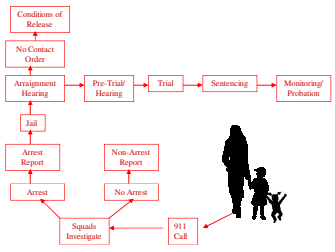
PHYSICAL ABUSE:
Kicking, hitting, shoving, pulling hair, spitting, using weapons, forcing the victim to engage in high risk behaviors, or using any type of physical force to obtain compliance or to punish the victim.

EMOTIONAL ABUSE:
Degrading the victim through name calling, using embarrassing references in public. Threatening to disclose the victim's HIV status. Telling the victim no one else will want them due to their HIV status. Attempting to shame the victim. Using his/her (the abuser's) HIV status to coerce the victim to remain in the relationship.

MEDICAL ABUSE:
Refusing to allow the victim to seek medical services related to the victim's HIV status. Destroying medicine or other medical supplies. Interfering with the victim's attempts to make positive health choices. Using the victim's disability funding for purposes other than the victim's health.

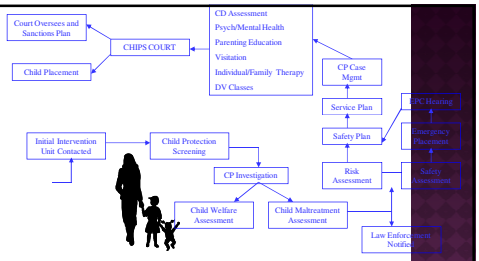
A GLIMPSE AT THE SYSTEMS A VICTIM MUST NAVIGATE

Praxis – Rural Technical Assistance on Violence Against Women



DOMESTIC VIOLENCE/ ARREST INCIDENT

Praxis – Rural Technical Assistance on Violence Against Women



CHILD PROTECTION MAP

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HOUSING MAP

Landlord/HRA Notified

Warning Given

Eviction Hearing

Sheriff Evicts

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ORDER FOR PROTECTION – CIVIL COURT PROCESS

Advocacy Program

Seeks Shelter

Files OFP

Judge Reviews

Ex Parte Denied

Ex Parte Granted

Sheriff Serves Respondent

Civil Court Hearing

OFP Granted

OFP Denied

OFP Filed

Reliefs Granted

Supervised Exchange/ Visitation

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CUSTODY MAP

Files for Divorce

Family Court Hearing

Interviews by Evaluator

Temporary Custody

Custody Evaluation

Final Divorce Hearing

Custody Hearing

Child Support Established

Custody Awarded

Supervised Exchange/ Visitation

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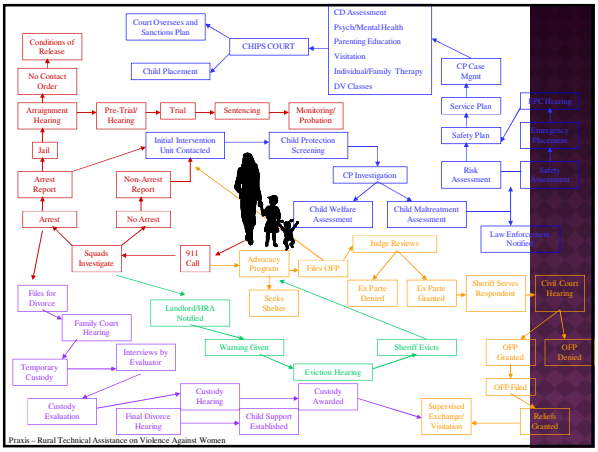

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