# Building a Tribal Domestic Violence and Sexual Assault Advocacy Program:

Informing Tribal Leaders
Understanding the Health Connection
Heightening Community Awareness

Presented by
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### **Objectives:**

- Explore beliefs, feelings, and judgments about common myths and facts pertaining to domestic violence and sexual assault.
- Understand the prevalence of domestic violence and sexual assault.
- Recognize abusive behavior.
- Recognize a survivor's risk analysis.
- Recognize the profile and tactics of an abuser.
- Understand how children are affected by witnessing domestic violence/abuse in the home.
- Understand the services provided by a Tribal Domestic Violence and Sexual Assault Program.
- Understand the importance of maintaining confidentiality.
- Understand the importance of community education, awareness and prevention activities.
- Understand the importance of collaboration with other tribal and non-tribal agencies to meet the needs of survivors and their children.
- Learn tools to educate Tribal Leaders

# THE BIG PICTURE OF FAMILY VIOLENCE

Home is the site of more violence against women and girls than any other location

Chrisler & Ferguson, 2006

# Myths and Facts About Domestic Violence

- He's out of control
  - O He is actually in control. He decides who, when, where, parts of the body, severity, and length of the battery. It may go on for hours. He may remove his jewelry. He also may tell her he is "going to do something" and when.
- Poor control of anger
  - O Many batterers are not angry. They may create the anger and become angry if the victim does not respond the way he wants or expects. No behavior on her part will change his decision to hurt her.
- Stress
  - He chooses to deal with stress violently. This is considered culturally approved behavior. He believes he has a right to control and get his way.
- Poor communication skills
  - Batterers are excellent communicators. They demand that their needs be met before all others. For their safety, battered women learn to read even subtle, non-verbal communications well. This myth is grounded in the belief that the abuser wouldn't abuse if his needs were met a form of victim blaming. However even when she meets his needs, he continues to abuse her.

#### •He has low self-esteem

O Batters do not differ from non-battering men in their level of self-esteem. The difference is in the batterer's belief system about women and children.

#### Substance Abuse

OGetting him sober and "working a program" does not stop the abuse or violence. He may use "recovering addict or alcoholic" as a way not to take responsibility for his behavior. It is another way for him to not be accountable for his behavior. Why are his targets always women? Getting sober is a first step in dealing with the underlying issues of power and control; he cannot enter a batterer intervention program until he is sober.

#### He has a history of abuse from his childhood

oTrue, many batterers were abused as children. Many men who were abused grow up and choose not to abuse. Men who batter are more likely to have witnessed their mother being abused as opposed to having actually been physically abused themselves, though both are big risk factors.

#### The battering is provoked or is enjoyed by victim

OBattering and other accompanying abuses are degrading and humiliating; no behavior on part of the victim ever justifies battering; no behavior on victims part can change his decision to batter.

#### Domestic Violence is Pervasive

- Nationally, One in four women will be victimized
  - (1 in three among AI/AN Women)
- 1.3 million women annually
- Women of all socioeconomic classes, races, ethnicities, geographic locations
- 92% of women in a national survey said that reducing domestic violence should be a top priority for policy makers

#### AI/AN Statistics

#### From the Amnesty International Report 'Maze of Injustice'

- Over the past decade, federal government studies have consistently shown that American Indian and Alaska Native women experience much higher levels of sexual violence than other women in the USA.
- USDOJ data indicates that AI/AN women are more than 2.5 times likely to be raped or sexually assaulted.
- USDOJ reports concluded that 34.1 per cent of AI/AN women -- or more than one in three will be raped during their lifetime.

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- o 13.5% of Navajo women seeking routine care at an IHS facility reported physical abuse in the past year; 41.9% had experienced physical abuse from a male partner at least once in their lives.
- 75% of women in the San Carlos Apache tribe reservation reported violence in their current relationship.

