Workshop Guidelines

Because family violence is so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first
- Respect confidentiality

Women Who Talked to Their Health Care Provider About the Abuse Were

4 times more likely

to use an intervention

2.6 times more likely

to exit the abusive relationship

Connection to Health

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

- depression
- alcohol and substance abuse
- sexually transmitted infections and HIV/AIDS
- obesity
- tobacco use
- ability of women to manage other chronic illnesses such as diabetes and hypertension.

Key Points

- Understanding the implications of domestic violence on women's health
- Key points for health care providers to consider when working with victims
- Key elements of an appropriate health care response
- Utilizing screening to identify patients with a history of domestic violence
- Defining success
- Documentation and referral

Health Care Provider Role

"Identifying violence as a public health issue is a relatively new idea. Traditionally, when confronted by the circumstances of violence, the health professions have deferred to the criminal justice system. The professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue."

C. Everett Koop, 1991

Why?

WE ARE HERE BECAUSE:

- Regular, face to face screening by skilled health care providers, markedly increase the identification of victims of domestic violence as well as those who are at risk.

- Statistics show the staggering impact of DV on patient's health, the economy of the health care industry as well as society and the toll it takes on future generations.

- Because you care about the human condition.

Definitions of Domestic Violence

- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:

  emotional abuse, social isolation, stalking, intimidation and threats

Domestic and Adolescent Relationship Violence

Patterns of coercive and controlling behaviors perpetrated by an adult or teen against an intimate partner.

Definition

Intimate partner violence is a pattern of assaultive and coercive behaviors including:

- Inflicted physical injury
- Psychological abuse
- Sexual assault
- Progressive social isolation
- Stalking
- Deprivation
- Intimidation and threats

Incidence/Breadth

- In 2001, women accounted for 85% of the victims of intimate partner violence

  Bureau of Justice Statistics Crime Data Brief, “Intimate Partner Violence, Feb. 2003

- 1 in 4 women will experience domestic violence in her lifetime

  Tjaden, P & Thoennes, N, Natl. Institute of Justice and CDC, “Extreme, Nature, and Consequences of IPV” 2002

- Approx. 1.5 million women are raped and/or physically assaulted by an intimate partner annually in the U. S.

  Tjaden, P & Thoennes, N, Nat'l Institute of Justice and CDC “Extreme Nature, and Consequences of IPV 2000

- 3 of 4 women over age 18 who reported being raped were assaulted by a current or former intimate partner

  Hart, TC & Rennison C, Bureau of Justice Statistics “Reporting Crime to the Police, 3/2003

- 50-70% of women abused before pregnancy are abused during pregnancy

  Saltzman, LE, Johnson, CH Maternal and Child Journal, Vol. 7 2003

Incidence/Breadth

- 5.3 Million women are abused every year

  Bureau of Justice Statistic Crime Data brief, Pub. 2003

- On average, more than 3 women are murdered by their husbands or boyfriends every day

  Bureau of Justice Statistics Crime Data Brief, IPV 2/2003

- In 2000, intimate partner homicides accounted for 33.5 % of the murders of women and less than 4% of the murdered men

  Bureau of Justice Statistics Crime Data Brief, Feb. 2003

- 76% of female homicide victims and 85% of attempted female homicide victims had been stalked by their intimate partner in the year prior to their murder

  McFarlane et all “Stalking and Intimate Partner Femicide”. 1999

- The health related cost of rape, physical assault, stalking and homicide by intimate partner violence exceeds $5.8 billion each year with $4.1 billion going toward health care costs

  Centers for Disease Control and Prevention, 2003

What We Know

2 in 5 (40%)

