DOMESTIC VIOLENCE TRAINING SERIES

PART 1: DISCUSSSING DOMESTIC VIOLENCE WITH YOUR CLIENTS

NYS Office for the Prevention of Domestic Violence
Health Care Program
WHY DO YOU THINK THIS TRAINING IS IMPORTANT FOR YOU?

A. It will help me better respond to the families in my caseload
B. I will learn the importance for screening for domestic violence
C. I will be able to deal with the challenges of working with families where domestic violence is an issue
D. All of the above
OBJECTIVES OF WEBINAR

As a result of this training, you will be able to:

- Define domestic violence and identify tactics used in domestic violence
- Be more comfortable discussing domestic violence with the families on your caseload
YOU CAN MAKE A DIFFERENCE

- DV negatively impacts the participant’s overall health. If the participant is pregnant or parenting it can also impact the fetus or child.

- Home visiting offers a unique opportunity for early identification, screening, and intervention (this includes listening, watching for cues, and referrals) within their scope of services.

- Participants who talk to their home visitor about the abuse were more likely to use an intervention.
DEFINING DOMESTIC VIOLENCE

And Other Terms We Use
FAMILY VIOLENCE

Is a broader form of violence, the victims/perpetrators may be children, parents, related elders, intimate partners, siblings

Causes are varied and may include power and control
The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse.

This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.
DOMESTIC VIOLENCE

Is a pattern of coercive tactics including:
- physical abuse
- psychological and emotional abuse
- sexual abuse
- economic abuse
- using children to control a partner
- isolation, coercion and threats
- minimizing, denying and blaming

Used by one intimate partner against the other to establish and maintain power and control.
Assault is perpetrated on a victim by an unknown perpetrator.

Incident is often not repeated.

Assaults are repeated by the same perpetrator on the same victim.

The “presenting incident” is only one episode in a pattern.
According to the study conducted by the Centers for Disease Control (CDC), domestic violence is the most common cause of injury in women between the ages of 18-44. (CDC, 2009).

¼ or 25% of all U.S. women have been the victim of severe physical violence committed by a partner at some point. (CDC, 2009).

Each year, approximately 1.5 million women in the U.S. report a rape or physical assault by an intimate partner. This number includes as many as 324,000 women (close to 20%) who are pregnant when violence occurs. (CDC, 2009).
DOMESTIC VIOLENCE IS UNDER REPORTED YET VERY DANGEROUS

- Most cases of domestic violence are never reported to the police.

- It is estimated that only $\frac{1}{4}$ of all physical assaults, $\frac{1}{5}$ of all rapes, and $\frac{1}{2}$ of all stalking perpetrated against females by intimate partners are reported to the police.
WHY IS DOMESTIC VIOLENCE UNDER REPORTED?

A. Fear of further harm & retaliation
B. Immigration status
C. Fear of/threat of losing children
D. Lack of access to resources
E. Shame
F. All of the above.
DOMESTIC VIOLENCE HAS AN IMPACT ON:

- Mothers and pregnancy outcomes: pre-term labor, poor attachment, lack of breastfeeding, post partum depression

- Infants: low birth weight, in need of neonatal intensive care, can affect brain development

- Other children in the house may exhibit behavior problems, aggressiveness, chronic health conditions
WHY THE HOME VISITOR SHOULD CARE

Impact on children:

• Many studies have shown that children who are exposed to violence have more physical health problems which usually persist after the violence has ended.

• Children exposed to DV are at significantly higher risk for post traumatic stress disorder (PTSD), depression & anxiety, developmental delays, aggressiveness.
DISCUSSING DOMESTIC VIOLENCE
Role of the Home Visitor

- Be open to identifying DV for the adult participant.
- Invite participants to share safety concerns and needs.
- Make well-informed referrals.
- Always follow your program’s confidentiality policy.
**INDICATORS THAT THERE MAY BE DOMESTIC VIOLENCE IN THE HOME**

a) Is she afraid to talk in front of him?

b) Will she only meet with you when he is home?

c) Does she lack access to money to buy basic needs, and yet the household seems to have sufficient income for other items?

d) Has she lost touch with family/friends?

e) All of the above
ASKING UNIVERSALLY

A universal question may look like this:

- “I ask all my clients this question. Do you feel safe at home?”
EMPOWER THE NON-OFFENDING PARENT

Ask questions that might identify the balance of power in the relationship:

- Tell me about your relationship.
- How are decisions made in your relationship?
- What would happen if you disagreed with your partner?
- Does your partner ever act jealous or possessive? If yes, tell me more about that.
GENERAL CASE PRACTICE

- Assess all clients for domestic violence.
- Interview alone.
- Offer validating messages.
- Provide general information.
- Be aware of stereotypes/personal bias.
- Mentor her to become an expert at observing and understanding her children’s cues.
THANK YOU

New York State Office for the Prevention of Domestic Violence

Health Care Program

opdvhealthcare@opdv.ny.gov
www.opdv.ny.gov
518 457 5800