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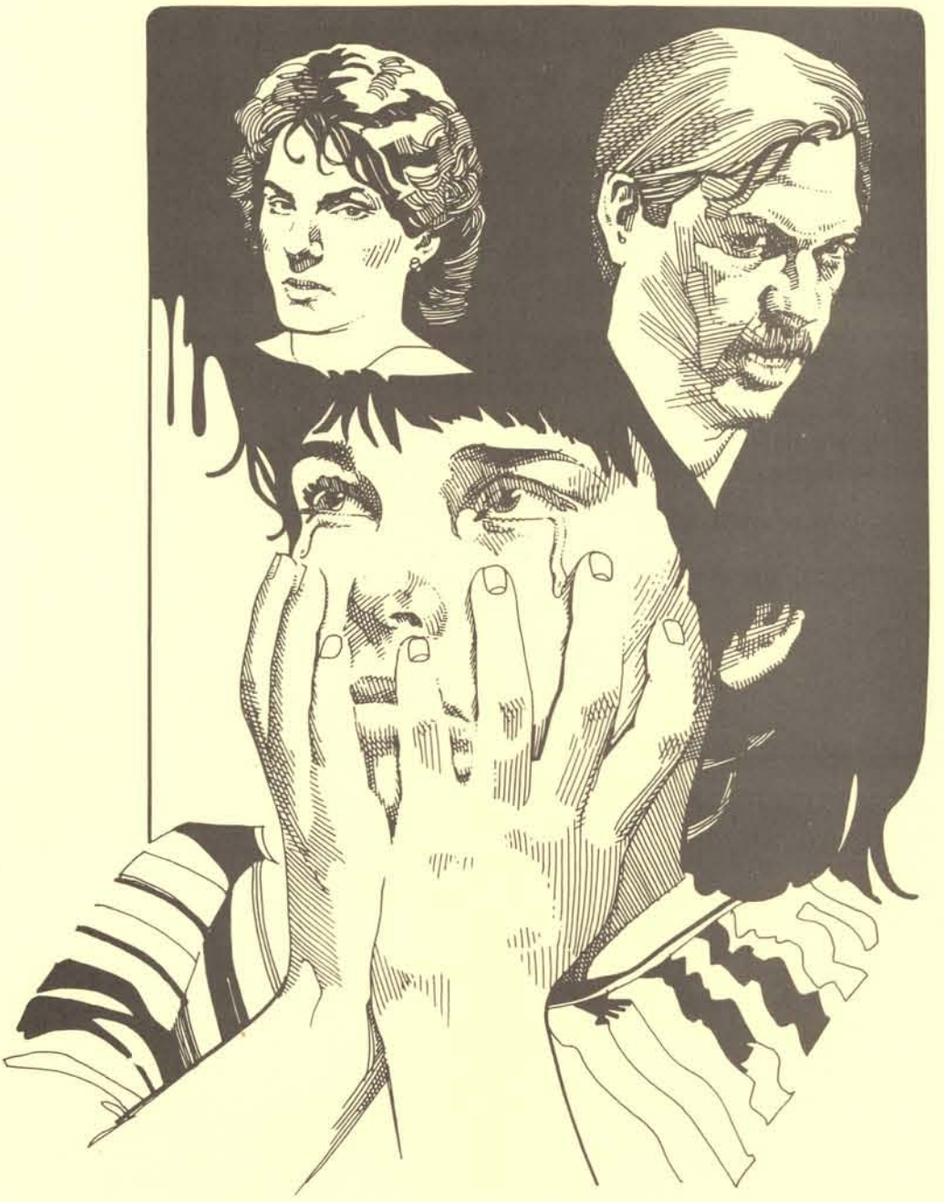
Domestic Violence

A basic manual for intervention and prevention

Prepared by Sherryll Kraizer, Ph.D., Domestic Violence Intervention Service, Tulsa, Oklahoma



UNDER THE DHS UMBRELLA
OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Field Operations Division
Integrated Family Services

DOMESTIC VIOLENCE

A Basic Manual for Intervention and Prevention

Prepared by
Sherryll Kraizer, Ph.D.

Domestic Violence Intervention Services
Tulsa, Oklahoma

Domestic Violence Intervention Services, 1991

Note: While some victims of domestic violence are men (10 percent) and some abusers are women, the vast majority of domestic violence involves men abusing women. For that reason, batterers will be predominantly referred to as men in this material.

For additional copies of this manual please contact:
Domestic Violence Intervention Services
1419 E. 15th St.
Tulsa, OK. 74120-5840
(918)585-3163

or

Integrated Family Services
Field Operations Division
Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
(405)521-3079

Preface

The Integrated Family Services system, while receiving federal funding from Health and Human Services, produced a series of videotapes based on IFS training. These valuable workshops then became accessible to all other social workers within the Oklahoma Department of Human Services at the county office level. In turn, staff have been able to use the videotapes with other community agencies and organizations.

As a follow-up to this activity, IFS is producing handbooks developed by the trainers and their agencies to coincide with the content of various videotapes. This is a handbook on Domestic Violence.

Our hope is that your communication and support of families in the services that you provide will be enhanced by the information in this handbook.

Donna J. Stahl
Integrated Family Services

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INTRODUCTION

"It is vitally important that the public recognize that there is intolerable verbal and physical abuse that occurs any hour of the day and night in homes in our communities, no matter what the age group, no matter what the socioeconomic background of the individual." (U.S. Attorney General's Task Force on Family Violence, 1984)

Family violence, were it classed as a disease, would be considered epidemic. It is widespread and underreported. It is associated with overwhelming levels of injury, death and long-term damage, both physical and emotional.

Recognition, intervention and prevention are the key objectives which must be met in order to begin to reduce both the level of interpersonal violence in America's homes and the secondary effects which perpetuate the cycle of violence and personal dysfunction.

This training will enable you to understand the nature and cycles of domestic violence, the skills to intervene effectively and some strategies for community action.

The videotape training content is included in this manual, but each section provides additional information, resources and suggestions.

DEFINITION

Domestic violence refers to violence occurring between partners in an ongoing relationship.

A battered woman is defined as any woman over the age of 16 with evidence of physical abuse on at least one occasion at the hands of an intimate male partner (Rounsaville and Weissman).

The battered wife syndrome is a complex syndrome in which a woman experiences repeated, deliberate and severe abuse with injury ranging from severe bruising to more serious injury (Parker and Schumacher). Richwald and McClusky have categorized violent acts from the least to most severe:

* verbal abuse
* threat of violence
* throwing an object
* throwing an object at someone
* pushing
* slapping
* kicking
* hitting
* beating
* threatening with a weapon
* using a weapon

Emotional and sexual abuse are also often seen in domestic violence situations. DePanFillis (1988) describes the three types of spouse abuse:

Physical Abuse

Physical abuse is the most overt type of domestic violence. Behaviors characteristic of physical battering are identified above.