Native American/Alaskan Native women

1 in 4

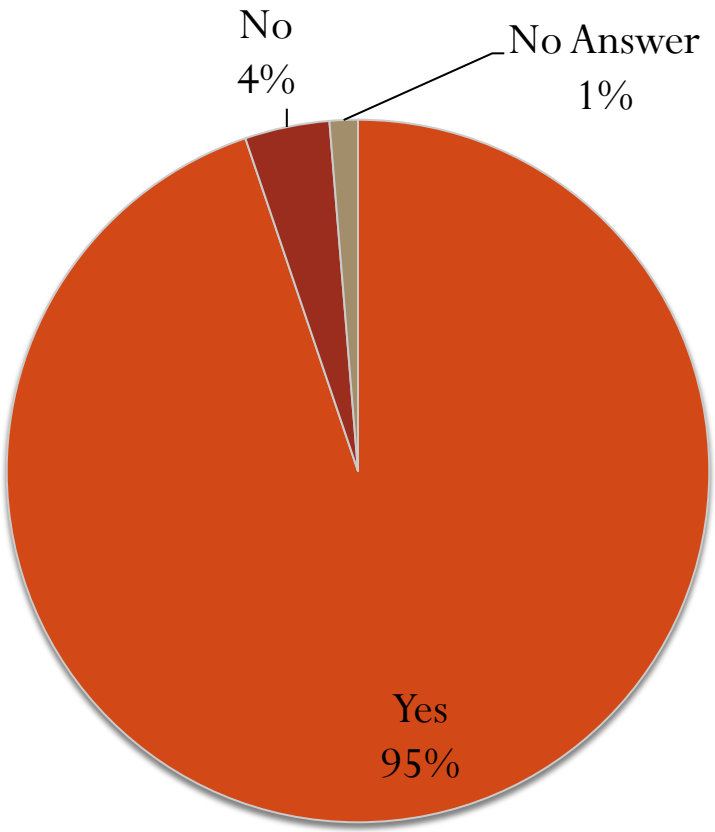
(25%) U.S. women

and

1 in 5

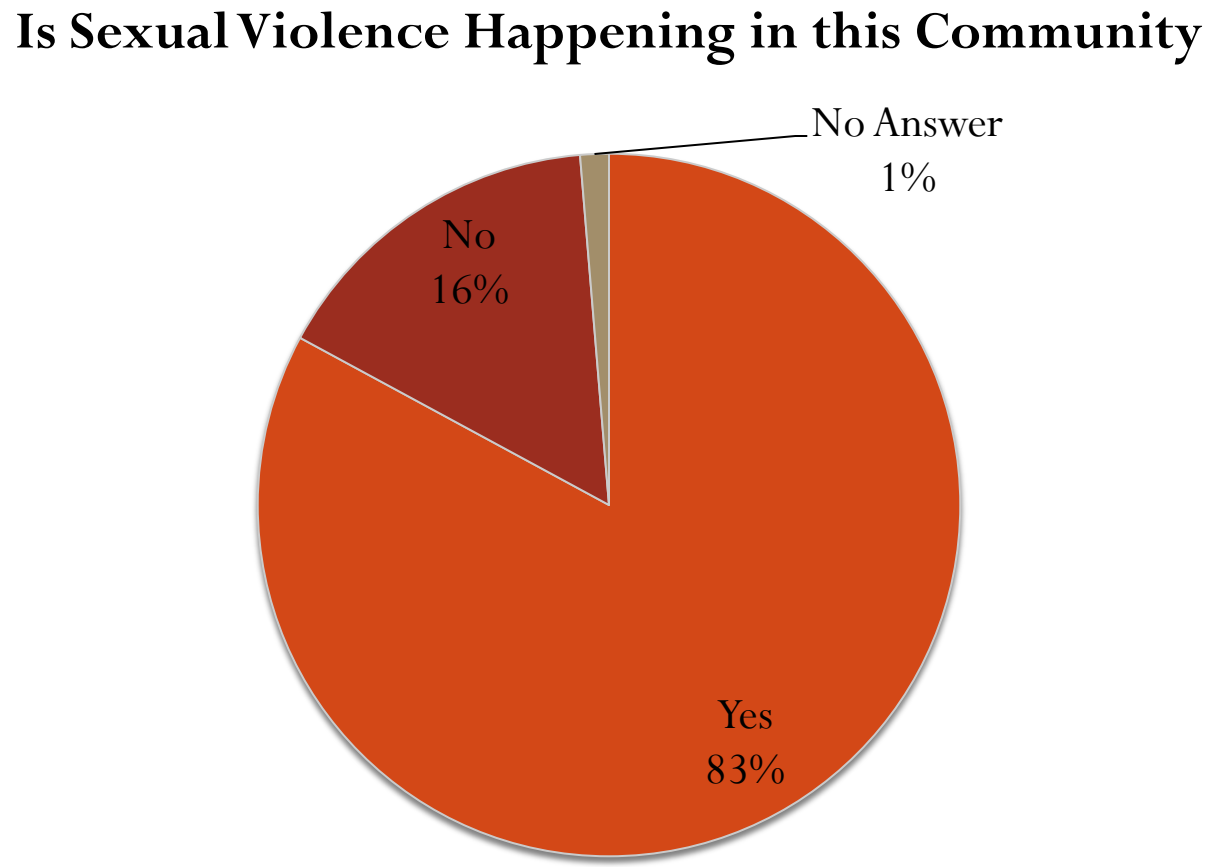
(20%) U.S. teen girls report ever experiencing physical and/or sexual partner violence