## Strategies of Abuse

Emotional Abuse

Isolation

Economic Abuse

Use of Children

Coercion and Threats

Sexual Abuse

Intimidation

Physical Abuse

IPV was a precipitating factor in

52.2% of female homicides

{ IPV was a precipitating factor in nearly one-third of suicides }

CDC, 2009

# Approximately

# three-quarters (73.7%)

of all murder-suicides involved an intimate partner

Violence Policy Center, 2006

#### 24-HOUR NATIONAL CENSUS

# 

National Network to End Domestic Violence, 2008

#### Effects of Domestic Violence

- Lowered self esteem
- **Isolation**
- Chronic health problems
- Stress and trauma
- Fear of being stigmatized
   Hypervigilence

- Shame
- Anger
- Self-blame
- Fear for safety

## Fear can be overwhelming

- Afraid of losing the children
- Afraid he will kill her
- Afraid he will kill himself
- Afraid he will kill the children

#### WHY DON'T THEY LEAVE?

It is widely believed that abused women don't want help and won't take it when it is offered. That is NOT true!

As abuse toward a woman and her children gets worse, she will ask for more and more help. Women seek help, on average, from seven different sources at least three times — twenty-one requests! Often the helper they turn to are unable to provide the support necessary to enable women to leave.

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#### LEAVE

#### **STAY**

- 1. Injury
- 2. Lose Children
- 3. Home
- 4. Family
- 5. Friends
- 6. Job
- 7. Poor
- 8. Fear
- 9. Shame
- 10. Loss of Self
- 11. Mental Health
- 12. Die

**LEAVE** 

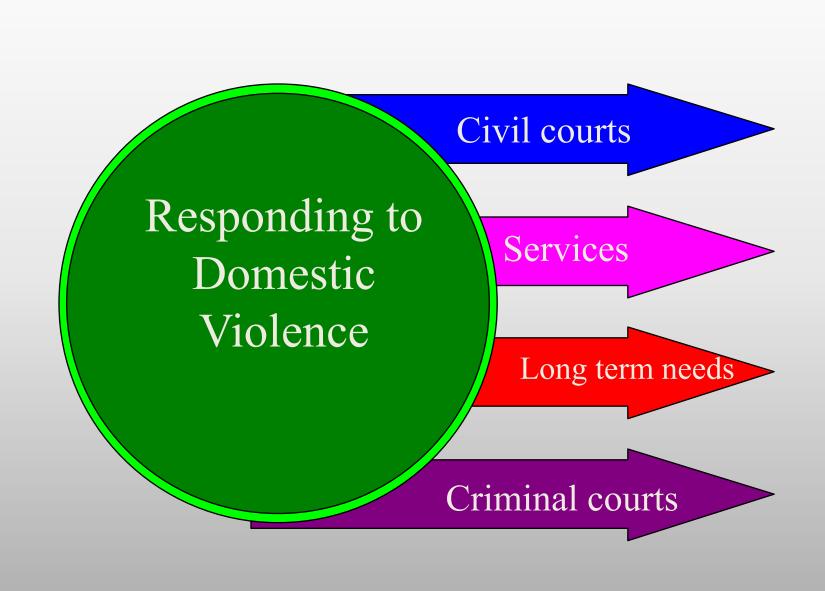
- 1. Injury
- 2. Lose Children
- 3. Home4. Family

- 6. Job
- SAFETY 7. Poor
  - 8.Fear
  - 9. Shame
  - 10. Loss of Self
  - 11. Mental Health
  - 12. Die

Battered Woman's Risk Analysis

Blanket exercise





### Elements of Response

- Civil courts provide immediate remedies and enhance safety
- Family Violence shelters and programs help meet immediate needs for safety, crisis intervention
- Criminal justice system hold perpetrators accountable
- Communities develop long term resources to help battered women rebuild their liveshousing, health care, child care, economic opportunity

# An independent source of income is the single most significant indicator that a woman will be able to permanently leave an abuser

A woman's job is a particular target for the abuser because it is both a perceived and real loss of control



#### Interventions that Work

- Nonjudgmental support
- Confidentiality
- Practical assistance
- Safety planning
- Shelter and related services
- Protective orders
- Perpetrator arrest and consequences
- Economic assistance

#### Interventions that Don't Work

- Couples counseling
- Coercive treatment of the victim
- Mediation
- Traditional psychotherapy
- Pastoral counseling by an untrained clergy
- Breaking her confidentiality

