DOMESTIC VIOLENCE

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Practice and Association Webinar Series

The scars you can’t see are the hardest to heal

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DOMESTIC VIOLENCE: OVERVIEW

JUSTINE CLEGG, MS, LM, CPM, LMHC
What is Domestic Violence?

• Intentional, repetitive, harmful physical and/or psychological actions by someone with whom the person has had an intimate relationship

  • Family members
  • Spouses, partners
  • Cohabiters, dating partners, roommates
  • Person in authority
Domestic Violence

• “Domestic violence causes far more pain than the visible marks of bruises and scars.

• It is devastating to be abused by someone that you love and who you think loves you in return.

• It is estimated that approximately 3 million incidents of domestic violence are reported each year in the United States.”

    ~ Dianne Feinstein, US Senator, (D) CA
Scope of the problem

PASK: Partner Abuse State Of Knowledge Project
http://www.domesticviolencereresearch.org

• Overall, 24% of individuals are assaulted by their partners at least once in their lifetime
  • 23% of females
  • 19.3% of males

• Overall, 25.3% of individuals have perpetrated intimate partner violence
  • Female-perpetrated violence 28.3%
  • Male-perpetrated violence 21.6%
Intimate partner violence

• The term “intimate partner violence” – a form of domestic violence – describes physical, sexual, or psychological harm by a current or former partner or spouse.

• Characterized by an imbalance of power in the relationship.

• This type of violence can be perpetrated by either partner, occurs among heterosexual and same-sex couples, and does not require sexual intimacy.

• Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans.

CDC Violence Prevention https://www.cdc.gov/violenceprevention/intimatepartnerviolence/
Not all perpetrators are men

• At least 40% of partner violence perpetrators are women

• Domestic violence against men can take many forms
  • Threatening behaviors
  • Emotional, sexual and physical abuse
  • In same-sex relationships, threatening to “out” your partner

• Incidence of female-on-male domestic violence is significantly under-reported
  • Lack of recognition/understanding
  • Shame
Recognizing female to male abuse

I just broke up with my emotionally abusive girlfriend today. Yes I am a guy, and yes, abuse can go both ways.

They say that grown men don’t cry. As a grown man with depression, I cry all the time. I’m also 6’6 and 250 pounds so I can kick your ass if you laugh at me.

Lift the Mask off DOMESTIC ABUSE

The Brutal Truth

40% of domestic abuse victims are male, that’s 2 of every 3 victims

1 in 6

Men will be a victim of domestic abuse in their lifetime

1

Man is killed every fortnight by a current or ex partner

You are not alone

Break the silence

Report it

If you don’t know what to do, get in touch and we will help you. In an Emergency dial 999.

Men’s Sexual Health

Telephone Services: 0848 1300 999

Visit our website at menssexualhealth.org.uk

For info and advice about sex and other health matters, our GAO, advice, free condoms and lube, visit and (much more)

whisper

Intergenerational violence

• Children who witness battering grow up to repeat the pattern as perpetrator or recipient

  • They may identify with the abuser (Stockholm Syndrome), they are at risk of becoming an abuser as an adult

  • They may identify with the abused and become rescuers, members of the helping professions; they are at risk for abuse as an adult
What is NOT Domestic Violence

• Dramatic, confrontational, aggressive style of communication is used by most couples on occasion, and regularly by some couples

• Characterized by relatively infrequent, non-injurious fighting with aggressive behavior - yelling, shoving, throwing objects

• May be distressing to others but the histrionic behavior does not create fear in the relationship
Types of Domestic Violence

- **Psychological/emotional abuse:** Power and control tactics such as
  - Intimidation, coercion and threats
  - Emotional degradation
  - Isolation
  - Minimizing, denying, blaming
  - Using the children

- **Battering/physical abuse:** a pattern of violent and coercive physical behaviors that establish power and control through fear and intimidation
Stalking