HBMI Health Fair Survey Results

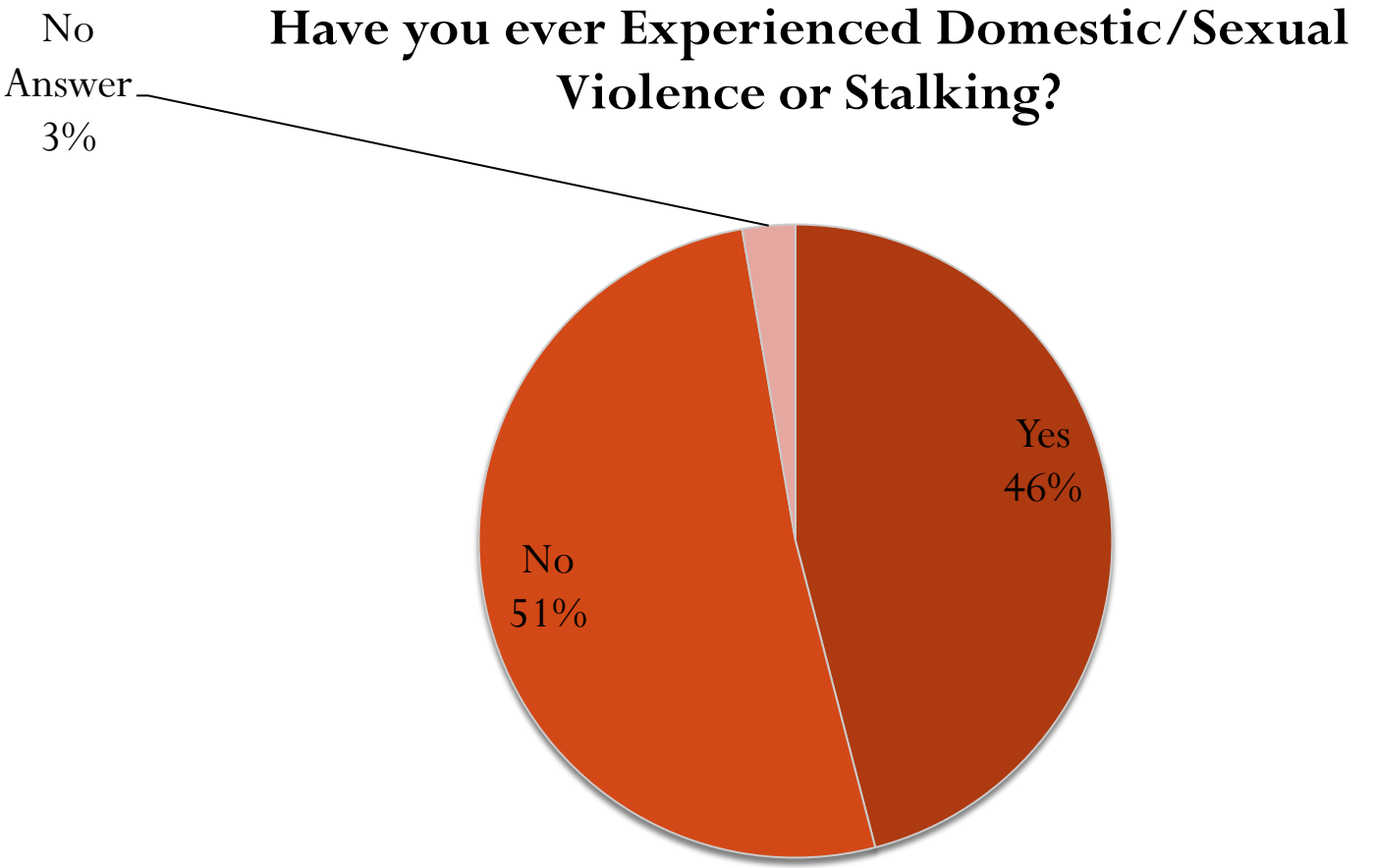


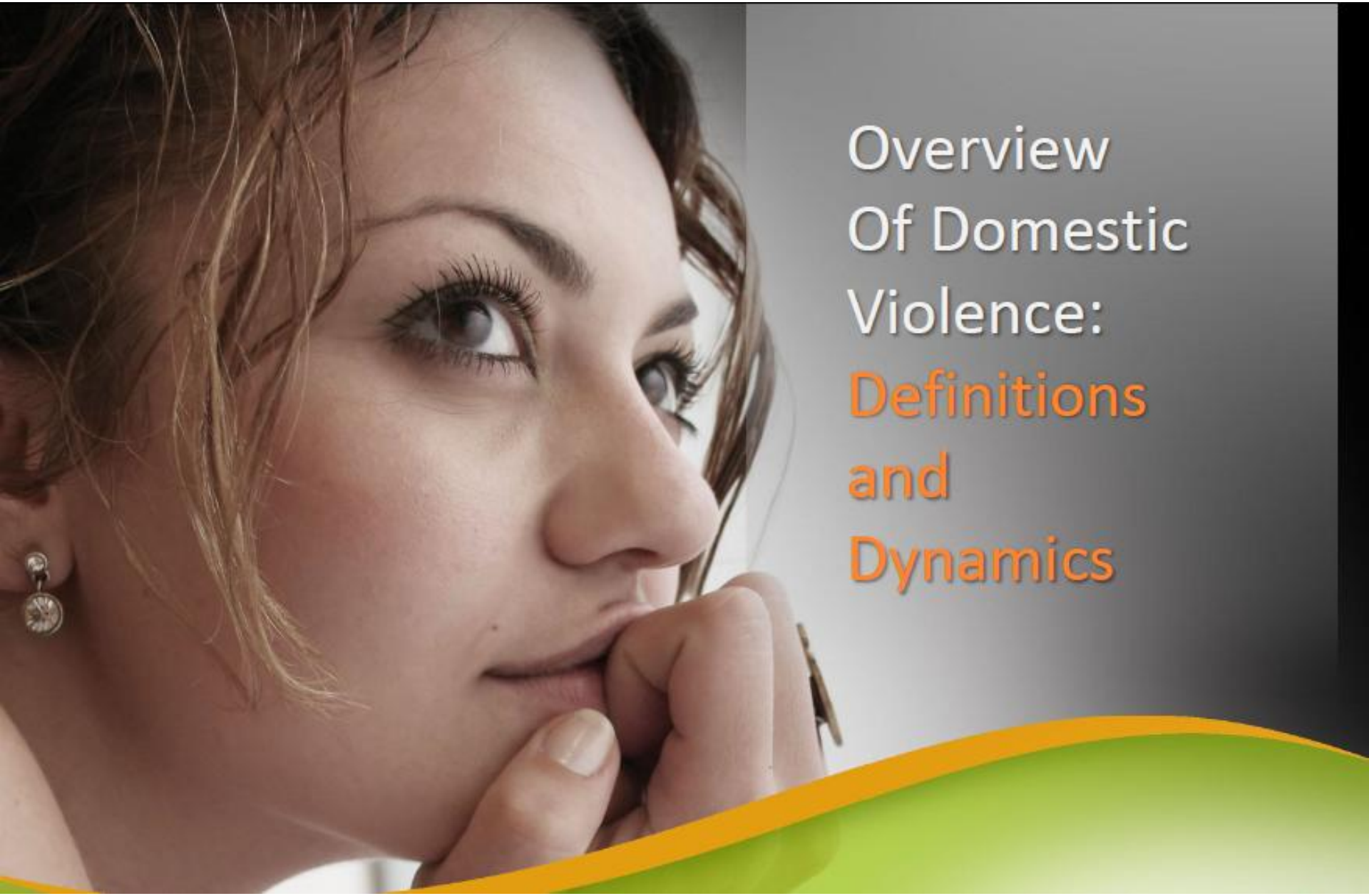
Is Domestic Violence Happening in this Community

HBMI Health Fair Survey Results



HBMI Health Fair Survey Results

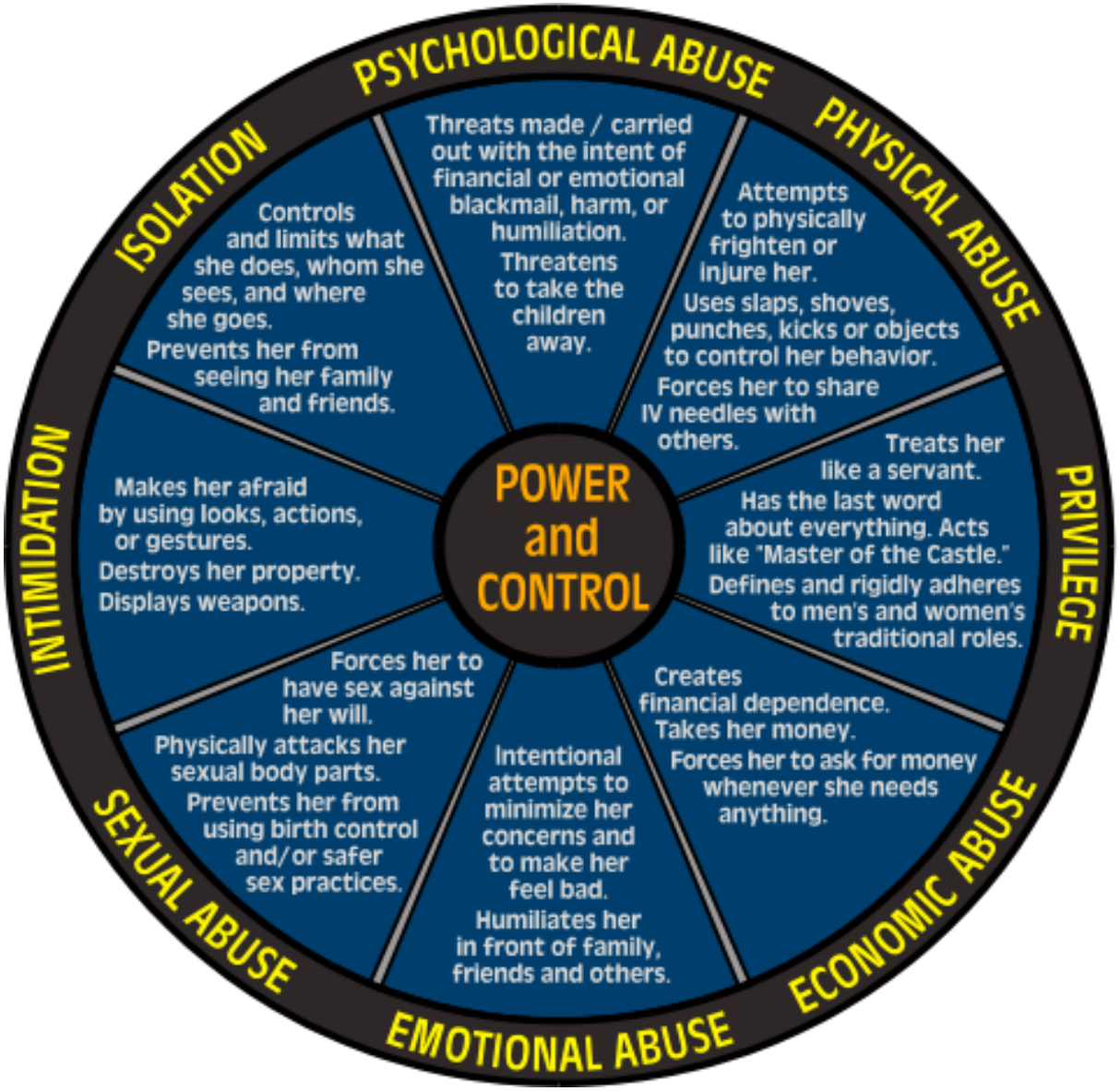



Overview
Of Domestic
Violence:
Definitions
and
Dynamics

Dynamics of Domestic Violence

- Intentional
- Power / Control
- Intimidation / Fear
- NOT an impulse disorder
- NOT a problem of loss of control
- NOT a problem with “the relationship”
- NOT the victim’s fault