# Safety Planning

- What is safety?
  - Safety is not simply having a place to go where the batterer cannot find her, although that may be part of a larger safety plan. In reality, safety involves many things that most of us take for granted. Examples:
    - Having a place to live (long term)
    - Having enough food
    - Having enough money to maintain housing, healthcare, food and transportation
    - Being free of scrutiny (being watched in the course of daily life)
    - Having the right to establish a routine going to the same grocery store every week or taking a walk on your lunch hour
    - Living without fear
    - Sharing hopes, concerns, and pleasure with friends and family
    - Sleeping soundly

# Levels of Safety Planning

- Safety during a violent incident
  - Where can you go to be safe in your home? Whom can you call? If there anyone who could call the police for you? If you have to leave your home, where could you get to quickly? Where could you hide a set of car keys? Do you have the phone number of the DV advocate?
- Safety when preparing to leave: What kinds of things can you do ahead of time to ease the transition?
  - Where can you store important items? Open a bank account? Apply for housing? Get a post office box? Attend a support group? Get a prepaid phone card?
- Safety in separate residence: What things will make my new home as secure as possible?
  - Quality locks and doors? Smoke detectors? Good outside lighting? Making a plan with neighbors to call police? Unlisted phone number? Getting a third party to help exchange the kids for visitation

# **Economic Stability**

- There can't be safety without economic stability
- Food, housing, income, childcare and other tangible supports are keys to safety
- Only when the basics are taken care of can women plan for the future

#### **Economic Barriers**

- Poor credit history
- Lack of affordable housing
- Costs of quality childcare
- Transportation
- Legal and other costs related to the abuse

## Rebuilding

- Emergency assistance
- Transitional housing
- Permanent housing
- Job training and education
- Supportive employers
- Quality legal representation for dissolution and custody
- Ongoing safety needs

# **Guiding Principles**

- o Regard the safety of victims and their children as priority.
- o Respect the integrity and authority of each battered woman over her own life choices.
- Hold perpetrators responsible for the abuse and for stopping it.
- o Advocate on behalf of the victims of domestic violence and their children.
- Recognize that the process of leaving a violent relationship is often a long and gradual one.

#### The Advocates Role



- Advocate for the personal sovereignty and safety of women and their children, including provision of safe space and any resources that are necessary for a woman to regain control of her life.
- Ask, listen to, believe and respectfully act on what women state they need and want.
- Clearly and persistently send the message: violence is unacceptable; battering is a crime, and is never the fault of the woman who has been battered.
- Validate the individuality, experience, decisions and strengths of women who have been battered.
- Act and treat women who have been battered as relatives.
- Model courage and resistance in the face of oppression, intimidation and fear.
- Provide leadership ensuring women's safety is a priority in coordinated community response.
- Ensure all women who have been battered/sexually assaulted have 24
  hour access to support, accurate information, crisis intervention and
  other advocacy.
- Educate personnel within systems about the most effective responses to violence.

#### DON'T

- Act without the express informed consent or participation of the woman who has been abused, or withhold or create barriers to safety and resources because we judged her 'unworthy' in some way.
- Believe we should mind-read what she needs or wants, or believe that we know better than she does.
- Minimize or blame her for the violence, collude/make excuses for the batterer's behavior, or treat the violence as a private or mental health issue.
  - Treat women as incapable of making decisions, 'sick' or incompetent.
  - Label, or act as if women who are battered are 'cases', 'those women', clients, or patients.
- Get women to cooperate with other agencies or 'follow rules' that don't honor her safety or sovereignty.
- Allow task forces, meetings, or initiatives to focus on the behavior of the women, instead of the accountability of the offenders and systems.
- Speak for or on behalf of battered women, unless they are not safe enough to do so themselves, or without their permission.
- Ignore or create barriers that prevent or limit access to safety or resources.