Sexual Violence

Sexual violence or "marital rape" includes physical attacks on the victim's breasts or genitals, sexual sadism, and forced sexual activity. Similar to rape occurring outside the family, marital rape appears to be mainly an act of violence and aggression in which sex is the method used to humiliate, hurt, degrade, and dominate the woman. The violence and brutality in the sexual relationship seem to escalate with time. The sexual violence is frequently accompanied by life-threatening acts or threats (Walker 1980).

Psychological/Emotional Abuse

Although physical and sexual abuse are the more overt types of domestic violence and are more likely to result in criminal justice intervention, the consequences of psychological abuse are often more traumatic and long lasting. Psychological or emotional abuse is more than verbal arguments; it is the systematic destruction of an individual's self-esteem. This type of abuse is often present in families where physical abuse or sexual violence is present.

Getting Free: A Handbook for Women in Abusive Relationships identifies the kinds of behavior that often accompany abuse. The following list is adapted from their materials.

You are being physically abused if someone:

* pushes or shoves you.
* slaps or hits you.
* pulls your hair.
* kicks or punches you.
* restrains you with force.
* chokes you.
* throws objects at you.
* abandons you in a dangerous place.

You are being emotionally abused if someone:

* ignores your feelings.
* withholds approval, appreciation or affection as punishment.
* continually criticizes you, calls you names, shouts at you.
* makes all decisions for you.
* wants to control all your actions.
* humiliates you in public or private.
* ridicules your most valued beliefs, your religion, race or heritage.
* manipulates you with lies and contradictions.
* subjects you to reckless driving.

You are being sexually abused if someone:

* makes demeaning remarks about your gender.
* calls you sexual names.
* forces you to take off your clothing.
* touches you in ways that make you feel uncomfortable.
* forces you to have sex against your will.
* treats you and members of your gender as objects.
* insists you dress in a more sexual way than you want to dress, or insists you dress less sexually.
* minimizes the importance of your feelings about sex.
* accuses you of sexual activity with others.

FACTS ABOUT DOMESTIC VIOLENCE

Estimates regarding the extent of spouse abuse vary. The collection of accurate data is hindered by differing definitions of spouse abuse, reluctance on the part of spouses to report incidents, and controversial or inconsistent research approaches. Much more is known about female victims than about male victims of spouse abuse.

Every 15 seconds a woman is physically assaulted within her home. (National Clearinghouse for Defense of Battered Women, 1988)

Domestic violence is the most common cause of injury to women, exceeding auto accidents, muggings and rapes combined. (Journal of the American Medical Association, 1990)

Approximately 95 percent of the victims of domestic violence are women. (Bureau of Justice Statistics Report to the Nation on Crime and Justice, 1983.)

Ninety-five percent of all batterers are men. (National Clearinghouse for Defense of Battered Women, 1988)

In the United States, a woman is more likely to be assaulted, injured, raped, or killed by a male partner than by any other type of assailant. (Browne et al., 1987)

Sixty percent of U.S. men will batter at some time in their lives. (National Clearinghouse for Defense of Battered Women, 1988)

More than 50 percent of U.S. women are battered at some time in their lives. (National Woman Abuse Prevention Project Fact Sheet, 1989)

An estimated three to four million American women are battered each year by their husbands or partners. (Stark et al., 1981)

Research suggests that wife-beating results in more injuries that require medical treatment than rape, auto accidents, and muggings combined. (Stark et al., 1987)

Each year, more than one million women seek medical assistance for injuries caused by battering. (Stark et al., 1982)

Twenty percent of women seeking emergency surgical procedures are victims of domestic violence. (Newsweek, 1988)

Between two and four thousand women are beaten to death each year. (National Clearinghouse for Defense of Battered Women, 1988)

The Federal Bureau of Investigation reports that 30 percent of female homicide victims are killed by their husbands or boy friends. Six percent of male homicide victims are killed by their wives or girlfriends. (Federal Bureau of Investigation, 1986)

An in-depth study of all one-on-one murder and non-negligent manslaughter cases from 1980-84 found that more than one-half (52 percent) of female victims were killed by male partners. (Browne et al., 1987) Twenty-two to 35 percent of women who visit emergency rooms have abuse-related symptoms, either physical or stress-related. (JAMA, 1990)

Abused women comprise approximately 20 percent of women presenting with injury to hospital emergency services. (Stark et al., 1979)

Violence will occur at least once in two-thirds of all marriages. (Roy, 1982)

Domestic violence occurs among all races and socioeconomic groups. (Schulman, 1979)

National Crime Survey data show that women are the victims of violent crime committed by family members at a rate three times that of men. (Klaus et al., 1984)

Crimes of attack and injury are more likely to be committed by relatives than by acquaintances or strangers. (Timrots et al., 1987)

According to the National Crime Survey, spouses or ex-spouses commit more than half of all violent crimes by relatives and about two-thirds of all crimes by relatives against women. (Timrots et al., 1987)

National Crime Survey data show that once a woman is victimized by domestic violence, her risk of being victimized again is high. During a six-month time period following an incident of domestic violence, approximately 32 percent of women are victimized again. (Langan et al., 1986)

Of women seeking shelter services in Illinois, 51 percent of battered women reported the abuse occurred at least once a week; 25 percent reported a once-per-month frequency. More than 60 percent were hit with a fist or object, more than one-half had their lives threatened, 40 percent were kicked and choked, and one-fourth were threatened with a knife or gun. (Illinois Coalition Against Domestic Violence, 1987)

Battering often occurs during pregnancy. In just one hospital emergency department, 21 percent of pregnant women had been battered. These women had twice as many miscarriages as nonbattered women. (Stark et al., 1981)

Illinois shelter research shows that 30 percent of battered women were physically abused during pregnancy. (Illinois Coalition Against Domestic Violence, 1987)

It has been estimated that 30 percent of all rape victims are battered women. (Roper et al., 1979)

CAUSES OF DOMESTIC VIOLENCE

Spouse abuse is a complex problem with so many variations that it cannot be explained by one theory or one underlying cause. Among the many factors that may contribute to its occurrence are learned behavior, trial-and-error learning, and substance abuse.