Power and Control



Domestic violence cuts across all races, ethnicities, religions, sexual orientation, age groups, and socioeconomic levels

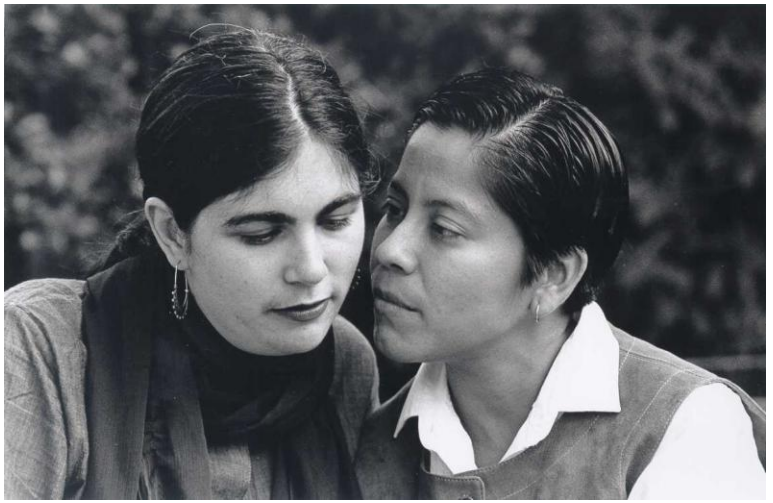
- Every culture has elements that *condone* domestic violence…
- and elements that *resist* it

Diverse Populations

- Prevalence among same-sex couples varies by gender of the couple and the perpetrator gender

- Persons with disabilities are at high risk for domestic violence

- Victims who face other barriers face additional challenges



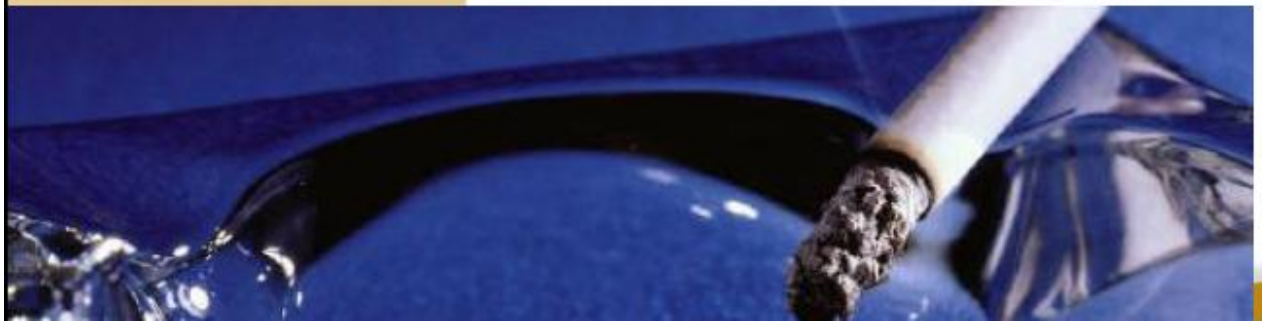
Homicide is the second leading cause of injury-related deaths among pregnant women.

Women Who Experience Abuse Around the Time of Pregnancy Are More Likely to:

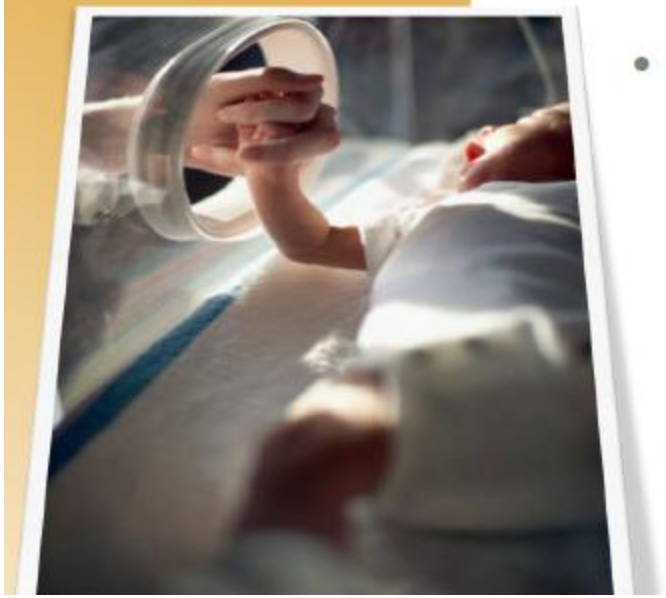
- Smoke tobacco
- Drink during pregnancy
- Use drugs
- Experience depression, higher stress, and lower self-esteem
- Attempt suicide
- Receive less emotional support from partners

Tobacco Cessation and DV

42% of women experiencing some form of DV could not stop smoking during pregnancy compared to **15%** of nonabused women.



Domestic Violence During Pregnancy is Associated With



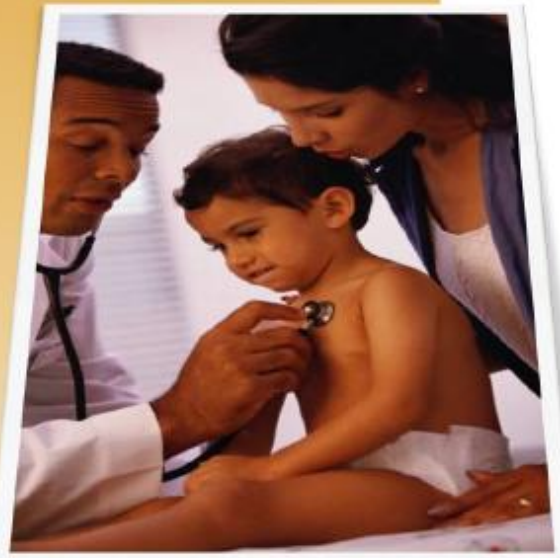
- Lower gestational weight gain during pregnancy (Moraes et al, 2006)
- Low and very low birth weight (Lipsky et al, 2003)
- Pre-term births (Silverman et al, 2006)

Postpartum Maternal Depression

Women with a controlling or threatening partner are **5X** more likely to experience persistent symptoms of postpartum maternal depression

(Blabey et al, 2009)

Domestic Violence and Breastfeeding



Women experiencing physical abuse around the time of pregnancy are:

35%-52% less likely to breastfeed their infants

41%-71% more likely to cease breastfeeding by 4 weeks postpartum

Health Impact

Women with a history of domestic violence are more likely to experience many physical health problems including:

- Arthritis
- Migraines and other types of headaches
- Chronic pain syndromes
- Heart and blood pressure problems STD's
- Irritable bowel syndrome
- Frequent indigestion, diarrhea, or constipation (Coker et al, 2000)

Implications for Women's Health

Domestic violence and sexual assault by an intimate partner are hidden risk factors for many common women's health problems and risk behaviors

Cancelled and missed appointments, poor medical compliance, persistent somatic complaints, and poor response to standard treatment may be related to victimization

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)

Definition: Reproductive Coercion

Reproductive Coercion involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods

Why is Reproductive Coercion Important?