# Things to consider about yourself in your interaction with a battered woman

- What is she hoping you can do?
- What may she fear you will do?
- What is your role? What are you limitations?
- What is your potential impact?
- Do you have sufficient training/skills?
- Who else is involved?
- What do you do when you don't like her choices?
- Don't make assumptions:
  - Regarding her experience
  - Regarding her options
  - About how she's been treated
  - About what she's got to lose

### Confidentiality

- Keep all information secure. Always keep private information in a secure place and do not share it with anyone who has not been authorized by the person for whom you are advocating. Treat your relationship with absolute confidentiality. If you have more than one person coming to see you be sure to have the first person's papers put away before the next person comes in.
- Always get written consent before sharing any information about the women you work with. Don't allow anyone (including yourself) to coheres her into signing a release
- In VAWA 2005, Congress amended VAWA and FVPSA funded programs to provide more protections for victim information in multiple arenas, including in public records and databases. With this provision, Congress clarified and affirms existing confidentiality practices that protect the safety and privacy of victims of domestic violence, dating violence, sexual assault and stalking.
- Section 3 prohibits sharing personally identifying information about victims without "reasonably time-limited," written and informed consent. Given this new provision, VAWA and FVPSA funded programs are prohibited from disclosing personally identifying victim information to any third party database, including an HMIS system. This provision allows a survivor to choose to temporarily waive her confidentiality for a meeting or conversation or other limited period of time, through informed, written consent and a specific short-term release.

## Confidentiality

- Stronger Confidentiality Laws. Over 30 states and many tribes have advocate confidentiality laws that prevent local programs from disclosing any identifying information about victims, encrypted or otherwise, and if those protections are stronger than the Section 605 protection, the stronger protection will prevail. As mentioned above, VAWA 2005 has strengthened the federal confidentiality laws for VAWA and FVPSA funded programs, which further prohibits the sharing of any identifying victim information.
- Maine's Advocate Law defines confidential communication as:

"Confidential communications" means all information, whether written or oral, transmitted between a victim and a domestic violence advocate in the course of the working relationship. "Confidential communications" includes, but is not limited to, information received or given by the advocate in the course of the working relationship, advice, records, reports, notes, memoranda, working papers, electronic communications, case files, history and statistical data, including name, date of birth and social security number, that personally identify the victim.

• Advocates are not clinicians... keep recordkeeping to a minimum!

#### **ADVOCACY APPROACH**

# A client's information is not shared outside the Program/Agency unless the client gives permission to do so.

The basic rule reflects three important tenants of domestic violence advocacy:

- 1. Preserve safety strategies that rely on information remaining private. For example, ensuring an abusive partner does not find out where the woman and her children are staying.
- 2. Provide the privacy necessary for women to talk freely with advocates and share details that will be essential to planning for safety. For example, a woman struggling with addiction will need safety strategies that support her staying clean and sober.
- 3. Place control of the information in the woman's hands and demonstrate advocates' commitment to women's autonomy and self-determination.

#### BREAK IT DOWN: A SEXUAL ASSAULT DICTIONARY

SEXUAL ABUSE can be defined as forced, coerced, unwelcome, unwanted sexual contact. It may include physical and non-physical sexual acts.

SEXUAL ASSAULT/RAPE is a sexual act of forced penetration, no matter how slight, by a penis to the vagina, anus or mouth; or penetration to the vagina or anus by a finger, tongue or foreign object. It is important to note that, in the State of New Jersey, penetration with a finger, tongue or foreign object is considered the same as with a penis.

#### **CONSENT IS...**

Willing participation

Based on choice

Active not passive

Based on equal power

Only possible when neither party is incapacitated due to drug or alcohol consumption

#### **CONSENT IS NOT...**

A drunken "yes"

Giving in because of fear

Agreeing to sex because of fear or threats

Going along in order to gain approval

The absence of a "no"

Capitulation

Silence

#### SEXUAL ASSAULT FACT SHEET:

#### DID YOU KNOW?

In 3 out of 4 incidents of sexual assault, the offender was not a stranger. (DOJ, 1997.)

1 in 5 female students reported being physically and/or sexually abused by a dating partner. (JAMA Vol. 286 No. 5 2001.)

Teens 16 to 24 were three and one-half times more likely than the general population to be survivors of sexual abuse/assault. (U.S. Department of Justice, 1996.)