In addition, as stated by Pagelow (1984), "[v]iolence is almost inescapable for most Americans: in sports and other entertainment, the media and printed materials." (p. 141)

Learned Behavior. Social learning theory states that people learn aggressive behaviors by observing models, particularly parents and friends, who command attention. When role models repeatedly use aggressive behaviors that appear to be functional and rewarded, observers are likely to imitate them. If the observers' subsequent imitation of aggression is reinforced, it is likely to be repeated and become part of their behavioral patterns (Pagelow 1984). In one study, 70 percent of the abusive men participating in a treatment program had come from homes in which one or more of the children were victims of physical or sexual abuse, or where the mother had been abused by the father. These findings, as well as similar findings from other studies, support the theory that violence is a socially learned behavior. (Steinmetz 1977)

Trial-and-Error Learning. Many males who never experienced violence as children describe violence in their adult relationships with women as "something I just got into and found myself using a lot." Through trial and error, men experience positive reinforcement for violence in several ways. First, the use of violence tends to reduce emotional stress. Second, violence puts a temporary end to an uncomfortable situation. Third, the abuse becomes a way to control and incapacitate the woman; as a result, the man feels less threatened by her independence, of the possibility of her leaving. (Steinmetz 1977)

Substance Abuse. There is a high correlation between domestic violence (as well as other forms of family violence) and substance abuse. Studies have found that more than 50 percent of abusive men use or are addicted to some substance. (Crites and Coker 1988) Alcohol and other mood-altering drugs often reduce an individual's ability to control violent impulses. However, ending the abuser's substance dependency does not ensure that abusive behaviors will stop. Men found to be physically abusive while under the influence of alcohol or other drugs have also admitted to violent episodes while not using drugs. (Steinmetz 1977) Whenever domestic violence or substance abuse is identified as a problem in a family, it is important to remember that both problems may exist and, if so, both need to be addressed.

Source: Family Violence, An Overview: U.S. Department of Health and Human Services

DOMESTIC VIOLENCE AND CHILD ABUSE

The relationship of spouse battering to child abuse is strong. Walker in "The Battered Woman Syndrome" found that within the violent family's structure, 53 percent of men who abused their partners also abused their children. Another third threatened to abuse their children. Of the women in those violent households, 28 percent said they had abused their children and another 6 percent were threatening to abuse their children.

Hilberman has referred to abuse during pregnancy as prenatal child abuse and found that abuse during pregnancy is often directed toward the woman's abdomen, whereas abuse in the non-pregnant woman is generally directed to the head, chest, breasts and arms. In Hillard's 1985 study, 10.9 percent of the women visiting a prenatal clinic stated that they had been victims of abuse at some time in the past and 29 of the 742 women stated that the abuse continued into the current pregnancy. Twenty-one percent reported an increase of abuse during pregnancy; 36 percent noted a decrease in abuse.

EFFECTS OF FAMILY VIOLENCE

The ramifications of family violence have almost no boundaries. In addition to the obvious physical injuries and deaths that result, family violence is often cited in research and clinical case studies as contributing to numerous other individual, family, and societal problems. For example:

According to Pagelow (1984), "Victims of all types of family violence share a common experience of denigration of self that results in diminished self-esteem. The shame and feeling of worthlessness so often expressed by battered women is shared by maltreated children as well as maltreated elderly parents." (p. 81)

Finklehor (1983) reports a constellation of long-term behavioral characteristics that appear frequently and are similar among victims of different kinds of abuse: depression, suicidal feelings, self-contempt, and an inability to trust and to develop intimate relationships in their later lives.

With specific regard to spouse abuse, Gelles and Straus (1988) state that the severely assaulted women identified in their survey had much higher rates of psychological distress than the other women surveyed, including four times the rate of depression and five-and-a-half times more attempted suicides.

Data collected by employee assistance programs show that, because of the injuries they sustain, abused women are much more likely to lose their jobs or lose time from work than non-abused women.

Source: Family Violence: An Overview - U.S. Department of Health and Human Services

EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

In homes where domestic violence occurs, children are at greater risk for physical abuse. The emotional effects of witnessing domestic violence are similar to the psychological trauma associated with being a victim of child abuse. Each year, an estimated 3.3 million children witness domestic violence.

Children in homes where domestic violence occurs are physically abused or seriously neglected at a rate 1,500 percent higher than the national average in the general population.

A major study of more than 900 children at battered women's shelters found that nearly 70 percent of the children were themselves victims of physical abuse or neglect. Nearly half of the children had been physically or sexually abused. Five percent had been hospitalized due to the abuse. However, only 20 percent had been identified and served by Child Protective Services prior to coming to the shelter.

Lenore Walker's (1985) study found that mothers were eight times more likely to hurt their children when they were being battered than when they were safe from violence.

Findings from Walker's study (1985) on spouse abuse reveal that, in 45 percent of the cases studied, children were also being abused; 70 percent of the abusers were the fathers. In those cases where the mother was the abuser, the abuse ceased once the violent marital relationship ended.

Although child abuse and neglect are strongly linked to domestic violence, child protection organizations have paid little attention to the concurrence of the two problems. For example, in 1984, only 15 states participating in the American Humane Association's National Study of Child Abuse and Neglect collected data on the abuse of the mother. In 1985, this number dropped to six states collecting these data.

Children in homes where domestic violence occurs may "indirectly" receive injuries. They may be hurt when household items are thrown or weapons are used. Infants may be injured if being held by their mother when the batterer strikes out.

Older children may be hurt while trying to protect their mother.

Children from violent homes have higher risks of alcohol/drug abuse and juvenile delinquency.

Approximately 90 percent of children are aware of the violence directed at their mother.

Children are present in 41-55 percent of homes where police intervene in domestic violence calls.

Boys who witness domestic violence are more likely to batter their female partners as adults than boys raised in non-violent homes. There is no evidence, however, that girls who witness their mothers' abuse have a higher risk of being battered as adults.

Approximately 15 states have passed legislation recognizing that domestic violence should affect child custody decisions.

Some of the emotional effects of domestic violence on children include:

* taking responsibility for the abuse;
* constant anxiety (that another beating will occur);
* guilt for not being able to stop the abuse or for loving the abuser;
* fear of abandonment.

Children in homes where domestic violence occurs may experience cognitive or language problems, developmental delay, stress-related physical ailments (such as headaches, ulcers and rashes), and hearing and speech problems.

The effects of spouse abuse on children are also documented in research studies. In their review of research, Crites and Coker (1988) report:

* children learn from an important role model (the parent) that violence toward a loved one is acceptable.
* children exhibit fear, emotional symptoms such as psychosomatic complaints (physical complaints created by psychological stress), school phobias, enuresis (bedwetting) and insomnia. Young children may either try to stop the violence, thus putting themselves at risk for unintended harm, or respond with immobilized shocked staring, running away and hiding, or bedwetting and nightmares.
* after age 5 or 6, children show strong indications of identifying with the aggressor and losing respect for the victim.