Rapid Repeat Pregnancy

Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months

Domestic Violence and HIV

Women and girls who are victims of DV are **4x** more likely to be infected with HIV

Birth Control Sabotage

Tactics include:

- Destroying or disposing contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives

Barriers to Leaving

- Fear
- Perpetrator behavior – current and past
- Overwhelmed by acute situation
- Lack of safe options
- Feelings of failure
- Promises of change, ambivalence, love

Additional Barriers to Leaving

- Health issues – victim and children
- Economic constraints (job, home, daycare)
- Concern for partner's welfare
- Family / community support and relationships
- Cultural and religious pressures

Key Points in Working with Domestic Violence Victims

- Domestic violence is more than physical battering
- Risks are not eliminated when a victim leaves
- Every victim's circumstances are unique
  - Batterer Generated Risks
  - Life circumstances

Identifying and Defining Sexual Violence

What constitutes abusive behavior? Does the behavior fall into one of the following categories? If the answer is yes, the behavior is abusive and it is time to evaluate your role and responsibility.

Sexual Violence.

- Sexual Violence is about power and control and involves the use of threats, force or any other form of coercion, manipulation or intimidation. It is a term used to describe any type of sexual activity committed by a person against another without that person's **consent** There may be more than one perpetrator and more than one survivor.

A word about **CONSENT.**

- Consent is freely given approval; an agreement made between people who are sober, which is open to discussion throughout any interaction and can be revoked at any point by either individual.

- Any sexual activity with a person who is unable to give consent is considered sexual violence. This includes but is not limited to, a person who is asleep, impaired, or under the influence of drugs or alcohol and cannot consent to sexual activity.

- Consent can also be age-related. For example, a 14 year old can not agree to sexual intercourse with a 21 year old.

Types of Abusive Behaviors

- **Hands-On Offenses:** Includes forced kissing; touching breasts, genitals, buttocks; oral/genital contact; penetration of vagina or rectum with penis, fingers or object.

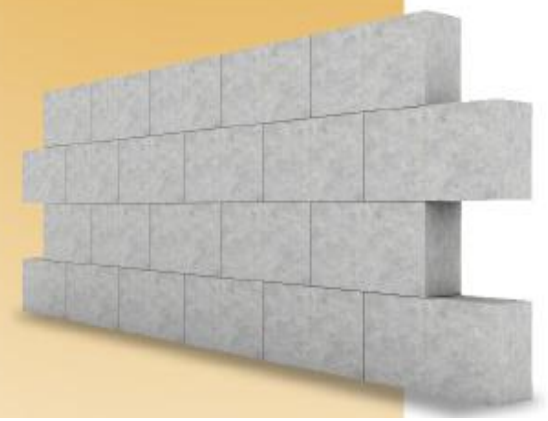
- **Hands-Off Offenses:** Includes exhibitionism; voyeurism; forced viewing of pornography; sexual harassment; street harassment; and threats

- **Harmful Genital Practices:** Involves unwarranted, intrusive, and/or painful procedures in caring for genitals, rectum or mouth

Types of Sexual Violence

- Sexual Harassment
- Stalking
- Sexual Assault by an Acquaintance / Intimate Partner /Spouse / Stranger
- Child Sexual Abuse
- Drug Facilitated Sexual Assault
- Institutional / Professional Abuse
- Human Trafficking
- Ritualistic Abuse

Barriers to Identifying and Addressing Domestic Violence



Health Care Providers identified the following barriers to implementing a screening protocol:

- Comfort levels with initiating conversations with clients about DV
- Feelings of frustration and stress when working with clients experiencing DV

Elements of a Health Care Response

- Develop partnerships with your local Tribal (if available domestic & sexual violence program

- Establish policies to institutionalize routine inquiry/assessment

- Implement and monitor domestic violence protocols in health settings

- Ongoing staff training

Guiding Principles
Domestic and Sexual Violence & Culture

- Women and men have the right to live free from violence.
- Victims/survivors have the right to safety and self-determination, which might include staying with the perpetrator, family and community of leaving the relationship.
- Violence is not a value to be condoned in any society or community.
- The batterer is responsible for the violence.
- Each victim/survivor is not only a member of her/his community, but a unique person with individual responses.
- The health care/service provider can take preventive action against violence.
- Each provider comes into the encounter with cultural experiences and perspectives that may differ from the victim/survivor's.

Best Practice

- Don’t assume the people have resources, such as a home or access to transportation.
  - Ask: ‘How long did your trip take’. ‘ How did you get here?’
  - Rephrase questions about going back home: ‘Where will you be going after we are done? ‘Is is safe to go back there?’

REMEMBER

The abuses to Indigenous peoples are not just distant memories; mandatory 'assimilation', forced removal of children, and forced medical experiments also happened within this lifetime. ***Expect to earn trust and cooperation. Do not break your word, over-promise or use manipulative or heavy-handed tactics.***

Best Practice

- Ask about concerns regarding loss of confidentiality. In some small, communities, disclosure can escalate lethality.
- Avoid making assumptions based on the person's appearance.
- Provide the victim/survivor with an opportunity to talk with someone from their community or Tribal Domestic Violence/Sexual Assault Program if they wish.
- Use language that is comfortable for the victim. Use simple terms by describing actual behaviors. Avoid words with a stigmatizing effect, such as *abuse, battering, and domestic violence.*

- *Ask about support systems available in their community .*
- *Be aware of your assumptions about family. Victims belong to and are part of nuclear family, extended family, and community. As a result the victims' definition of family might be different from that of the provider.*
- *Use the term 'partner' or 'any other family member' or 'anyone close to you' when you interview the victim regarding domestic and sexual violence.*
- *Be aware that for lesbian or gay victims, disclosing abuse may be their first experience coming out.*

Best Practice When Working with Native Victim/Survivors of Domestic and Sexual Violence

- Offensive practices…
  - Assuming that all Native women are the same.
  - Believing what works for the majority works for all.
  - Handshakes that are like corporate America.
  - Not allowing for silences.
  - Interrupting, talking over, talking too much and talking in a loud voice.
  - Assuming Native women are Christian.
  - Assuming Native women are NOT Christian.
  - Being directive, dogmatic, aggressive or intrusive.
  - Criticizing mothering practices different from your own.
  - Saying, ‘color doesn’t matter to me’ or ‘some of my best friends are…’
  - Mistaking quietness for shyness, weakness or disability.

