



# PLC Training Module

## Domestic Violence

# Overview/Schedule:

- This module is designed to take 90 minutes.
  - Options for additional and follow-up activities are included.
  - Welcome, Introductions, and Overview:
    - Welcome and Why We're Here (5 minutes)
    - DVD- Primetime example of NY State DV case (25 minutes)
    - Core Concept Power Point Presentation (20 minutes)
    - Practice ( screening, questions, family vs. criminal court, resources (5 minutes)
    - DVD- Obtaining an order of protection (10minutes)
    - Closing, Evaluation, and Opportunities (5 minutes)

# Materials and Equipment:

- DV Screening card
- DVD's (with player)
- PowerPoint presentation (with computer)

# Educational Objectives:

- *This module is about domestic violence and addresses several essential learning objectives of this rotation. The specific learning objectives of the module include:*
  - **Advocacy & Role As A Consultant**
    - Understand your role as an advocate for victims of DV
    - Build skills/demonstrate how to incorporate advocacy into day to day health care practice to effect change in the health outcomes of your families who may be affected by DV
    - Understand and identify areas where you can utilize your role as consultant or advocate for families of DV and the local community
  - **Community & Public Health**
    - Identify how DV exposure can affect the health of children and families in your community
    - Identify and learn how to mobilize resources in your community that affect the health outcomes of families with DV
    - Understand & identify where there are gaps or where improved coordination with CBO's/ services would positively impact the health of children and families living with DV
  - **Medical Home**
    - Understand why DV is a pediatric issue
    - Importance of screening for DV routinely
    - Understand health care utilization amongst victims of DV



# Primetime special



In a tree-lined neighborhood in upstate New York, Susan, 47, a mother of three, never imagined her life would spin out of control.

The day her husband Ulnar instructed their 13-year-old son to videotape the verbal and physical assault upon her.

# Primetime special

- The horrifying tape lasts 51 minutes as the rants get louder and more violent.
  - *"You don't even look at me with that stupid look on your face. Don't you get tired of that [expletive]," Ulner yells.*
  - *"Zoom in on that heifer," Ulner directs his son. "Zoom in. Do you see a tear?"*
  - *He continues to yell, "You don't know what to do. Look at your stupid [expletive]. Look at the way you look!"*
- Ulner makes his son videotape what he considers to be his justifiable anger at his wife, and at the end of the tape -- after what seems like endless verbal abuse -- Ulner slaps, beats and strangles his wife with their younger children as witnesses.

# Primetime Special -Important take home points from video

- The **controlling** was absolutely there from the beginning & “Without me recognizing it,” Susan said.
  - *(important especailly in teenagers who are in relationships- text messaging, meeting by locker, changing friends)*
- The **physical abuse started more than 10 years into the marriage**, when, according to Susan, she forgot an item at a nearby grocery store.
  - *(Susan did not get punched in the eye on her first date)*



# Primetime Special -Important take home points from video

- Susan said that Ulner cut her off from her father and her family for many years, **leaving her isolated** with no one to talk to, and completely under his control.
  - *(isolation- key to controlling behavior)*

# Primetime Special - Important take home points from video

- Later that night, Ulner played the tape for his family as an instructional video to **teach his wife and children a lesson about the flaws of their mother.**
  - *( Children live in fear at home and present this in school-silent witnessess to violence)*
- "The whole family had to sit and watch that night," said Lisa Bloch Rodwin, an assistant district attorney for Erie County, N.Y. "And then dad would stop it, pause it, and say, 'Do you see what she did wrong? Do you see how she made me do this to her?'"
  - (Vicitim blames self)

# PowerPoint presentation

## What If I Can't Fix It?

- ❑ Our job is not to "FIX" domestic violence or to tell victims what to do
- ❑ We can help victims by UNDERSTANDING their situation and RECOGNIZING how abuse can impact health and risk behaviors

- Basics of screening
- Why is it important especially in a pediatric setting


# PowerPoint presentation

## What Is Domestic Violence

- Domestic violence is defined as any physical, sexual, economic, verbal, or emotional maltreatment between members of a common household, or experienced in an intimate relationship. It is a system of behaviors used by one person to control another person's actions and feelings.

- Define DV
  - Relate to video-how she did not even realize for years.