Goodman and Rosenberg (1987) report that child witnesses to spousal abuse have an increased risk of developing behavioral and emotional problems and that the "memory for violent events witnessed in childhood may last a lifetime...." (p. 97) They state:

Depending upon age, sex, and the extent of violence observed, these children tend to feel worthless, to mistrust intimate relationships, to be aggressive, to have trouble seeing the perspective of others in tense social situations, and possibly to be somewhat delayed intellectually. (p. 104)

A decrease in the ability of abused women to nurture and care for their children is also noted by Crites and Coker (1988). "The stress of avoiding, experiencing and then (while in the relationship) recovering from physical abuse and suffering from ongoing psychological trauma affects the ability of a mother to be a good parent." (p. 11)

Sources: National Woman Abuse Prevention Project: Fact Sheets Family Violence: An Overview - U.S. Department of Health and Human Services

DEVELOPMENTAL MARKERS:
EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

The following outline of the effects of domestic violence on children, broken down by developmental levels, was developed by Rebecca L. Gentry and Elizabeth A. Parrish for Domestic Violence Intervention Services of Tulsa. It is a valuable tool for identifying and assessing children at risk.

Infants and Toddlers (2-2 1/2 years)

* Developmental delay
* Failure to thrive - This is due to the chaotic, loud and harmful environment
* Emotional withdrawal - Low frustration tolerance
* Physical Problems - Frequent colds, ear infections, diarrhea, etc.

Preschool age (3-6 years)

* Developmental delay - We see this especially in areas of language development. The child may be afraid to speak, afraid of becoming the target of anger. This is also due to not being spoken to by adults or ever having meaningful discussions with adults.
* Very low tolerance to frustration - These children cry easily and often. Their world is so chaotic they cannot handle ordinary stress; they have not seen appropriate ways of dealing with stress.
* Aggressive acting out toward peers and adults - Children model the aggressive behaviors they have witnessed in their home.
* Emotional Withdrawal - Excessive thumbsucking, rocking, infant-like behaviors. Children trying to find safety or security may revert to a time when they felt secure.
* Inability to play constructively - There will be a lot of throwing or kicking, possibly even destruction of toys or books. Many times children have never been shown how to play. Children also work out their frustrations and worries in their play.
* Inconsistent or inappropriate display of emotions - The children have not learned appropriate emotional responses, nor are they in touch with their true feelings.

The school-age child (7-11 years)

* Scholastic delay and poor school performance - It is hard to study and learn when the child can't keep from worrying about who is going to get hurt or killed tonight, or what happened at home last night.
* School, peer behavior problems - The child may have never witnessed appropriate interpersonal relationships and therefore has not learned appropriate ways to interact with others. These children may be crying out for help the only way they feel they can and still keep the "family secret."
* Aggressive acting out is more severe and purposeful - The child is modeling violent behavior witnessed in the home.
* Severe behavioral difficulties - A culmination of low frustration tolerance.
* Fear, nightmares, night terrors - These children are reliving fears in sleep; many events of their physical or sexual abuse happen at night. They may be afraid of sleep and being awakened by mother's screams, dad's yelling.
* Withdrawal, depression, sense of hopelessness, despondency - they may feel life is nothing but physical or emotional pain; after so much pain all joy goes away.
* Chronic headaches, stomach aches, physical complaints - The child knows no other way to realize or describe emotional distress; the stress level is too high for the child to cope.
* Mimicry of adult roles - Girls begin to take on the role of victim and boys become aggressive or abusive.
* Chronic low self-esteem - "If I were a better child this wouldn't happen to me or mamma; if I weren't here everything would be better."

Teen Years (12-17 years)

* Death by suicide or murder - Children who have been in a violent home this many years are so depressed they will seek to end the pain either by suicide or by placing themselves in a position to be killed by others.
* Signs of physical injuries-maiming, crippling, scarring-and emotional disturbance.
* Emotional neglect - By this time the child has learned there is no one to listen or care, especially parents. Many times by now the child has stopped trying to reach the parents.
* Depression
* Aggression, delinquency, runaways - Realizing no one is going to take care of their needs except themselves, many times they use the only tools they have learned, which are violent and self-destructive.
* Poor school adjustment (academic and social)
* More proficiency mimicking adult roles - Teen-agers carry the role of aggressor or victim into their interpersonal relationships outside the family.
* Early marriage and sexual activity - This is a means of escape, or acting out from being sexually abused.
* Alcohol and drug experimentation - A form of escapism and self-medicating from pain; also again may be mimicking adult behavior.
* Expansion of violence to the community - Manifested in gang activity, seeking acceptance by a surrogate family, and by inability to cope, exploding against anyone who crosses their path.

FAMILY VIOLENCE AND ALCOHOL

A Baltimore survey conducted by Fitch and Papantonio (1983) of 188 batterers found that 71 percent reported violence between their parents or surrogate parents. Almost half (49 percent) reported that they were abused as children; 59 percent of the men abused alcohol.

In a study of physical aggression between husbands and wives, Gelles (1974) reported 44 percent of the sample had drinking accompanying the violence.

In a majority of cases, the abusive husband is drunk when he assaults his wife (International Association of Chiefs of Police Training Key #246, pp. 1-5). Another survey of abused women seeking emergency aid in Ann Arbor, Mich. showed 60 percent of the abusing men to be alcohol abusers.

A Minnesota study of nearly 100 abused wives reported 87 percent of the violent abusers to also be alcohol abusers (Carder, 1978). In addition, 71 percent of the women said that they were also alcohol users and most reported frequent drinking.

The incidence of alcohol problems in families experiencing violence is estimated to be as high as 80 percent.

The U.S. Congress (1978) reported that 66 percent of wives seeking emergency shelter stated their assaults had occurred in conjunction with alcohol abuse.

Women frequently engage in the high-risk practice of abusing other drugs in combination with alcohol. In a 1983 Alcoholics Anonymous Survey, 40 percent of female A.A. members reported addiction to another drug. The number increased to 64 percent for women 30 years and under. (General Service Office of Alcoholics Anonymous Inc. Membership Survey, 1983)

Drinking is estimated to be involved in about 50 percent of spouse abuse cases and up to 38 percent of child abuse cases. (NIAAA, Fifth Special Report)

Of adults who grew up in alcoholic families 68.9 percent reported violence on the part of fathers and 26.5 percent reported violence on the part of mothers as opposed to 6.8 percent and 6.7 percent respectively reported by individuals from non-alcoholic backgrounds. (Black, pp. 213-231)

Source: Double Jeopardy, 1987, Alcoholism Center for Women, Los Angeles, Calif.

CHARACTERISTICS OF BATTERERS

Who are the men who batter?

Men who batter come from all socioeconomic backgrounds, races, religions and walks of life. The abuser may be a blue-collar or white-collar worker, unemployed or highly paid. He may be a drinker or non-drinker. Batterers represent all different personalities, family backgrounds and professions. In sum, there is no typical batterer.

The majority of batterers are violent only with their wives or female partners. For example, one study found that 90 percent of abusers do not have criminal records, and that batterers are generally law-abiding outside the home. It is estimated that only about 5-10 percent of batterers commit acts of physical and sexual violence against other people as well as their female partners.