One in 3 girls and one in 4 to 5 boys will be sexually abused at some point in their childhood, according to most reliable studies of child sexual abuse in the United States.

Only 3% of high school students who had been physically or sexually abused by a dating partner reported the abuse to an authority figure; only 6% told a family member. 61% of the respondents indicated that they told a friend and 30% indicated that they told no one at all. (The Prevention Research)

Most people know at least one person who has experienced or will experience sexual assault or rape. Everyone has a role in preventing sexual assault.

## Screening

- Early recognition and intervention can significantly reduce the morbidity and mortality that results from violence in the home.
- A woman may not initially recognize herself as "battered"; therefore the medical professional should <u>routinely ask all</u> <u>women</u> direct specific questions about abuse.

## Effects of Domestic Violence

- \* Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women.
- \* Routine screening for domestic violence during pregnancy, with appropriate intervention, can help prevent more trauma.
- \* Symptoms of domestic violence may appear as injuries or chronic conditions related to stress.
- \* Women who experience domestic violence are more often victims of nonconsensual sex. They also have higher rates of smoking, substance abuse, chronic pain syndromes, depression, anxiety, and Post-Traumatic Stress Disorder.

### **Post-Separation Risks**

- Homicide
- Abduction
- Stalking
- Violence
- All of the above in connection to visitation

## **Program Services**

- Unconditional/CONFIDENTIAL Support
- Safety Planning
- Legal Advocacy
- Hospital Accompaniment
- Emergency Shelter
- Transitional Housing
- Social Service Advocacy
- Support Group
- Referrals
- Legal Assistance:
  - Protection from Abuse
  - Protection from Harassment
  - Divorce
  - Parental Rights and Responsibilities
- Training/Education
- Public Awareness

#### Maliseet Domestic Violence and Sexual Assault Program

Is a victim service program funded by the Department of Justice, Office on Violence Against Women and the Department of Health and Human Services, Family Violence Prevention and Services Fund.

• This program's services are available to all self-identified victims of domestic violence, sexual assault, stalking and teen dating violence.

# Program Milestones:

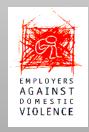
- •1998 -- HBMI first awarded STOP Violence Against Indian Women Grant. Jane Root hired to develop domestic violence response program.
- •1998 DV Program retains FVPS Tribal Shelter & Related Assistance Grant that previously had been administered by ICWA
- •1999 Continuation Grant award.
- •2001 New STOP Violence Against Indian Women Grant Award.
- •2002 Maliseet's chosen as 1 0f 6 Tribal sites for IHS/ACYF Domestic Violence Pilot Project.
- •2003 New STOP Violence Against Indian Women Grant Award
- •2003 HBMI adopts Universal Screening for Domestic Violence Policy
- •2003 HBMI adopts Domestic Violence

Workplace Policy

- 2005 HBMI Awarded STOP Violence Against Indian Women Grant and Rural Domestic Violence Grant
- 2005 VAWA 2005 passes Congress new funding formula for Tribes and new grant program – Grants to Tribal Governments.
- 2005 Maliseet DV Program Director asked by the US Attorney General to sit of the National Advisory Committee on Violence Against Women.
- 2007 HBMI awarded OVW Grants to Tribal Government Grant for \$398,521
- 2008 HBMI awarded OVW Rural Domestic Violence Grant for \$152,349 to operate an emergency shelter for women and their children and staff position. Catherine St John hired as Shelter Coordinator
- 2008 October 22<sup>nd</sup> Grand Opening of Nuhkomoss Wik 'Grandmother's House' – Emergency shelter
- 2009 Awarded OVW Recovery Act funding for shelter renovations and transition housing program.