Addressing Individual Attitudes

- Characterized by the acceptance of and respect for difference
- Examine your assumptions, biases & prejudices
- Recognize professional power

Being Informed about Native People & Communities

- Get training from the community experts – Tribal Domestic Violence/Sexual Assault Program if available.
- Gather information from the victim/survivor about her/his community, and attempting to understand the victims interpretation of her/his culture.
- Develop linkages with the victim/survivors community.
- Have appropriate resources available

Disclosure

The process of telling something embarrassing, private and laden with stigma

Confidentiality

Routine Inquiry/Assessment

Routine inquiry/assessment about domestic violence provides an opportunity to help women to understand the connection between their victimization, health problems, and risk behaviors

- *Please note that adult survivors have the right to choose to report to law enforcement or not and while you can be supportive, it is ultimately up to the individual, unless the adult is **incapacitated or dependent**. If you are not sure consult with an advocate from your local Domestic Violence & Sexual Assault Program.

Responding to Disclosures

1. Validate client's experience.
2. Offer a safety card for client to review and keep if it is safe to do so.
3. Discuss where client can go to learn more about and obtain birth control options.
4. Ask client if she has immediate safety concerns and discuss options.
5. Refer to a domestic violence advocate for safety planning and additional support.
6. Follow up at next visit.

RELATIONSHIP ASSESSMENT TOOL

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland Security) or law enforcement. There are just two things that I would have to report- if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby."

We ask all our clients to complete this form. For every question below, please look at the scale and select the number (1-6) that best reflects how you feel.

1	2	3	4	5	6
Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly

1) He makes me feel unsafe even in my own home..... _____

2) I feel ashamed of the things he does to me..... _____

3) I try not to rock the boat because I am afraid of what he might do ..... _____

4) I feel like I am programmed to react a certain way to him ..... _____

5) I feel like he keeps me prisoner ..... _____

6) He makes me feel like I have no control over my life, no power, no protection ..... _____

7) I hide the truth from others because I am afraid not to ..... _____

8) I feel owned and controlled by him ..... _____

9) He can scare me without laying a hand on me ..... _____

10) He has a look that goes straight through me and terrifies me..... _____

SAFETY PLAN AND INSTRUCTIONS

SAFETY PLAN

Step 1:

Safety during a violent incident. I can use some or all of the following strategies:

A) If I have/decide to leave my home, I will go_____ .

B) I can tell_____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.

C) I can teach my children how to use the telephone to contact the police.

D) I will use _____as my code word so someone can call for help.

E) I can keep my purse/car keys ready at (place) _____, in order to leave quickly.

F) I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2:

Safety when preparing to leave. I can use some or all of the following safety strategies:

A) I will keep copies of important documents, keys, clothes and money at_____.

B) I will open a savings account by _____, to increase my independence.

C) Other things I can do to increase my independence include:_____ .

D) I can keep change for my phone calls on me at all times. I understand that if I use my telephone, credit card, or cell phone, the telephone bill or phone log will show my partner the numbers that I called after I left.

E) I will check with _____ and my advocate to see who would be able to let me stay with them or lend me some money.

F) If I plan to leave, I won't tell my abuser in advance face-to-face, but I will leave a note or call from a safe place.

Step 3:

Safety in my own residence (some of these things can be paid for by Victim of Crime Dollars for more information www.ncjrs.gov/ovc_archives/factsheets/cvfvca.htm). Safety measures I can use include:

A) I can change the locks on my doors and windows as soon as possible.

B) I can replace wooden doors with steel/metal doors.

C) I can install additional locks, window bars, poles to wedge against doors, and electronic systems etc.

D) I can install motion lights outside.

E) I will teach my children how to make a collect call to me if my _____ partner takes the children.

F) I will tell people who take care of my children that my partner is not permitted to pick up my children.

G) I can inform _____(neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4.

Safety with a protection order. The following are steps that help the enforcement of my protection order.

A) Always carry a certified copy with me and keep a photocopy.

B) I will give my protection order to police departments in the community where I work and live.

C) I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal.

Next Step INSTRUCTIONS

Legal Considerations...

- Domestic Violence is a crime and you have the right to legal intervention. You should consider calling the police for assistance. You may also obtain a court order prohibiting your partner from contacting you in any way (including in person or by phone). Contact a local DV program or an attorney for more information.

Defining Success

- Create a safe environment for routine inquiry/assessment and disclosure
- Give supportive messages to victims
- Educate patients about safety behaviors and strategies for self-care
- Inform clients about community resources
- Educate patients about the health effects of domestic violence
- Create a sustainable, system-wide response to victims

Physical Exam

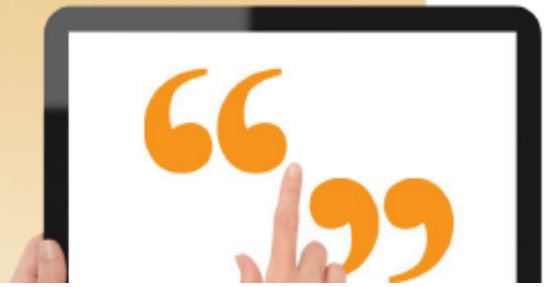
- *Any* injury, especially to face, torso, breasts, genitals
- Bilateral or multiple injuries
- Delay between injury and presentation for care
- Explanation by patient inconsistent with injury
- Prior use of emergency services for trauma

Suspicious Findings

- Chronic pain symptoms without apparent cause
- Psychological distress
- Evidence of rape or sexual assault
- Pregnant woman with any injury
- Partner who is overly protective, controlling or refuses to leave

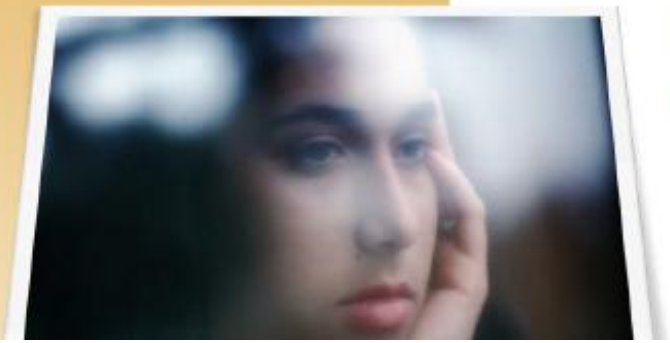
Consider These Quotes from Home Healthcare Providers

1. "No one is hurting you, right?"
2. "You aren't being abused, are you?"
3. "Have you been experiencing any domestic violence?"
4. "Are you being abused by your partner?"
5. "Are you safe in your home?"



Avoid medical/technical language. Use eye-to-eye contact and ask the question directly in a non-judgmental way. If the patient senses you are only asking because you have to or that you hope they won't answer they are very unlikely to disclose.

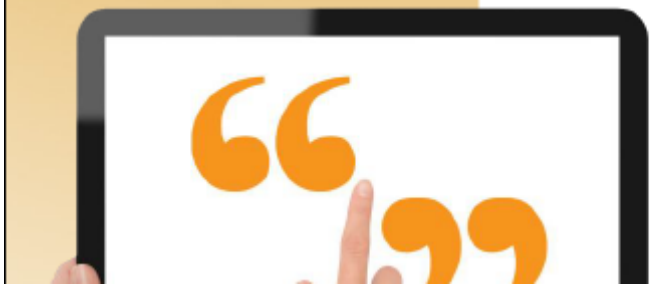
Starting the Conversation: Discuss the Limits of Confidentiality and Other Client Fears First



Scripts can include normalizing language:

- "So many of our moms are struggling in their relationships we have started asking everyone about their partners and how they are being treated...."
- Scripts should also address clients' fears about what may or may not fall into your state's mandatory reporting requirements.