Although there is no personality profile of the abuser, there are some behaviors that are common among men who batter their partners. These include:

* denying the existence or minimizing the seriousness of the violence and its effects on the victim and other family members;
* showing extreme jealousy and possessiveness which often leads to isolation of the victim from other family and friends;
* refusing to take responsibility for the abuse by blaming it on a loss of control due to the effects of alcohol or drugs, frustration, stress or the victim's behavior; and
* holding rigid, traditional views of sex roles and parenting or negative attitudes toward women in general.

Why do men batter?

Typically, when trying to understand why men batter, people want to look for what is "wrong" with them, believing they must be sick in some way. However, battering is not a mental illness that can be diagnosed, but a learned behavioral choice. Men choose to batter their partners because the choice is there to make, and, until quite recently, there has been no consequence for these actions.

Battering is the extreme expression of the belief in male dominance over women. To understand why men may choose to batter, it is important to look at what they get out of using violence. Men use physical force to maintain power and control over their relationships with their female partners. They have learned that violence achieves this end.

Many batterers grew up in homes where they or a sibling were physically abused or where their mother was abused by their father. In one batterers program, for example, 70 percent of participants came from violent homes. In fact, witnessing domestic violence as a child has been identified as the most common risk factor for becoming a batterer in adulthood.

While many batterers have substance abuse problems, there is no evidence that alcohol or drugs cause violent behavior. In fact, batterers may abuse their partners when they are sober as well as when they are intoxicated. Battering incidents involving alcohol or drug abuse may be more severe, however.

Can batterers change their behavior?

Because battering is a learned behavior, it can be unlearned. However, the goal of non-violence is unlikely to be achieved through traditional marital or couples therapy.

Programs designed specifically for batterers are the preferred method for addressing abusive behavior. Currently, there are nearly 200 programs across the country for men who batter.

Programs for batterers are not the cure-all for domestic violence, but one facet of a coordinated community response to the problem. Before developing a batterers program, there must be mechanisms in place to help ensure the safety of the battered woman. This includes shelter and other supportive services. The criminal justice system must take an aggressive approach to treating domestic violence as a crime through, for example, pro-arrest police policies and vigorous prosecution of offenders. The community must send the message to the abuser that battering will not be tolerated and that there will be consequences for this violence.

The primary goal of a batterers program is to eliminate physical, sexual and psychological abuse. The focus is on the victim's safety and well-being. The following are key elements of successful abuser programs:

The batterer is held completely responsible for the violence and for changing his behavior to end it.

The focus is not on treating individual psychopathology, but on teaching how to choose and develop nonviolent behaviors, emotions and attitudes.

The abuser learns of the social systems and norms that have given tacit approval of battering.

Batterers programs cannot operate in isolation, but need to be coordinated with community services for abused women. The batterers program should work in the community to change systems' response to domestic violence, in addition to its work with individual men.

Source: National Woman Abuse Prevention Project: Fact Sheets

Personality Traits and Behaviors of Batterers

The following list was developed by Domestic Violence Intervention services of Tulsa to help identify personality traits and behaviors often exhibited by batterers:

1. Batterers have low self-worth.
2. Batterers have difficulty trusting people.
3. Batterers have a belief that emotional distress is caused by external factors.
4. Batterers exhibit a lack of ability to nurture other people.
5. Batterers strive to be the perfect male.
6. Batterers fear loss of control over spouse.
7. Batterers are out of touch with feelings other than anger.
8. Batterers are not assertive and hold in emotions.
9. Batterers appear to have dual personalities.
10. Batterers are often extremely jealous.
11. Batterers are rigid.
12. Batterers blame and are not able to assume responsibility for actions.
13. Batterers dislike and avoid conflict.
14. Batterers are unable to handle stress in constructive ways.
15. Batterers are socially isolated.
16. Battering men come from all age groups, ethnic and educational backgrounds.
17. Batterers often have conflicts with their spouses over parenting. Batterers believe that the children need more discipline than the woman does.
18. Batterers are traditionalists, believe in male supremacy and stereotyped masculine sex role in family.
19. More than half the batterers come from families where one or both parents were (are) alcoholics.
20. More than half the batterers have witnessed or experienced physical abuse while growing up. (D.A. Conference on Domestic Violence 1981).
21. Batterers usually have unrealistic expectations of marriage and believe that marriage will provide permanence and security. Batterers believe the marriage is the responsibility of the partner; if it doesn't work out it's her fault.
22. Batters respond with less attention to relevant social cues.
23. Batters over-attribute hostile behavior to peers.
24. Batters make up cues that did not happen.

DANGER/WARNING SIGNS

1. Jealousy - intense envy and virtual paranoia can lead to isolation of the person. Example: Women cannot look, speak, notice another male or go out alone with girl friends.
2. Home life - has experienced violence or witnessed abusive situations in the home as a child. Example: Father abuses mother, brother abuses wife or girl friend, abused as a child by parent or siblings.
3. Hates mother - strong negative feelings toward mother figure, talks harshly about mother, women in general. Many times does not like females.
4. Quick temper; low impulse control - will strike out quickly, easily provoked to anger, uses a lot of physical aggression to solve problems. Example: Person who can dish it out, but can't take it.
5. Substance abuse - uses alcohol and drugs on a regular basis, established pattern in the use of drugs, daily, weekly. Example: "I wouldn't have done it if I weren't drunk." "He only hits me when he's drunk and he usually doesn't remember it." This is an excuse, not a cause. He will be abusive whether he is drunk or not.
6. Rigid role expectation - fantasy approach to life, woman fits only one role, dependent; man fits only one role, macho and the boss. Example: "Man should be head of the house." "Only men should be doctors, lawyers, presidents, wear pants."
7. Controlling - completely rules the relationship; other person's point of view not important. Can lead to isolation of the victim.
8. Dictatorial - assumes absolute control with free consent of the victim, interrelates with controlling. Example: Tells her how to wear her hair, clothes, what friends to have.
9. Displaced aggression - consciously or unconsciously finds fault with something that is not related to the problem. Example: Something angers him at work, traffic ticket, traffic jam; goes home and beats his wife or children.
10. Hitting walls, throwing objects, name calling - gestures that usually lead to physical violence.
11. Jekyll-Hyde personality, dual personalities - appears a great guy to most outsiders, while at home a violent person.
12. Low self-esteem - weak person who picks on weaker.

WHY WOMEN STAY

Victims may have difficulty preventing or escaping physical abuse because, very often, the factors that keep them in the relationship also keep them from reporting or documenting the abuse.

Victims stay in physically abusive relationships for many reasons. Some victims stay because they blame themselves, believe the abuse will stop, are financially dependent, or fear that they or their children will be seriously injured or killed if they attempt to leave.