• Repeated nonconsensual, intrusive, threatening behaviors directed at a specific person
  ◦ repeatedly following the person
  ◦ unwanted contact (by letter or other means)
  ◦ watching a person closely for a period of time
  ◦ contacting family members, friends or associates inappropriately

• Visual or physical proximity, communication, cyberstalking, verbal, written or implied threats that would cause a reasonable person fear

~ US National Center for Victims of Crime
Myths about domestic violence

- It only occurs in poorer communities
- Certain ethnic groups are more prone to domestic violence than others
- Lesbian couples aren’t violent
- A person must have low self esteem to get into such a relationship to begin with
- Men are always the abusers and women are always the ones who are abused
- It could never happen to me
Who is the abused?

- All socioeconomic groups
- All ethnic groups
- Famous people and “the nice family next door”
- Any intelligence level
- Straight and gay
- Grew up with abuse
Forms of abuse

- Economic abuse
- Coercion and threats
- Intimidation
- Emotional abuse
- Isolation
- Male/Female privilege
- Using the children
- Minimizing, denial and blame
Economic abuse/dependence

• Controls the money
  • Gives an allowance
  • Makes them ask for money
  • Reduces allowance but not financial responsibilities

• Pays bills, makes all financial decisions
• Doesn’t disclose their financial status
• Keeps the partner from getting, keeping a job, interferes with their work
  • May be “underemployed”, unable to advance in a career

• Abuses credit cards, puts family in debt
  • Spends money on personal wants while neglecting family needs
Coercion and threats

- to hurt him/her, the children, pets
- to leave or kick him/her out
- to get divorced and gain custody
- to commit suicide
- to take the children hostage
- to report to authorities
- making them drop charges
- making them do illegal things
Intimidation

- Instilling fear by using looks, actions, gestures
- Smashing things
- Destroying property
- Teasing, abusing pets
- Displaying weapons
- Bullying
- Threatening friends and family
Emotional abuse

• Name calling
• Put downs
• Gaslighting/crazy making
• Playing mind games
• Humiliation in front of friends, family, co-workers
• Stalking, following, checking up on repeatedly
• Jealousy, unfounded accusations of infidelity
• Blaming: the abuser projecting own faults onto the partner
• Boundary bashing
• Disclosing unfavorable private information without permission
Isolation

• Living in remote areas, frequent moves
• Controlling what the partner does, where they go, who they see, what they read
• Limiting outside involvement – church, work-related social events
• Alienating/forbidding associating with friends, family
• Controlling phone, car access
“Male privilege”

• Treating her like an employee or servant
• Keeping her “in her place”
• Making all the big decisions
• Defining men’s and women’s roles
• Acting like the “king of his castle”
• Using religious beliefs to justify male dominance and abuse
• Limiting her access to birth control
• Demanding sex when and how he wants
“Female privilege”

• Stopping birth control without his knowledge
• Treating him like a sperm bank and an ATM
• Minimizing the “housework” contributions of males
• Belittling his education, skills, career advancement
• Expecting him to pay expenses for her children
• Withholding sex as a manipulation/punishment
• Provoking him to violence then calling the police and playing the victim
The Children

- Teasing, picking on the children
- Making them feel guilty about the children
- Using the children to relay messages
- Using visitation for harassment
- Threatening to take the children away or harm them
- Saying disparaging things to the children about her mothering
- Telling the children what a bad father he is, he didn’t want children
- Disclosing to the children how he got in trouble when a teenager
Minimizing, denial and blame

- Making a joke about the abuse
- Not taking the other person seriously
- Saying the abuse didn’t happen
- Saying “You’re too sensitive, you can’t take a joke, you’re making a big deal about nothing”
- Shifting responsibility for the abuse: job, children, stress, money problems, friends, college
- Blaming the partner for whatever the problem is
“I thought he/she did those things out of love”

Many people don’t realize they are in an abusive relationship and will deny it

- Not able to read cues of potential abuse at the start of the relationship
- The abuser’s behavior – possessive, attentive, jealous – seems like love, at least at first
- Relationship repeats dysfunctional patterns from family of origin
- It escalates slowly over time
- The partner becomes desensitized
- They are both well defended (defense mechanisms)
Understanding domestic violence: The Story of the Frog and The Pot

• If you put a frog into a pot of boiling water, it will leap out right away to escape the danger.