Example:
(check with requirements in your county/state)



"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (now Homeland Security) or law enforcement. There are just two things that I would have to report—if you are suicidal, or your children are being harmed.

The rest stays between us and helps me better understand how I can help you

The How

Framing the Question

"Because violence is so common in many women's lives, I've begun to ask my patients about it routinely."

"I'm concerned that your symptoms may be caused by someone hurting you."

The How

“Are you in a relationship with a person who physically hurts or threatens you?”

“Has your partner ever hit or physically hurt you?”

“Are you ever afraid of your partner?”

- Use questions that are direct, specific and easy to understand.
  - Sample Questions:
    - Have you ever been touched in a sexual way without your consent?
    - Have you ever been forced or pressured to have sex?
    - Do you feel that you have control over your sexual relationships and will be listened to if you say no to having sex?

The How

“Within the last year, has anyone prevented you from using a wheelchair, cane, respirator or other assistive devices?”

“Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?”

Now What?!

"Yes" Answer

"Would you like to talk about what has happened to you?"

"No" Answer?

Still concerned?

Ask again

Validation: First Step to Safety Planning

Can talking about abuse make a difference?

Your recognition and validation of her situation is important. You can help:

- Reduce her sense of isolation and shame
- Encourage her to believe a better future is possible

What Should You do When You Get a Positive Disclosure of Domestic Violence?

Validate:

- "I'm so sorry this is happening in your life, you don't deserve this"
- "It's not your fault"
- "I'm worried about the safety of you and your children"

Assess for Safety

“Has the violence gotten worse or scarier?”

“Do you feel you are in immediate danger?”

“What would you like to do?”

“Do you have somewhere safe to go?”

Documentation

- Relevant history
- Results of physical exam etc.
- Results of assessment, intervention and referral
- If you suspect but no disclosure
- Take photographs

“Patient hit by fist to right eye, orbital fracture” – No!

“Ms. Smith states that her partner hit her in the eye with his fist last night in their home about 9:00pm but would not allow her to come to the hospital. “ – Yes!

Forms

DOMESTIC VIOLENCE ABUSE ASSESSMENT

Date_____ Client ID#_____

Client Name_____

Client Pregnant ___yes ___no

R=ROUTINELY SCREEN
Because violence is so common in women's lives, I've begun to ask about it routinely.

A=ASK DIRECT QUESTIONS
___yes ___no Do you feel safe at home?
___yes ___no Are you in a relationship in which you have been hurt or threatened?
___yes ___no Have you ever been hit, kicked, or punched by someone close to you? ____ # of times in past yr.
___yes ___no Has your partner ever forced you into sex against your wishes?

D=DOCUMENT YOUR FINDINGS
Client Report (Use Client's Own Words) - Client Description of Assault (struck with fists or object, kicked, thrown, etc.)

Check Physical Findings

	Contusion	Abrasion	Laceration	Bleeding	Tenderness
Head					
Eyes					
Ears					
Nose					
Cheeks					
Mouth					
Neck					
Shoulder					
Arms					
Hands					
Chest					
Back					
Abdomen					
Genitals					
Buttocks					
Legs					
Feet					

___yes ___no Photographs taken?

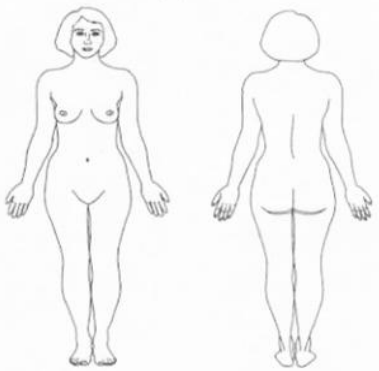
___yes ___no **Abuse Confirmed.**
If yes, name of alleged perpetrator and relationship to client:

___yes ___no **Abuse Suspected. State reasons.**

A=ASSESS CLIENT SAFETY
___yes ___no Is client afraid to go home?
___yes ___no Increase in severity/frequency of abuse?
___yes ___no Threats of homocide or suicide?
___yes ___no Weapon present?

R=REVIEW OPTIONS AND REFERRALS
___yes ___no Need immediate shelter?
___yes ___no Hotline numbers/community resources given?
___yes ___no Referred to other health care staff?
___yes ___no Referred to outside source?
___yes ___no Follow-up appointment made? _____date
___yes ___no Can client be called at home? If no, is there a safe number where client can be reached?

Indicate Where Injury Was Observed



Provider Evaluation

Provider Signature_____

Philadelphia Family Violence Working Group 215/765-8703

Referral and Follow-UP

Have referral information available:

- Advocacy and counseling
- Legal system
- Housing
- Review options
- Schedule a follow-up appointment

Practice Environment

- Pocket cards
- Practitioner prompts
- Posters
- Brochures
- Protocols

Defining Success

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

Futures Without Violence

Role of the Domestic Violence Advocate

- Domestic violence advocates provide safety planning and support
- Safety planning is designed to assist mothers and children who have experienced domestic violence to think and act in a way to increase personal safety

Nurse/Doctor can help clients connect with an advocate to work on a safety plan and additional services like:

- Housing
- Legal advocacy
- Support groups/counseling

Domestic & Sexual Violence Program Services

- Free
- Confidential
- Safety focused
- Victim initiated
- Client centered

Domestic & Sexual Violence Program Services

- Confidential 24-hour Hotlines
- Support and Counseling
- Emergency Shelter
- Advocacy/Safety Planning
- Explore options
- Legal Advocacy/Court accompaniment
- Accompaniment to Police, Prosecutor, Hospital/clinic
- Economic Supports
- Referrals for treatment or other resources needed
- Information/referral

Health Cares About DV Day in October

National Day to raise awareness that domestic violence is a health care issue.

- implement new screening protocols
- provide training to health care staff
- host conference/brown bag
- set up information booths
- hospital displays
- Media
- hang posters, stock safety cards, etc.