#### **RESPONSE TEAM**

- Program Director
- Tribal Administrator
  - Human Resources
- Domestic Violence Program
  - Tribal Police
  - Legal Department
  - Behavior Health Counselor



#### Collaboration....

- Member of the Maine Commission on Domestic and Sexual Abuse
  - This required a legislative change
- Aroostook County Task Force on Domestic Violence and Sexual Assault
- Maliseet Domestic Violence and Sexual Assault Response Team
  - ICWA Director, Social Service Director, Survivor, Clinic Nurse, Education Director, Tribal Administrator, Health Director, Shelter Coordinator, Tribal Police Officer
- Maliseet Women's Advisory Group
  - Twelve survivors
- > ICWA Child Protection Team Member
- Pine Tree Legal Services
- Informal Tribal DV/SA Coalition
- Maliseet Health Clinic Domestic Violence Team
- Aroostook County SART Sexual Assault Response Team

#### **Prevention and Community Involvement**

- Vigils/Walks
- Newsletters
- Tribal Wide Mailings on Domestic Violence, Sexual Assault, Stalking, Teen Dating Violence, Bullying, Elder Abuse
- Posters and brochures
- Youth talking circles
- Elder Program movies and talking circles
- Community Movie Night
- PSAs October DV and April Sexual Assault
- Tribal Head Start 'Peaceable Stories'
- Health Fair
- Cookie Project
- Shawl Stories
- Recognition Day
- 'DREAM OF A WORLD WITHOUT DOMESTIC VIOLENCE DAY'
- Mentor Program
- Denim day in Aroostook County Sexual Assault Awareness
- 5K Run / 2 mile walk 'cupcake run' -- Sexual Assault Awareness

#### 5K race/walk on Saturday, April 24th

#### "Breaking The Silence of Sexual Violence"

Registration begins in the community room of the Millar Arena at 9am. Walk starts at 9:45am. Run begins at 10am.

The course will begin at the Millar Arena, turnaround will be at the Foxcroft Road. Complete information will be provided on race day. Guards will be in place to direct runners/walkers through the 5K or 2 mile course. Registration forms are available at the front desk in Admin and with Jody at Health.

**CUPCAKE AWARD CEREMONY**: Award ceremony will be held at 11:15am.

\*\*\*Complimentary cupcakes for all participants.\*\*\*

# Houlton 5K Rum-Walk

**Breaking the Silence of Sexual Violence** 



Co-Sponsored By:

AMHC Sexual Assault Services
Maliseet Domestic Violence &
Sexual Assault Program
The Aroostook Musterds

# lam running for.

My Sister. My Spouse. My Auntie, My Nuhkomoss My Classmate. My Grandparent. My Significant Other. My Niece. My Child. My Mother. My Co-Worker. My Brother. My Lab Partner. My Neighbor. My Nephew. My Teacher. My Friend. Myself. For someone that never told. For every 1 in 4 women. For every 1 in 6 Men. I am running for change.

#### April is Sexual Assault Awareness Month

#### **Collaboration with County Sexual Assault Services:**

•PSAs on local radio by Tribal Chief Commander,

Houlton Police Chief, Tribal DV/SA Program Director w/ County SA

Program

•Shawl Project displayed along side Clothesline Project at the Mall and the

Houlton Higher Education Center

- •5K Run/Walk
- Denim day in Aroostook County
  - Newspaper coverage
  - •Jean display at Art Gallery

#### **Resources and Training**

- Sacred Circle National Resource Center to End Violence Against Native Women: http://www.sacred-circle.com/
- Department of Justice, Office on Violence Against Women: http://www.ovw.usdoj.gov/siw-tr.htm
- Tribal Court Clearing House: http://tribal-institute.org/lists/domestic.htm
- Indian Health Service: http://www.ihs.gov/MedicalPrograms/MCH/V/index.cfm
- Tribal Protection Orders: http://www.tribalprotectionorder.org/lists/tribal.htm
- Mending the Sacred Hoop Technical Assistance Project: http://www.msh-ta.org/
- Tribal Law and Policy Institute: www.tribal-institute.org
- Southwest Center for Law and Policy: http://swclap.org/
- Family Violence Prevention FUND: www.endabuse.org
- Department of Justice, Office on Victims of Crime: http://www.ovc.gov/
- Praxis International: http://praxisinternational.org/
  - Violence Against Women Network: http://new.vawnet.org/category/index\_pages.php?category\_id=5
  - Federal Register: www.gpoaccess.gov/fr/browse.html
  - DHHS Family Violence: http://www.acf.hhs.gov/programs/fysb/content/familyviolence/index.htm#sub4