• But, if you put a frog in a kettle that is filled with cool water, and then you *gradually* heat the kettle until it starts boiling, the frog will not become aware of the threat until it is too late.

• Survival instincts are geared towards detecting sudden changes.
“The abuse dance” - Roles in Abusive Relationships

The Karpman Drama Triangle, By Steven B. Karpman, M.D. 1968
http://www.karpmandramatriangle.com/pdf/DramaTriangle.pdf, Copyrighted free use
The Cycle of Domestic Violence

Image courtesy: http://www.justiceforbailey.com/end-the-silence/
Honeymoon: the loving stage

• The abuser may be apologetic, begs for forgiveness, promises it won’t happen again

• The partner wants to believe the apologies; may rationalize, blame work stresses, family, finances, even self

• Believes things will be better from now on

• This may be the payoff: passionate sex, loving behavior, attentiveness, expensive gifts, extravagant vacations, treated like royalty

• Everything is good..... for awhile .....
The Buildup phase

Tension slowly builds up

• feels like “walking on eggshells”
• arguing constantly, or the “silent treatment”
  • hyper-vigilant to read cues and appease
  • the family is more relaxed when the abuser is not around
  • may escalate tension to get it over with
  • this phase may last days to years; but gets shorter over time
Overt Abuse: the outbreak

- Physical violence erupts
- Can last minutes to days
- The perpetrator may be a “rageaholic” with little memory of what happened or what they did
- The violence stops when someone interferes, tension is reduced, the police are called, the abuser runs out of energy, one person leaves, the partner needs medical attention
Typical characteristics of the Abuse Cycle

**Frequency increases**
The more times the cycle is completed, the less time it takes to repeat

**Severity increases**
The longer it goes on without interruption, the worse the violence may get

[Image courtesy http://www.middle-aged-men.com/]
What happens over time

** Appeasement

** Fatigue, lethargy, exhaustion from dealing with the abuse and hiding it from the world

** Resistance: holds feelings inside, dreams and fantasizes about escape

** Avoidance: stays away from home, the abuser

** Illness: somatic, eating disorders

** Depression, despair and death
For the Sake of the Children

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STAN WOODY, LMHC, MA, DVPTP
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What do Maternity Providers know about Domestic Violence?

• We are trained to screen for “Domestic Violence” aka Intimate Partner Abuse (IPA)

• Most of us do screen, and we may help women with their safety plan prn, or refer them to shelters or other services for victims of DV

• What are we missing?
DV Services
What is Domestic Violence?

DV is not a crime. It is criminal behavior that happens in a domestic relationship:

- Spousal (or former spouses)
- Parental against child
- Siblings
- Child against parent
- Violence against elders
- Roommates (or former roommates)

It may be physical, psychological, economic, social and/or sexual
Precedents to DV

• DV is typically preceded by abuse, which is not illegal, but which is toxic to the family

• Children are traumatized by toxic abusive behavior, not just criminal behavior

• Children learn what behavior is “normal” from their parents
### Examples of Verbal/Emotional Abuse

(Red indicates criminal behavior in Washington State)

<table>
<thead>
<tr>
<th>Silent Treatment</th>
<th>Insulting Jokes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putdowns</td>
<td>Ignoring Feelings</td>
</tr>
<tr>
<td>Jealousy</td>
<td>Monitoring Behavior</td>
</tr>
<tr>
<td>Humiliations</td>
<td>Labeling Crazy</td>
</tr>
<tr>
<td>Non-Sexual Incest</td>
<td>Threat to Steal Children</td>
</tr>
<tr>
<td>Threats to Harm Others</td>
<td>Threats to Harm Self</td>
</tr>
<tr>
<td>Harming Prized Possessions</td>
<td>Harming Pets</td>
</tr>
</tbody>
</table>
Psycho-Social Abuse
(Red indicates criminal behavior in Washington State)

