

Fact Sheet:

Dynamics of Domestic Violence

Description

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Specific Age, Gender, Cultural Features

Domestic violence crosses ethnic, racial, age, national origin, sexual orientation, religious and socioeconomic lines. It is the leading cause of injury to women in the United States, where they are more likely to be assaulted, injured, raped or killed by a male partner than by any other type of assailant. It is estimated that as many as four million instances of domestic abuse against women occur annually in the U.S. About one-fourth of all hospital emergency room visits by women result from domestic assaults.

Domestic violence is far more likely to be an issue of control than of anger. It is clear that the most dangerous time for a woman is when she is leaving or has just left an abusive partner, and that partner is losing control of her. Her chances of being killed are increased dramatically.

This violence takes a devastating toll on children who are exposed to violence in the home. Approximately 2.4 million children are abused by their parents each year. Children whose mothers are victims of wife battery are twice as likely to be abused. When children witness violence in the home, they have been found to suffer many of the symptoms that are experienced by children who are directly abused.

There are cultural considerations in domestic violence assessments and services. Codes of conduct and beliefs regarding traditional relationships between partners, the expectation that women be subservient to men and prohibitions against involving “outsiders” in family business can all discourage a victim from disclosing the abuse. Furthermore, the victim may fear being shamed in the eyes of her community, and may fear there will be gossip about her.

Indicators of Domestic Violence

The following behaviors should be considered an indication for a referral for services:

Physical Harm

- Punching, hitting, slapping, kicking
- Burns
- Threatening with a weapon
- Mutilation of the victim
- Rape, forcing unwanted sex
- Forcing victim into pornography or sex in front of children
- Physical restraints, being tied up

Emotional Harm

- Isolation from family and friends
- Embarrassing, name-calling, harassing the victim
- Threatening the victim or children
- Sleep deprivation
- Mutilating/killing pets, destroying objects
- Following, stalking
- Using children to spy on or assault the victim
- Degradation in front of children, belittling
- Control of victim's friends, phone calls, clothes, whereabouts

Economic Harm

- Not letting the victim get/keep a job
- Making the victim ask for money
- Withholding money, information about money
- Stealing from the victim, ruining credit
- Sabotaging public assistance
- Withholding documentation/verification

Other Indicators You May See

- Bruises, cuts, swollen eyes
- Wearing unseasonable clothing to cover injuries
- Wearing dark glasses indoors
- Perpetrator is overly affectionate toward unresponsive victim
- Children repeating negative terms the perpetrator uses in reference to the victim
- Perpetrator will not allow the victim to be interviewed alone

Services

Through the Family Violence Prevention and Services Act, the Administration for Children and Families (ACF) is responsible for several activities which address domestic violence. Grants are provided to state agencies, territories and Indian Tribes for the provision of shelter services to victims of family violence and their dependents, and for related services such as alcohol and substance abuse prevention and family-violence prevention counseling. The National Resource Center on Domestic Violence (800-537-2238) provides information and resources, policy development and technical assistance designed to enhance community response to and prevention of domestic violence.

There are community-based services in Kansas that address the immediate needs of families involved in violence. Child welfare professionals have collaborated with advocates from the domestic violence community to develop protocols for joint cases. Professionals from both areas believe that the first priority is always safety of children. Workers should consult and collaborate with local advocates for guidance in working with this complicated and often dangerous family dynamic.

Anger management and couples counseling have not been found to be effective services in reducing the violence. Batterer intervention programs are most often based on the need to alter the batterer's thought processes, including the need to control his partners and negative views of women. These are learned behaviors.

While it is not the role of the child welfare worker to advise an adult victim of domestic violence to leave an abusive partner, the worker must consider the safety of the child and the mother, whether she stays or leaves. The worker can open up discussion regarding domestic violence by using the following non-judgmental statements:

“Violence is against the law.”

“You deserve to be safe.”

“I’m concerned for your safety.”

“I’m concerned for your children’s safety.”

“There are ways to plan for safety.”

These statements are intended to inform the suspected victim that you are aware that there may be a problem with domestic violence, you are open to discussing it, and that help is available. The victim may not enter into a discussion with you at first; however, as you demonstrate your trustworthiness she may open up about it later. It is essential that all your communication be non-judgmental and non-blaming.

Regarding the Development of Case Plans

There are sometimes conflicting priorities in families where there is domestic violence. Protecting children is always the first priority, but to do that there are options. For example, it may be necessary to develop two case plans. One reason this is done is to make the batterer accountable for his own objectives/activities.

Objectives For The Batterer May Include:

- Cessation of verbal, emotional, physical and sexual abuse
- Cessation of interference with his partner's efforts to parent children safely
- Compliance with protection orders and other court-ordered mandates, including those imposed by probation, parole and perpetrator intervention programs

Other reasons to establish separate case plans include safety and confidentiality. If the mother and child are in a shelter, or there is danger in the batterer knowing the mother's activities, the plans should be separate.

Assessment Interviewing Questions

Because of the high percentage of women visiting emergency rooms due to partner abuse, the American Academy of Family Physicians has developed three brief screening questions to detect partner abuse. While these would not be the only questions asked by workers in child protection, they may provide some initial assessment data. It should also be noted that similar assessments should be made throughout the life of the case as victims may not initially trust the worker or may fear for their lives or the lives of their children if they tell.

Initial Screening Questions May Include:

“Have you been hit, kicked, punched, or otherwise hurt by someone within the past year?”

“Do you feel safe in your current relationship?”

“Is there a partner from a previous relationship who is making you feel unsafe now?”

Additional Questions May Include:

“Has your partner ever:

Kept you from seeing your family or friends?”

Followed you to see where you go?”

Accused you of being unfaithful?”

Controlled your money?”

Called you a degrading name?”

Made threats to you or to the children?”

Made threats to commit suicide?”

Been violent outside the family?”

Threatened to report you to Children Services or to take away the children?”

“Is the abuse happening more often than usual?”

“Is the abuse getting more severe?”

More Information

Additional information may be found in **Child Protection in Families Experiencing Domestic Violence, U.S. Dept. of Health and Human Services**, available through the **Child Welfare Information Gateway** at www.childwelfare.gov.