#### **Funding**

- Federal Grants: www. grants.gov
- Department of Justice, Office on Violence Against Women:

http://www.ovw.usdoj.gov/siw-tr.htm

- Grants to Tribal Indian Governments
- Rural Domestic Violence Grants
- o Transitional Housing Grant
- Legal Assistance for Victims Grant
- o Safe Haven Supervised Visitation
- Department of Justice, Office on Victims of Crime: http://www.ovc.gov/
  - o The Tribal Victim Assistance (TVA) discretionary grant program
- DHHS Family Violence:

http://www.acf.hhs.gov/programs/fysb/content/familyviolence/index.htm#sub4 FamilyViolence Prevention and Services, Tribal Shelter and Related Assistance Grant

### Connection to Health...

In addition to the immediate trauma caused by abuse, domestic violence contributes to chronic health problems, including:

- heart disease, obesity, stroke
- Cervical cancer
- depression
- alcohol and substance abuse
- sexually transmitted diseases such as HIV/AIDS, and
- ability of women to manage other chronic illnesses such as diabetes and hypertension.

## Why screen for domestic violence...

- \* High prevalence of undetected abuse among female patients.
- \* Low cost and low risk of screening
- \* Adverse economic and social impact of abuse
- ★ DV is a chronic, life-threatening condition that is treatable if abuse is left untreated the severity and frequency of abuse often worsens.
- \* DV screening is recommended by:
  - American Academy of Family Physicians
  - American College of Physicians
  - American Medical Association
  - American College of Obstetricians and Gynecologists
- JCAHO Mandate
- **GPRA Clinical Performance Indicator**
- Women want to be asked!

## Why the clinic/hospital?

- It's where most women and children are routinely seen.
- Health care providers often see the signs and symptoms of abuse, but don't know what to do.
- Health care providers are in a unique position to screen for DV, intervene and refer to community agencies.

## Understanding Health Implications

Health care providers...

- May see the immediate health symptoms of those in current abusive relationships.
- May see the effects of violence from many years before, even if the person is not in a current DV relationship.
- May see the adult effects of childhood exposure to DV and other adverse childhood experiences.

# What do we gain by collaborating with Health Care

- Safety for battered women.
  - Screening without sufficient training in domestic violence...
  - Screening without resources to offer battered women....

#### **COMPROMISES SAFETY**

IPV costs the USA economy

\$12.6 Billion

on an annual basis

Waters et al, 2004

The medical costs for IPV within the first 12 months after victimization:

\$4 to \$7 Billion

Brown et al, 2008

## **ASSESSMENT**

#### IS THE FIRST STEP OF INTERVENTION

Listening and affirmation are invaluable to victims.

## Mandated Reporting Requirements

1. Suspected Child Abuse and Neglect

It is essential to inform patients about reporting obligations before inquiring about child abuse.

2. Threats of Homicide

The provider has a duty to warn if they are aware of a patients intent to harm a third party.

3. Intent to Commit Suicide

### Our recommendations

- Assess what you have in place before project start-up.
- Know what is available in your community for victims.
- Collaborate with domestic violence advocates and experts in your community.
- Screen first because it may save a woman's life and second because of GPRA.
- Screen ALL females 14 and over because you are concerned about all your patients health and safety.
- Have ALL healthcare staff received training on the dynamics of domestic violence.

- Find at least one individual who is willing to be the led responder to the patient who screens positive. This individual should receive advanced training in domestic violence.
- Adopt a screening policy and procedure.
- Train all new staff as they come on board.
- Retrain ALL staff once a year.
- Patient resources
  - Safety cards
  - Posters
  - Brochures
  - Discharge planning sheets
- Initiate and/or support October Domestic Violence Awareness Activities.

## **DEFINING SUCCESS**

Success is measured by our efforts to reduce isolation and to improve options for safety.