<table>
<thead>
<tr>
<th>Gender Insults</th>
<th>Cultural/Racial Labeling or Jokes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismiss history</td>
<td>Economic Control</td>
</tr>
<tr>
<td>Prevent from working</td>
<td>Force to work</td>
</tr>
<tr>
<td>Isolating from Family &amp; Friends</td>
<td>Public Humiliations</td>
</tr>
<tr>
<td>Intimidation</td>
<td>Harassment</td>
</tr>
<tr>
<td>Stalking</td>
<td></td>
</tr>
</tbody>
</table>
# Abusive Sexual Behavior

(Red indicates criminal behavior in Washington State)

<table>
<thead>
<tr>
<th>Unwanted Sexual Jokes</th>
<th>Embarrassing Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Putdowns</td>
<td>Sexual Comparisons</td>
</tr>
<tr>
<td>Unwanted Touching</td>
<td>Treat like a Sex Object</td>
</tr>
<tr>
<td>Falsely Accusing of Affairs</td>
<td>Affairs</td>
</tr>
<tr>
<td>Reproductive Coercion</td>
<td></td>
</tr>
<tr>
<td>Incest/Rape</td>
<td>False Report of Rape</td>
</tr>
</tbody>
</table>
## Examples of Physical Abuse

(Red indicates criminal behavior in Washington State)

<table>
<thead>
<tr>
<th>Denying physical needs</th>
<th>Shoving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaking</td>
<td>Slapping</td>
</tr>
<tr>
<td>Biting</td>
<td>Hitting</td>
</tr>
<tr>
<td>Targeting a hit</td>
<td>Kicking</td>
</tr>
<tr>
<td>Throwing</td>
<td>Strangling</td>
</tr>
<tr>
<td>Beating</td>
<td>Burning</td>
</tr>
<tr>
<td>Kidnapping/Unlawful restraint</td>
<td>Poisoning</td>
</tr>
<tr>
<td>Using weapons</td>
<td>Death</td>
</tr>
</tbody>
</table>
Quiz: Who gets arrested?

• Couple gets into a loud argument
• She throws his clothes all over and tells him to get out
• He picks up his clothes and tries to leave, but she is blocking the door
• He moves her aside and leaves
• The neighbors have called the police, who arrive just as he is leaving
Who Gets Arrested?

• Couple gets into a loud argument
• He throws her clothes all over and tells her to get out
• She picks up her clothes and tries to leave, but he is blocking the door
• She pushes him aside and leaves
• The neighbors have called the police, who arrive just as she is leaving
What if the violence is bi-directional?

Does it depend on “who started it?”

Does it depend on “who is most hurt?”

What are the police required to do? Does the couple have any say?

What is Child Protective Services required to do?

What are YOU required to do? Does it depend if children are home at the time?
What is a “victim defendant?”

• In specific cases where the police or CPS are called, one partner is identified as the “perpetrator” and the other is the “victim.”

• In large population samples, 58% of the violence is bi-directional, with both parties perpetrating assaults.

• With bi-directional violence, the victim is also a perpetrator who needs treatment, for the sake of the children.

Langhinrichen-Rohling et al, 2012
What does the published research show?

• Beatings and strangulation (aka intimate terrorism or battering) are about 5-10% of all domestic violence. 95% of batterers are male offenders. Historically, these were the only perpetrators who were arrested, which is reflected in historical statistics.

• The other 90-95% of DV is about 50:50 male:female, including assault, but 75% of hospital admissions are female, due to the greater upper body strength of males.

• Meta-analysis of 74 studies of the general population show 5-35% of men and 0-21% of women cite self-defense as a justification for their abuse/violence.

• “Men Don’t Tell” Starring Peter Strauss & Judith Light https://www.youtube.com/watch?v=QmPG6s0WO24

Hamel, 2014
What does the Taking Charge data show?

