

DOMESTIC VIOLENCE TRAINING SERIES

PART 1: DISCUSSING DOMESTIC VIOLENCE WITH YOUR CLIENTS

NYS Office for the Prevention of Domestic Violence Health Care Program

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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
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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

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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

INTIMATE PARTNER VIOLENCE

- 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.



STRANGER VIOLENCE

- Assault is perpetrated on a victim by an unknown perpetrator.
- Incident is often not repeated.

DOMESTIC VIOLENCE

- Assaults are repeated by the same perpetrator on the same victim.
- The “presenting incident” is only one episode in a pattern.

STATISTICS

- 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)*.
- $\frac{1}{4}$ 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 **1/4** of all physical assaults, **1/5** of all rapes, and **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
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WHY THE HOME VISITOR SHOULD CARE

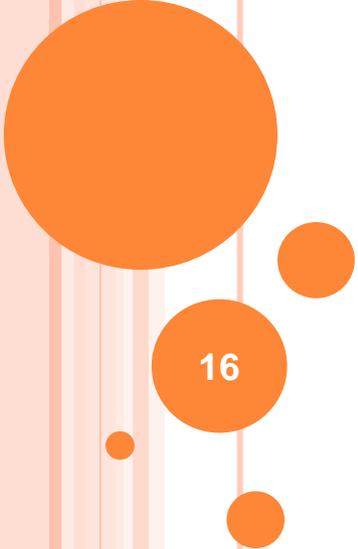
Impact on children:

- 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



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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