Victims also stay because they have, or feel they have, no other place to go (Crites et al., 1988).

Following are some of the ways perpetrators maintain dominance and inhibit women from leaving:

Economic domination - Frequently, men who abuse attempt to control their partners by having complete power over the household finances. They may try to keep the victim from working and therefore encourage the victim's economic dependence upon them.

Using children - Often, abusers use the children to maintain power and control over their partners. For example, they may belittle or degrade the children as a means of harassing the victim.

Intimidation - Abusers may frighten their victims by using looks, actions, gestures, or loud voices; by smashing things; or by destroying their victims' property.

Threats - Abusers may threaten to take the children away from their spouse, to harm the children, or to commit suicide. Such threats add to the anxiety and fear experienced by victims and children.

Extreme controlling behavior - Men who abuse may control their partners' activities, companions, whereabouts, etc.

Isolation - Abusers often control what their victims do, whom they see and where they go. Many abusers feel very threatened by anyone with whom their victims have contact.

Source: Family Violence: An Overview - U.S. Department of Health and Human Services

MYTHS ABOUT DOMESTIC VIOLENCE

Hofeller (1983) has listed a number of myths about domestic violence and refutes them in the following fashion:

1. Battered women are always from lower socioeconomic groups.
Domestic violence is primarily reported in lower socioeconomic groups because they utilize emergency facilities. These public facilities report such incidents, whereas private practices generally do not. Most studies, however, show that the condition occurs in all groups, regardless of race, religion, or socioeconomic category.

2. Battered women must enjoy the abuse; otherwise, they would take the children and leave.
All studies have shown that battered women are not masochists. The reasons for their remaining in an abusive relationship are complex and multiple, but their lives in the battering situation are chaotic, frightening and violent.

3. A woman who gets beaten probably provoked her partner.
The victim of abuse may believe that she deserves the battering at various periods in the relationship. The violence, however, resides within the batterer. A woman may accept responsibility for the violence as a means of maintaining some sense of control over her situation. Believing that something in her actions may allow her to control the batterer and thereby prevent a future incident misleads her into a false sense of security.

4. The battered woman who is serious about solving the problem could have the batterer arrested and put in jail.
Women will not routinely resort to arrest to control the batterer for a variety of reasons, including loss of income, fear that the batterer will inflict more severe punishment after he is released, and the realization that the court system will probably play down her accusations and perhaps release the batterer within a short time. This perception has validity in light of the fact that most jurisdictions and law enforcement officers minimize the significance of domestic violence, whereas similar episodes of violence between unrelated individuals are not treated lightly.

5. If a battered woman remarries, she usually chooses another violent man.
Data show that a number of abused women remain single after leaving an abusive relationship. Many who do marry make a conscious effort not to marry a batterer and frequently find men who are not violent.

Source: American College of Obstetricians and Gynecologists Technical Bulletin, 1989

RECOGNITION

The factors that interfere with recognition and acknowledgement of domestic violence are many. As with most psychosocial problems, the physician's ability to recognize the abused woman depends on his or her index of suspicion. For example, one study noted that only 5 percent of 107 victims of domestic violence seen in a metropolitan emergency department were identified as such by physicians on the emergency room report (Goldberg et al., 1984). It is important, however, to identify these individuals, as they are at high risk for further physical injury and death through suicide or homicide and because their children and the batterer himself are also at risk.

Viken has listed a profile of the characteristics of abused wives. These include a history of having been beaten as a child, raised in a single-parent home, married as a teen-ager, and pregnant before marriage. Sixty percent of battered women in one study became pregnant before marriage (Gayford, 1975). These women have frequent clinic visits with a variety of somatic complaints, including headache, insomnia, choking sensations, hyperventilation, gastrointestinal symptoms, and chest, pelvic, and back pain. There is frequently non-compliance with advice and recommendations of the physician (Viken, 1982).

In visits to emergency rooms, the patient may appear shy, frightened, embarrassed, evasive, anxious, or passive and often may cry (Billy, 1983). Often the batterer accompanies the woman on such visits and stays close at hand so as to monitor what she says to the physician. The woman may be hesitant to provide information about how she was injured, and her explanation may not fit with the injuries observed. Many have made repeated visits to the emergency room, and some have been treated for drug or alcohol overdose in the past. If the diagnosis is not appropriately made, a tranquilizer has often been prescribed.

Somatic complaints in abused women:

* Headaches
* Insomnia
* Choking sensation
* Hyperventilation
* Gastrointestinal symptoms
* Chest, back, pelvic pain

Other signs and symptoms:

* Shyness
* Fright
* Embarrassment
* Evasiveness
* Jumpiness
* Passivity
* Frequent crying
* Often accompanied by male partner
* Drug or alcohol abuse (often overdose)
* Injuries

It is appropriate to ask patients directly whether they have ever been physically abused, particularly if there is evidence of injury. Questions such as "Has anyone at home hit you or tried to injure you?" and "Have you ever been physically abused, either recently or in the past?" are appropriate ways in which to introduce the subject. It is important for the physician to acknowledge the problem and to affirm that battering is unacceptable (Chez, 1988).