• 56 couples completed both a 31-item Abusive Behavior Self-Inventory and an identical inventory of the behavior of their partner during the last six months (4 surveys per couple). 14 of the items were crimes.

• In all but one case, the 112 respondents or their partners reported that the abuse was bi-directional, that each had been both perpetrator and victim in the current relationship.
Which Partner is Most Abusive?

<table>
<thead>
<tr>
<th></th>
<th>Perpetrator's Response</th>
<th>Victim's Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P</td>
<td>V</td>
<td>E</td>
</tr>
<tr>
<td>Perpetrator's</td>
<td>18%</td>
<td>30%</td>
<td>13%</td>
</tr>
<tr>
<td>Response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim's</td>
<td>9%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Response</td>
<td>7%</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>34%</td>
<td>39%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Differences <.05 judged as Equal, N=56 couples
### Which Partner Commits the Most Crimes?

<table>
<thead>
<tr>
<th></th>
<th>Perpetrator's Response</th>
<th>Victim's Response</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>P</td>
<td>V</td>
<td>E</td>
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<tr>
<td></td>
<td>29%</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Victim's Response</td>
<td>V</td>
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<td></td>
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<td>2%</td>
<td>6%</td>
<td>2%</td>
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<td>4%</td>
<td>4%</td>
<td>14%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35%</td>
<td>33%</td>
<td>33%</td>
</tr>
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</table>

Differences <.05 judged as Equal, N=49 couples
## Self-Report of Criminal Behavior

<table>
<thead>
<tr>
<th>Victim Committed a Crime</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50%</td>
<td>13%</td>
<td>63%</td>
</tr>
<tr>
<td>No</td>
<td>25%</td>
<td>13%</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>75%</td>
<td>25%</td>
<td>100%</td>
</tr>
</tbody>
</table>

N=56 Couples
Family of Origin Issues

• Both Perpetrators and Victims typically lacked good role models in their families of origin. Their experience was characterized by some or all of the following:
  ◦ Abandonment, being ignored or invisible
  ◦ Rejection
  ◦ Verbal abuse
  ◦ Physical abuse
  ◦ Sexual abuse
A Child’s Perspective
Note from Child

Mom and Dad,
I LOVE YOU.

GET SOME HELP!
PLEASE!!
Treatment Programs
Why do Victims and Perpetrators Benefit from Similar Treatment?

- They grew up in the same kinds of dysfunctional families, where toxic behavior was normal, and healthy skills were not taught.
- Nearly all Victims are also Perpetrators and nearly all Perpetrators are also Victims.
- Initially, gender-specific treatment is best, both for safety and because men and women have different sources of power.
What kind of treatment makes a difference?

• Both Perpetrators and Victims typically lack attitudes and skills in building healthy relationships, including:
  ◦ Healthy core beliefs
  ◦ Understanding the difference between healthy and pathological use of power and control
  ◦ How to identify and support basic human needs of themselves and their partner
  ◦ Emotional intelligence and self-soothing skills
  ◦ Their own and their partner’s attachment style
  ◦ Communication skills, especially active listening skills
What kind of treatment makes a difference?

• Deficient skills and attitudes in typical Perpetrators and Victims (cont.)
  ◦ Boundary setting and assertiveness skills
  ◦ Conflict resolution attitudes and skills
  ◦ Problem-solving, goal-setting, and time management
  ◦ Human and social developmental stages
  ◦ Parenting skills, including co-parenting
  ◦ Effects of abuse and violence on the children
Implications for Maternity Care

• **Screen** all clients for domestic abuse and violence, BOTH as victims and perpetrators

• Beware of countertransference issues, i.e. letting your own past influence how you interpret what you hear

• Identify local resources that address both safety issues and attitudinal/skills deficits for victims AND perpetrators

• For the sake of the children, encourage both victims and perpetrators to seek help to build healthy relationships
Screening Questions

• Everyone has times when they are stressed or tired and when they have a hard time with their partner or child. This can result in disagreements, annoyance, arguments or fights. What happens when you “lose it” or just don’t respond very well? Can you give me an example?