Family Violence Prevention Fund

### IMPACT OF PSYCHOLOGICAL ABUSE

Psychological abuse by an intimate partner was a stronger predictor than physical abuse for the following health outcomes for female and male victims:

- Depressive symptoms
- Substance use
- Developing a chronic mental illness

Coker et al, 2002

Among women who experienced IPV in the past year:

20% - 38%

have symptoms of depression

Caetano & Cunradi, 2003

**HALF** of the abused women referred from an emergency room had symptoms of PTSD

Lipsky et al, 2005

## 59.1%

of women who screened positive for drinking problems experienced IPV in the past year



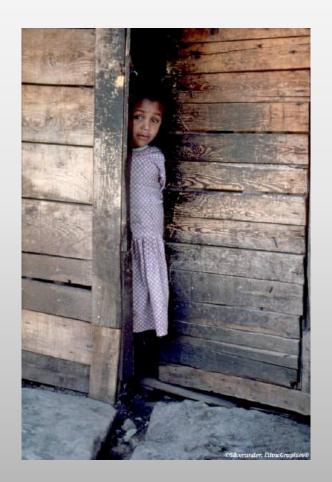
Weinsheimer et al, 2005

## IPV: RISK FACTOR FOR SUBSTANCE ABUSE

- Abused women are at increased risk for substance abuse
- Spousal abuse scores are the strongest predictor of alcoholism in women
- IPV during the first year of marriage is highly predictive of heavy, episodic drinking one year later

#### Children are the silent victims!

Witnessing the two most important people in their life hurting and being hurt damages the core of the child's emotional being.



## **15.5 MILLION CHILDREN**

# have been exposed to physical IPV in the past year

McDonald et al, 2006

#### DEFINITION: CHILDHOOD EXPOSURE TO IPV

A wide range of experiences for children whose caregivers are being physically, sexually, or emotionally abused:



- observing a caregiver being harmed, threatened, or murdered
- overhearing these behaviors
- being exposed to the physical and/or emotional aftermath of a caregiver's abuse

## MAKING THE CONNECTION

The risk of child abuse is

3 TIMES

higher in families with IPV

Lee et al, 2004; McGuigan & Pratt, 2001

## KEY CONCEPTS .. Adapted from Lundy Bancroft

- Batterers expose children to multiple sources of psychological injury
- Batterers often present as good fathers in public
- Children of battered women are also at increased risk outside the home (e.g. dating violence, sexual assault, substance abuse, delinquency).
- O Domestic violence is present (often unidentified) in 40-60 percent of the child protective and juvenile justice caseload).
- 5 million children per year witness a violent assault against their mother
- Children exposed to batterers show higher rates of a tremendous range of measures of childhood distress
- Boys who are exposed to batterers have a dramatically higher rate of growing up to be batterers and sexual assault perpetrators

## EXPOSURE TO VIOLENCE INCREASES THE LIKELIHOOD OF CHILDREN EXPERIENCING:

- Failure to thrive
- Bed wetting
- Speech disorders
- Vomiting and diarrhea

- Asthma
- Allergies
- Gastrointestinal problems
  - Headaches

Campbell and Lewandowski, 1997; Graham-Bermann & Seng, 2005

## EARLY TRAUMA AFFECTS BRAIN DEVELOPMENT

- The organization of a developing brain is reinforced by experience as it adapts to its environment
- The neurobiology of a developing brain can be altered by chronic stress/trauma

## NEUROBIOLOGICAL IMPLICATIONS OF CHILDHOOD EXPOSURE TO VIOLENCE

- Persistent physiological hyperarousal & hyperactivity
- Profound sleep disturbances
- Difficulty attaching to others
- Lack of empathy
- Aggressive and impulsive behaviors

Perry, 1997; Kuelbs, 2009

### Batterers' Style with Children

- Under-involved, neglectful, reckless
- Good under observation
- Currying favor
- Authoritarian
- Psychologically abusive

#### **Impact on Family Dynamics**

- Undermining of mother's authority
- Interference with mother's parenting
- Use of the children as weapons
- Sowing of divisions

"Domestic violence made me late, it made me miss work. I was distracted and nervous all the time, because my husband kept calling and harassing me. And the bruises... they hurt so much that it affected my productivity."

Abuse survivor