The Effects of
Domestic Violence
on Children

Childhood Exposure to Domestic 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)

Children Exposed to Domestic Violence are at Significantly Higher Risk for

- Posttraumatic Stress Disorder
- Depression
- Anxiety
- Developmental delays
- Aggressiveness

(Edleson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; McCloskey & Walker; 2000; Pfouts et al, 1982; Spaccarelli et al, 1994; Wilden et al, 1991; Wolfe et al, 2003)

School Health & Performance

Childhood exposure to DV increases the likelihood of:

- More school nurse visits
- Referral to a school speech pathologist
- Frequent school absences
- Lower grade point averages
- School suspension

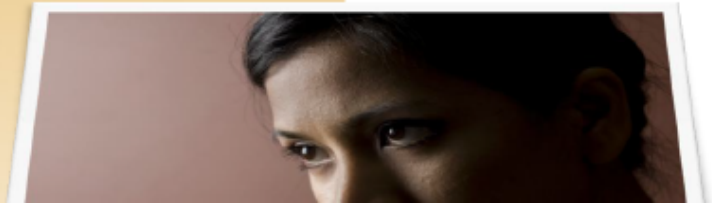
(Hurt et al, 2001, Kernic et al, 2002)


Impact of Domestic Violence on Mothering:
Helping Moms Promote Resiliency for Children

Mothers who experience domestic violence around the time of pregnancy have **lower maternal attachment** with their infants

Domestic Violence (DV) and Parenting Skills

- Mothers who experienced DV were more likely to have maternal depressive symptoms and report harsher parenting
- Mothers' depression and harsh parenting were directly associated with children's behavioral problems



(Dubowitz et al, 2001)

Domestic Violence: Risk Factor for Child Abuse

Families with domestic violence are

2X as Likely

to have a substantiated case of child abuse compared to families without domestic violence

Domestic Violence is Predictive of Child Abuse

- Domestic violence during the first 6 months of a child's life was predictive of child abuse up to the child's fifth birthday among home-visited families
- Domestic violence preceded child abuse in 78% of the cases where domestic violence and child abuse were co-occurring in families

Resiliency in Mothers Exposed to Violence

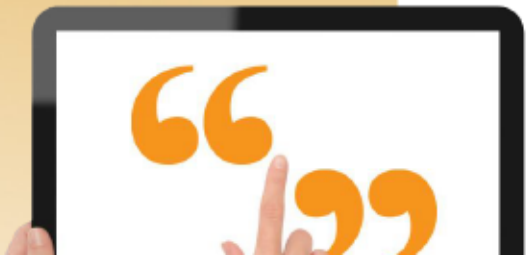
Some mothers who face severe stress may compensate for violent events by offering increased nurturing and protection of their children

Most Consistent Protective Factor for Children Exposed to Domestic Violence

Children's emotional recovery from exposure to DV depends more on the quality of their relationship with the nonbattering parent than any other single factor

(Bancroft & Silverman, 2002)

Strategies to Strengthen Mother/Child Bond



(Script for mothers) Reassure your children and tell them that:

- You will take care of them the best you can
- You love them unconditionally
- You will help them make a plan to be as safe as possible

Strategies to Strengthen Mother/ Child Bond

(Baker and Cunningham, 2004)

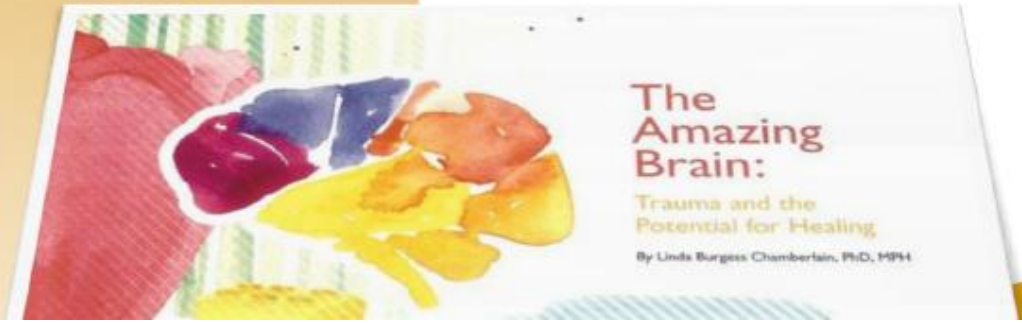
Moms can:

- Be willing to talk about the violence
- Respect their child's feelings
- Acknowledge that these feelings are okay
- Help their child to find the words to talk about their feelings
- Be prepared to hear things that may be painful

Resource

The Amazing Brain Series

- Developed for parents
- 5th grade reading level
- Six key factors about early brain development and what children need



Resource

A Kid is So Special (KISS)

- Series of booklets developed by the Pennsylvania Coalition Against Domestic Violence
- These interactive booklets are designed to strengthen mother/child bonds
  - "Growing Together" discusses child development
  - "Playing Together" includes information on what a parent can do when there is hurting at home

Resource

Helping Children Thrive

Supporting Women Abuse Survivors as Mothers

Section for service providers includes:

- working with mothers in shelters
- how abusers parent
- 10 principles for service delivery

Section for women includes:

- parenting tips
- how abuse affects parenting
- strategies to strengthen the mother-child bond


Ways that Exposure to Violence Can Impact Parenting
Feeling out of control
Flooding/Triggering
Feeling Overwhelmed
Shame/Anxiety

Resiliency

- Only a third of abused children have grown up to be abusive parents. (Kaufman et al, 1987; Kaufman et al, 1993)
- Number one factor present among those who broke the cycle of abuse: empathy for self and others. (Higgins, 1994; Steel 1997)


Childhood
Exposure to
Domestic
Violence and
Its Impact on
Parenting

Parenting After Violence

- Many men who have used violence grew up in abusive households and have lived through the cycle of violence. (Silverman and Williamson, 1997)

- Many mothers who have suffered abuse want their children to have safer and healthier contact with their fathers. (Bent-Goodley and Williams, 2007)

Unhealthy Parenting Traits of Abusive Men

- Controlling
- Very strict discipline—more likely to use physical punishment
- Under-involved
- Undermining and/or interfering with mother's parenting
- Using the children to meet their needs
- Limited sense of age appropriateness

Fathering After Violence

- Understanding the effects of domestic violence on their children can be an important motivator for abusive fathers to change their violent behavior (Donovan and Paterson, 1999)
    - Positive involvement by a father figure can be very beneficial to children's development (Dubowitz et al, 2001)


Mandated
Reporting for
Child Abuse:
Challenges and
Considerations

Key Considerations

- Batterers may threaten that they will get sole custody if their partner seeks a divorce
- Moms may be charged with failure to protect
- Cross-training with child welfare workers is essential to understand how batterers may manipulate systems and service providers in ways that can further endanger battered women and their children
- Promoting safety and keeping children in the care of their non-battering parent whenever possible are core principles in intervention

Supporting Mothers When Making a Mandated Report to Child Protective Services

- Inform your client of your requirement to report
- Explain what is likely to happen when the report is made
- Ask your client if she is willing to call or meet with an advocate to develop a safety plan in case of retaliation
  - Maximize the role of the client in the process

Example:
(check your county/state specific requirements)

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland Security) or law enforcement. There are just two things that I would have to report-if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby. "

Key Partnership: Develop a Memorandum of Understanding with your Local Child Welfare Program

Unless your state has a law that requires mandated reporting for children who are exposed to domestic violence, reporting all cases of children exposed to domestic violence is discouraged. Such practices often have unintended consequences that prevent mothers from seeking help and may cause greater risk to women and children. In addition, children may be unnecessarily removed from their mother's care.