• What happens when your partner “loses it” or doesn’t respond well?

• In your prior and current relationships, was any violence or abuse involved? Who did what to whom?
How It Can Work
Goal: Healthy Children who grow to be Healthy Adults
DOMESTIC VIOLENCE: Considerations for Midwifery Practice

Justine Clegg, MS, LM, CPM, LMHC
Recognizing domestic violence

- Midwives are uniquely positioned to discover family violence
  - Holistic approach to care – psychosocial wellbeing, prevention, optimal health
  - More time spent with clients
  - Continuity of care
  - Home visits
  - Nature of the midwife-client relationship fosters sharing and disclosure
Domestic violence in midwifery practice

• Be aware that
  ◦ Either partner may be the perpetrator
  ◦ The abuse may be bi-directional
  ◦ Her partner may not be the father of the baby

• Considerations for midwives
  • Recognizing the female perpetrator/male recipient dyad is more difficult, the cues are usually more subtle
  • Domestic violence affects all family members regardless of who is the perpetrator
  • Be aware of the various manifestations of DV when caring for clients
Recognizing indicators of domestic violence: Subjective data

- Insomnia
- Headaches
- Upset stomach
- Fatigue, malaise
- Chest pains
- Eating disorders
- Chronic pain
- Depression
Physical indicators

- Bruises
- Black eye
- Burns
- Broken bones
- Stab wounds
- Human bites
- Defensive wounds: ulnar surfaces of the arms
Clinical Presentation

• Injuries explained away casually:
  • I’m accident prone
  • I fell off a ladder

• Implausible explanations for the injury:
  • I walked into a wall
  • I burned my lip on the barbeque grill

• Unexplained delay in seeking treatment
• Repeated visits to hospitals, “emergency room hopping”

The ‘garage door’ he bumped into last night was female!

Men MUST report violent women

https://www.pinterest.se/freethewronged/men-are-abused-too
Medical History

- Stress-related complaints: ulcers, migraines, chronic fatigue
- Pregnancy and childbirth complications
- Pregnancy loss
- Mental health issues: depression
- Eating disorders
- Accidents, trauma
- May use alcohol, tobacco and/or other drugs to cope with the stress
Client’s affect and behavior

- Jumpy, edgy, hyper-reactive
- Anxious, nervous
- Depressed, low self-esteem
- Flat, listless, detached, sad, helpless
- Inappropriately cheerful and upbeat
- When accompanied by her partner, she avoids eye contact, defers to him
Abuser’s affect and behavior

• Very involved in her care
• Accompanies her to all prenatal visits
• Asks lots of questions
• Keeps her from meeting alone with the midwife
• Overly protective
• May be engaging and charming
• Midwife may think “What a great husband, so caring, so involved, he’ll be a wonderful dad ....”
History taking

OBJECTIVE DATA
• What you can see, test & discover clinically
• Limited by the midwife’s ability to observe and understand
• Client can conceal what she doesn’t want you to see

SUBJECTIVE DATA
• What the client knows about herself
• What she will tell you
• Limited by how much she will reveal
• Client is in control of what you know
## Johari Window model: ASPECTS OF THE SELF

<table>
<thead>
<tr>
<th>Arena: Known to self</th>
<th>Blind spot: Unknown to self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known to others</td>
<td>Unknown to others</td>
</tr>
<tr>
<td><em>I got my hair cut</em></td>
<td><em>I have spinach on my teeth</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Façade: Known to self</th>
<th>Unknown: Unknown to self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown to others</td>
<td>Unknown to others</td>
</tr>
<tr>
<td><em>I’m wearing my boyfriend’s underpants</em></td>
<td><em>I have no conscious memory of childhood abuse</em></td>
</tr>
</tbody>
</table>
Remember when you take her history