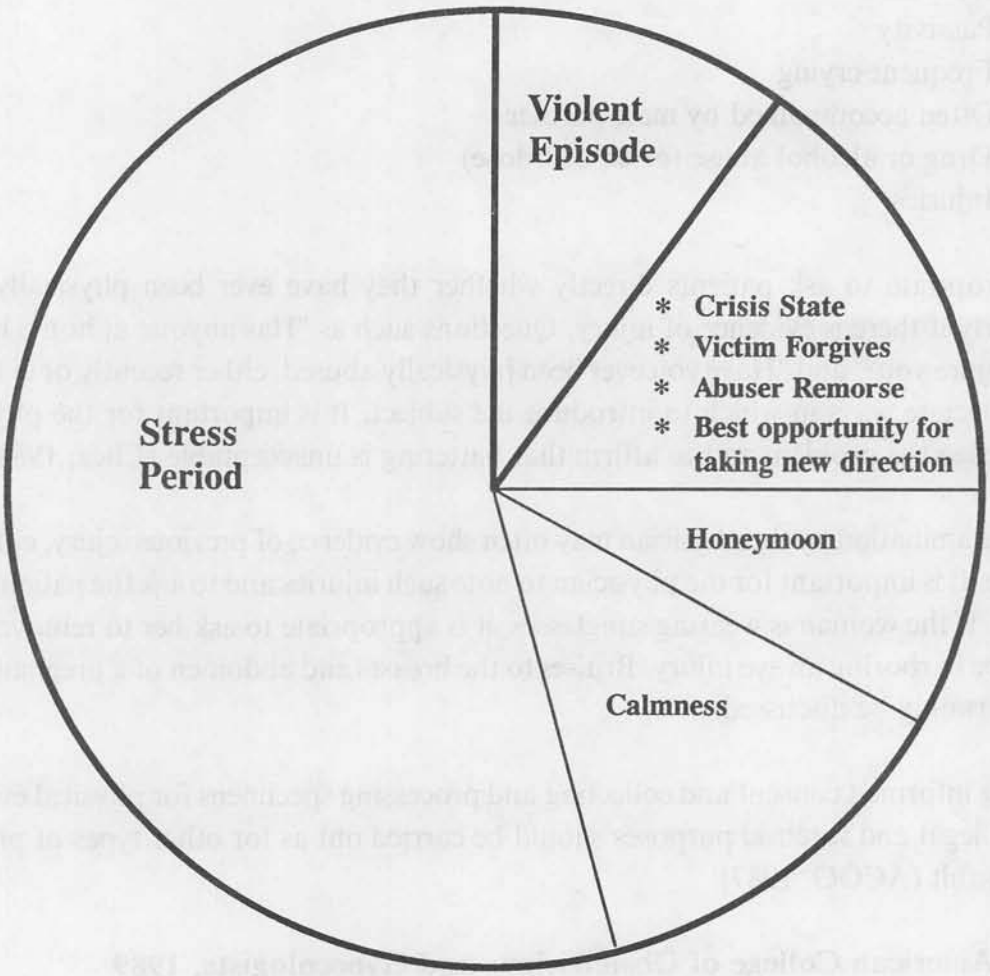
Physical examination by the physician may often show evidence of previous injury, either recent or remote. It is important for the physician to note such injuries and to ask the patient how she got them. If the woman is wearing sunglasses, it is appropriate to ask her to remove them, as she may be harboring an eye injury. Bruises to the breasts and abdomen of a pregnant woman should certainly be discussed.

Obtaining informed consent and collecting and processing specimens for physical evidence of abuse for legal and forensic purposes should be carried out as for other types of physical or sexual assault (ACOG, 1987).

Source: American College of Obstetricians and Gynecologists, 1989

CYCLE OF VIOLENCE

The Cycle of Violence, developed by Lenore Walker, makes clear the progression of the steps leading up to an attack and the restoration of calm. The points at which a woman is most likely to seek help are identified by an asterisk*.



DOMESTIC ABUSE INTERVENTION PROJECT
206 West Fourth Street
Duluth, Minnesota 55806
218-722-4134

POWER AND CONTROL WHEEL

The Power and Control Wheel, developed by the Domestic Abuse Intervention Project in Duluth, Minn., reflects the complexity and multiplicity of elements in an abusive relationship. It is not enough to control the physically abusive behavior in working with these relationships. All the elements must be addressed in exploring ways to improve the relationship; to enhance outside resources; or to establish other options.

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WHAT HELP IS AVAILABLE?

Although services vary from community to community, a range of resources is available to assist families of domestic violence.

* Crisis lines: 24-hour crisis lines operate to assist battered persons in decision-making for change.

* Shelters: are available usually for a period of about 30 days to assist in the transition to a non-abusive situation.

* Future planning assistance: to facilitate a range of options from employment and securing credit to retaining an attorney, etc.

* Transitional support: post-shelter services to assist in the transition to independent living.

* Children's advocates: assist children with a range of services from therapeutic intervention to educational and recreational activities.

* Legal assistance: helping victims to complete protective orders, etc.

* Community education: public information regarding agency services, philosophy and national statistics.

TIPS FOR WORKING WITH BATTERED WOMEN

Ask direct questions

* To assess danger (Are you in danger? Is he drunk?)
* To assess safety options (What do you think will help? Are friends available to help you? Do you have access to a phone?)
* To gather basic information (number of children, when he works, is transportation available?)

Confrontation

* Maybe you need to think about what is best for YOU and the children.
* Sure, it's pretty hard and scary to make changes, but you said earlier that you've had it!
* It sounds like you're ashamed to leave even though your life is in danger.

Empathy and support

* It is hard to make such important decisions.
* That must be rough for you.
* That must make you very angry (sad, frightened, etc.)

Softening

* You're being pretty hard on yourself.
* Don't you think you are expecting too much of yourself? It takes two to make a relationship..
* Is it really your fault that he can't or won't control his temper?

Improving self-esteem

* You've called--that's a big step. It takes a lot of courage to call us.
* You're doing great! You're doing the best for you and your children.

Feedback and verification of information received

* Let me see if I have the facts straight.
* You want to do something, but you're not sure what.
* You see your situation as impossible, but you're not sure you want to leave?

Most important question: How can we help you?

Common pitfalls:

* Don't forget that this is not a cause-and-effect situation. Don't ask what the woman did to provoke the attack.

* Don't work from our agenda rather than that of the client. Now is not the time to educate the woman about the syndrome and the issues in the field of domestic violence.

* Don't get into rescuer syndrome--be realistic about the impact you can make.

* Accept the fact that you will feel burned out--talk those feelings out.

* Accept that at times you will feel helpless.

OKLAHOMA LAWS RELATED TO DOMESTIC VIOLENCE

1. Victim Rights Notification (Oklahoma Statutes Title 22, 40., 40.1, 40.2, 40.3, 40.4, effective 10/1/82) - provides definitions for rape, forcible sodomy and domestic abuse, and for notification of victim's rights and 24-hour statewide crisis hotline.

2. Protective Orders (Oklahoma Statutes Title 22, 60.,, 60.1, 60.2, 60.3, 60.4, 60.5, 60.6, effective 11/1/83) - provides definitions, criteria and procedure for filing, granting and serving protective orders, and penalties for violations.

3. Increased Penalties for Protective Order Violations (Oklahoma Statutes Title 22, 60.6, effective 6/27/88) - provides for increased penalties for second and subsequent violations and violations that involve physical harm; encourages courts to mandate treatment for offenders.

4. Mandatory Reporting of Domestic Abuse & Probable Cause Arrest (Oklahoma Statutes Title 22, 40.6, 40.3 effective 11/1/86) - requires that all state law enforcement agencies maintain a record of all domestic abuse incidents and report monthly to the OSBI, and provides for probable-cause arrest:

A peace officer may arrest without a warrant a person anywhere, including his place of residence, if the peace officer has probable cause to believe the person within the preceding four (4) hours has committed an act of domestic abuse...although the assault did not take place in the presence of the peace officer. A peace officer may not arrest a person pursuant to this section without first observing a recent physical injury to, or an impairment of the physical condition of, the alleged victim.

PROTECTIVE ORDERS

What is a protective order?

A protective order is an order of the court on behalf of a victim of domestic violence. It may order the abuser to move out of a home that is shared and/or to stop hurting, threatening and harassing the victim.