# PowerPoint presentation




**Epidemiology**

- **5.3 million** intimate partner victimizations occur among US women ages 18 and older each year (rape, assault, stalking)
- **14 - 13** of American women report being physically or sexually abused (beaten or coerced into sex or otherwise abused) by a husband or boyfriend at some point in their lives.
- **2000** women will die each year from DV

FVPP, Commonwealth Fund/CDC/NVAWS

- Epidemiology
  - Prevalence
  - Where we might see victims



**Where Do Victims Present?**

- Primary Care-1 in 7 women have been abused in past 12 months
- ED-37% of women in ED for a violent injury are DV victims
- Psychiatry-1 in 3 women treated is a DV victim

# PowerPoint presentation




## So, Why Don't They Just Leave????

- Fear-Risk of severe abuse escalates 75% if she leaves. Also fear of unknown
- Economics-Many women lack the means to survive especially with their children. 50% of homeless women and children are on the streets because of violence in the home
- Visitation-Unsupervised visitation is likely with children
- Social isolation and love-they often are in love with abuser
- Religious and social pressures
- Promises of change!

- The question everyone wants an answer to !

# PowerPoint presentation




**DV Victims: Not So Healthy**

HP 2010 Indicator      Connection to DV

- Tobacco Use      📄 Risk of smoking
- Substance abuse      📄 High-risk alcohol use
- Injury and Violence      📄 LEADING cause of injuries and homicide
- Mental Health      📄 Risk of MH problems

- Health presentation and outcomes in victims



**Consequences Begin Very Early....DV And Pregnancy**

- Battered women twice # miscarriages
- Often starts in pregnancy-6% of all or 325,000 women/y experience
- Results in late prenatal care, LBW babies, Increase FAS babies, infections, maternal depression, anemia, bleeding
- Adolescents – they are at higher risk in first 3 months post partum

NVAVHS

# PowerPoint presentation

## Faces Of DV In Children

*behavioral*

*physical*

*cognitive*

*emotional*



## Recognizing DV: Infants

- Fussy and crying
- Poor feeding/failure to thrive
- Developmental delays
- Sleep disturbances
- Attachment disorders


Reproduced with permission, Knapp "Its Time to Ask"



## Recognizing DV: Toddler/School Age


- Sleep disturbances
- School problems
- Low self esteem
- Depression
- Chronic worry/fears
- Children in caretaker roles
- Conflicts with peers
- Regression/delays
- Somatic complaints

Reproduced with permission, Knapp "Its Time to Ask"



## Recognizing DV: Adolescents


- Learned victim/aggression roles
- School problems
- Depression/anxiety/fear
- Dating violence
- Self-destructive behaviors, self mutilation
- Substance abuse
- Promiscuity, early pregnancy
- Aggression with peers and family
- Poor impulse control
- Eating disorders
- Caretaker role




Health presentation and outcomes in children




# PowerPoint presentation



### Can You Pick The Victim???



- ▣ Studies have shown that health care providers are poor predictors of which families are at risk for DV
- ▣ We can't rely on stereotype



Kerker Arch Pediatr Adolesc Med 2000



### Purpose Of Screening

- ▣ Identify victims
- ▣ Provide support
- ▣ Referrals
- ▣ Reduce violence
- ▣ Prevent child abuse and neglect
- ▣ Improve health of families



### Barriers To Screening...

- ▣ Time constraints
- ▣ Child present
- ▣ Inadequate training in how to screen, mandated reporting, where to refer
- ▣ Fear of offending, lack of comfort
- ▣ Court
- ▣ **WHAT DO WE DO WHEN SOMEONE SAYS YES????????**



- Screening –
  - Who
  - Why
  - Barriers
  - How

# PowerPoint presentation



## Knowledge Of Resources

- ABW
- SPCC
- CPS
- Police/community victim assistance programs
- Lifeline
- Rape crisis
- Family court/DA's office
- State offices for violence prevention
- Learn what is in your community

- Local resources



## What We Can Do Is ASK

- Regular screening is effective in identifying women who are victims
- Victims are not offended when asked
- Well accepted by patients-established relationship and multiple visits

82% of mothers **FAVORED**  
Pediatric health care providers asking  
about DV

# Additional Reading material

- Random Families by-
- AAP policy on Domestic violence