- Many people don’t realize they are in an abusive relationship and will deny it if confronted
  - they are well defended (defense mechanisms)
  - they are desensitized
- Question her in private
  - when you two are alone, and not likely to be overheard
  - when her partner is not outside waiting
Medical, Surgical History

• History of hospitalizations?
• Previous surgeries?
• Frequent accidents?
• Frequent visits to the ER?
• Stress-related complaints: Headaches? Ulcers? Chronic fatigue?
• Does she take medication for migraines, GI disorders?
Reproductive History

- History of STIs?
- Elective abortions?
- Multiple miscarriages?
- Premature deliveries? Low birth weight babies?
- Stillbirths?
- History of stress-related complications of pregnancy such as PIH?
- Complications during childbirth? Cesarean?
- Pregnancy can be an especially dangerous time for abusive relationships, and abuse can often begin or escalate during pregnancy.
Psychosocial History

• Self-destructive behaviors?
• Suicide attempts?
• Depression? On anti-depressants?
• Underemployed, job inappropriate to education and/or employment history?
• Eating disorder?
• Lacks access to money, knowledge of family finances?
• History of abuse in family of origin?
• Frequent moves, lives in remote area?
Screening questions

Partner Violence Screening questions:

• “Have you been hit, kicked, punched, or hurt in some way by someone in the past year?”

• “Do you feel safe in your current relationship?”

• “Is there a person – a family member, a partner from a previous relationship – who is making you feel unsafe now?”

• “Are you forced to have sex when you don’t want to?”
Screening: SAFE questions

SAFE questions

• S: Stressed? Feel safe in your home?
• A: Afraid? Abused?
• F: Friends or Family aware and able to help if needed?
• E: Emergency escape plan in place?
Physical Exam: What to look for

• Broken bones or injuries with implausible explanations
• Bruises, burns, scars
  • Bruises and injuries in various stages of healing
  • Defensive posture (ulnar aspect)
• Symmetrical
• Shape of hands or objects
• Injuries in areas normally covered by clothing
Physical Exam

- Perform a routine complete physical exam
- Note carefully what you see
- Draw outline of body, front and back
- Draw what you observe on her body
- Draw arrow to area and describe what you see: “2 cm circular red, raised burn mark, consistent with cigarette burn”
- Body map is legally as good as a photo

Image courtesy Dreamstime.com
Care Plan

• Schedule appointments when he’s unable to attend
• Collect history and perform a thorough physical exam
• Treat any immediate medical problem
• Help her see her situation realistically
• Provide referral info on something discreet, easily hidden from her partner
• Consider birth center over home for out of hospital birth where you have more control
Care plan

• Assess her physical, emotional and mental wellbeing
• Treat immediate injuries and medical problems
• Perform a danger “lethality” assessment
• Address domestic violence and substance abuse/mental health issues
• Refer for individual, group, family counseling, parenting support groups
• Help her see her situation realistically
• Help her make an escape plan if needed
• Provide referral information on something that won’t be discovered by her partner
Potential risk factors for lethality

- Threats, fantasies of suicide or homicide
- Weapons owned and used by the abuser
- Feeling of ownership: “If I can’t have you no one can”
- “Centrality” - idolizing, extreme dependence
- Recent separation
- Hostage-taking
- Acute depression
- Repeated calls to police
Safety Planning

• Plan to leave quickly, identify a “safe” place e.g. a shelter
• Keep all important papers – passports, birth certificates, social security numbers, checkbook, credit card info, green card, marriage license – easily accessible
• Keep extra money, keys, clothing, medicine hidden and accessible
• Develop code words with friends and family to implement emergency plan, when to call the police
• Teach children to use the phone to call police or fire department
Care Plan: Client in Crisis

• **Immediate problem**: safe space, shelters, restraining orders, legal representation

• **Long-term problem**: housing, employment skills, education, counseling, support groups for herself and children, help for the entire family

• **Understand** that the person may leave the abusive relationship and return repeatedly, don’t become frustrated or disgusted and remove your support
Leaving the situation