Who is eligible to apply for a protective order?

Protective orders are available to people who have been physically abused or have been threatened with physical abuse by a family or household member. This includes spouses, ex-spouses, parents, children, other relatives by blood or marriage, and people who now live or formerly lived in the same household. If the victim is a minor, or is legally incompetent, another adult can file. The victim must be a resident of the county in which the petition is filed.

What does a protective order do?

A protective order instructs the abuser that you intend to have him or her arrested if you are bothered again. A violation can result in immediate arrest. Violation of a protective order can result in a fine up to $1,000, and jail up to one year.

How long does a protective order remain in force?

Ten days after the court issues an emergency protective order, both parties are expected to appear for a full hearing on whether or not to make the order permanent. Once an order has been made permanent, it can be renewed annually by the victim.

Is there a fee for a protective order?

* There is no fee for filing an emergency protective order.
* Court costs of $84 are assessed at the full hearing and are often split between the two parties or charged to the abusing person. Costs will be assessed to the victim if he or she fails to appear for the full hearing.

Where do I file for a protective order?

Protective orders are obtained at the County Seat. The procedure may vary from county to county, so it is recommended that the County Clerk be contacted in advance for instructions.

The area domestic violence/sexual assault programs throughout the state also have information about the protective order process in their respective regions and can provide technical assistance and support for persons filing.

Protective orders are obtained at the Tulsa County Courthouse, 500 S. Denver, Room 707. There are two filing sessions every week-day (Monday through Friday, except holidays). Persons filing should arrive promptly at 9:30 a.m. or 1:30 p.m. The process takes from two to three hours. DVIS staff and volunteers work at the courthouse to provide assistance to victims filing for protective orders. Services include help with application forms, crisis intervention, and referral for shelter, advocacy and counseling.

SAFE HOMES

Communities should develop and provide a variety of services for family members that include:

* Family life centers
* Batterers programs
* Drop-in crisis centers
* Crisis nurseries
* Respite day-care centers
* In-home services
* Shelters
* Safe home networks

Because family violence is predominantly learned behavior and cyclical in nature, early intervention is critical in averting and preventing abuse. No one service works best for all troubled families or victims of family violence. Many different but related responses are required. To meet the needs of all victims of family violence, local communities should develop and provide a variety of services to family members.

Safe home networks. A safe home is the private home of a family that has agreed to provide emergency housing for family violence victims until permanent living arrangements can be made. Family members of the safe home also provide friendships, informal counseling, a model of healthy family relationships, and moral support. Safe homes are particularly effective in rural areas or small towns that cannot support a separate shelter facility for victims of family violence.

Source: Final Report of the Attorney General's Task Force on Family Violence, September 1984.

COMMUNICATION STRATEGIES

One of the ways to assist families is to help them identify effective and ineffective communication strategies and to encourage them to begin to utilize more effective methods.

Inappropriate communication techniques

1. Name calling.
2. Dredging up the past.
3. Getting off on tangents.
4. All forms of intimidation including facial expressions and body posture.
5. Threats of violence.
6. Changing the rules and not saying so.
7. Expecting there to be a winner and a loser.
8. Saving up gripes to dump all at once.
9. Reading the other person's mind.
10. Denying the fact.
11. Using sex as a leverage.
12. Gloating over a "victory."
13. Appearing to ignore the other person.
14. Hidden agendas.
15. Starting an argument in the presence of others.
16. Retaliation when you don't get your way.
17. Lying and exaggerating.
18. Walking out as a power tactic.

Appropriate communication techniques

Use these guidelines all the time, especially during an argument:

1. Speak one at a time.
2. Allow equal speaking time.
3. Be specific, ask for the specifics.
4. Master time-outs before attempting to use breathers.*
5. Focus on your own adherence to the rules.
6. Create an atmosphere of respect.
7. Offer your rationale only if it will enhance the other's understanding.
8. Accept responsibility for yourself and your position.
9. Make your position clear by repeating it; you can write down the main points if you need to.
10. Avoid rigid expectations about the way the other person should behave.
11. Restate what the other person says to clarify.
12. Listen for understanding instead of trying to identify vulnerability.
13. Identify the real issue.
14. Use "I" statements.
15. Ask for suggestions.
16. Acknowledge your mistakes.

* A breather is a 15-to-30 minute break in an argument. Both people should use this time to be alone.

* A time-out is a technique used to interrupt the tension-building phase leading to an argument. When the signs of tension appear, both people agree to take a one-hour break to think things over and calm down.

Source: these "Guidelines for Good Communication" were developed by groups participating in the DVIS MEND program in Tulsa, Okla.

STOPPING FAMILY VIOLENCE: WHAT CAN YOU DO?

* If you are in a relationship with someone who you think has the potential to be violent....

* If you know someone--a relative or a friend--who is in a relationship with someone who may have the potential to become violent....

ACCEPT -- You could be hurt!
Children who witness violence are affected!
You are not to blame -- his abusive behavior has nothing to do with you!

BE AWARE -- Abusive behavior can be changed through counseling!
Help is available!
Abuse will not stop without intervention!

Some practical suggestions:

1. Avoid isolation.
2. Don't accept early abusive behavior.
3. Be aware of danger signals.
4. Don't be intimidated.
5. Tell others--friends, relatives, neighbors.
6. Seek help from people trained to address issues of violence and abuse.
7. Urge your partner to get counseling--abusive behavior will not change by itself.
8. Have an escape plan.

RESOURCES

Handbook for Victims of Domestic Violence.

This pocket-size handbook developed by the Tulsa area Domestic Violence Intervention Services Inc. is an invaluable resource for women attempting to escape from an abusive relationship. It clearly and simply defines the problem; identifies preventive measures; outlines what should happen after an attack; tells how to seek shelter and emotional support, how to get the legal system to help, what a protective order is and what it can and cannot do, how to get financial assistance; and lists specific resources and telephone numbers.

While some information refers to Tulsa-area services, most is generally applicable for the entire state of Oklahoma. For information on obtaining a copy, contact, DVIS, 1419 E. 15th St., Tulsa, OK 74120-5840, (918)585-3163.

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FAMILY VIOLENCE: PRETEST / POST-TEST

Please indicate if these statements are True or False

T F 1. Violence in families affects only a small percentage of the population.

T F 2. Poor families are more likely to experience violence than middle income and affluent families.

T F 3. Drinking causes violent behavior.

T F 4. Wife abuse doesn't cause injuries.

T F 5. Religious faith prevents violence within families.

T F 6. Children need their father even if he is abusive.

T F 7. Children who witness violence are more likely to abuse or be abused as adults than children raised in non-violent homes.

T F 8. Once a battered woman, always a battered woman.

T F 9. Once a batterer, always a batterer.

T F 10. Battered women can always leave home.

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