- Leaving may be optional or crisis-driven
- Victim may need to plan to leave in the midst of a crisis at a moment’s notice
- Performing a “Danger” or “Lethality” assessment may help break through denial
- May help her realize she needs to prepare a plan for emergency evacuation
- Initial separation is the most dangerous time
Safety Measures after the abuser has left or been removed from the house

• Change security codes, locks on doors
• Safety devices: bars on windows, metal doors
• Fire extinguishers and fire alarms operable
• Teach children what to do if kidnapped
• Alert schools, neighbors, parents of children’s friends who is allowed to have contact
• Have extra copies of protection orders hidden
• Know what to do if he violates orders
• Move away
Leaving the abuser

• Leaving is a process
• The person may leave about 6-7 times before permanently separating
• Leaving may be used to motivate change in the relationship
  • Get the partner to pay attention
  • Belief that things can change for the better
  • Negotiate new rules of engagement
  • Agreement to seek professional help
• Planning to leave can help develop more resources, be better prepared economically and psychologically to leave permanently
Why they stay/return to the abusive relationship

- No friends/family, no place to go, no options
- Economics, financial dependency
- Keeping the family together for the children
- Belief partner has learned, won’t do it again
- Belief that real love can fix anything
- “It’s my fault, I deserve it”
- Fear of harm to self or the children
- Ashamed of failure, what others will think
- Religious/cultural/personal values: “I made a promise”
Change can happen

- If the couple agrees to get counseling from someone specifically trained in DV treatment, things can improve
  - Anger management
  - Cognitive Behavioral Therapy
  - Psychotropic meds
  - Drug/alcohol rehabilitation
  - Group therapy
  - Parenting skills training

Image courtesy D’Arienzo Psychological Group
Every person has their limits

- When the abuse goes from emotional to physical
- When weapons are introduced
- When abuse extends to the children
- When a pet is killed
- When the victim is hospitalized with serious wounds
- Death

“The day my wife beat me up because she hated my haircut”

http://www.dailymail.co.uk/femail/article-2091837/Male-domestic-violence-victim-The-day-wife-beat-hated-haircut.html
It is sometimes amazing to me that I am the same person that was once so lost, hurt and sad so many years ago. I want to go back in time and tell myself: “It’s going to be OK, you are strong, you will make it out of that life.”

~domestic violence survivor
RECOMMENDED READINGS:
DOMESTIC VIOLENCE
DYNAMICS & TREATMENT


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RECOMMENDED READINGS: DOMESTIC VIOLENCE DYNAMICS & TREATMENT


National resources

• National Resource Center on Domestic Violence Hotline 1-800-799-SAFE
• The Harrell Center for the Study of Domestic Violence  813-974-7841
• Family Violence Prevention Fund Health Resource Center 888-RX-ABUSE
• National Center on Women and Family Law  212-674-8200
• Teen Helpline  800-522-8336
• Dept of Health and Human Services CDC Violence Prevention
  http://www.cdc.gov/ncipc/dvp/dvp.htm
State resources

• State coalitions against domestic violence

• Family law section of the state bar association

Online resources

PASK: The Partner Abuse State of Knowledge Project
http://www.domesticviolencereresearch.org

Break the Cycle: www.breakthecycle.org

National Center on Elder Abuse: www.elderabusecenter.org

National Coalition Against Domestic Violence: http://www.ncadv.org

National Domestic Violence Hotline: http://www.ndvh.org

Safe@Work Coalition: www.safeatworkcoalition.org

The Empower Program: http://www.empowered.org
Online resources

• The Episcopal Church - Gender violence: Organization links: 
  http://www.episcopalchurch.org/page/gender-violence-organization-links

• The Family Violence Prevention Fund: http://endabuse.org

• National Latino Alliance for the Elimination of Domestic Violence: 
  www.dvalianza.org

• Institute on Domestic Violence in the African American Community: 
  www.dvinstitute.org

• Girls Incorporated National Resource Center: http://www.girlsinc.org
The goal:
Healthy relationships
Strong families