



DOMESTIC VIOLENCE FACILITATOR CERTIFICATION TRAINING MANUAL - ONE

Family violence costs the nations from \$5 to \$10 billion annually in medical expenses, police and court costs, shelters and foster care, sick leave, absenteeism, and non-productivity.

Men commit about 90% of all violent crimes against a spouse or ex-spouse (Kristina Rose and Janet Goss, "Domestic Violence Statistics", National Criminal Justice Reference Service, Bureau of Justice Statistics, Washington, D.C.: U.S. Department of Justice, 1989, p.14).

In homes where domestic violence occurs, children are at high risk of suffering physical abuse themselves. Regardless of whether children are physically abused, the emotional effects of witnessing domestic violence are very similar to the psychological trauma associated with being a victim of child abuse. Each year, an estimated minimum of 3.3 million children witness domestic violence.

It is our hope and prayer that well trained Domestic Violence Facilitators will make a positive impact on reducing the rate of domestic violence, deaths and child abuse.

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C H A P T E R 1

INTRODUCTION

This manual is only a beginning. It will give you the facts you need to know, tips on how to counsel, a rundown on the resources available in your community, and more. What it will not give you, what it cannot give you, is the look of pure fear in the eyes of a woman living with abuse, the blue and purple swollen face of a woman whose husband threw a pot at her head last night, the tears of a child who has watched his father beating his mother almost to the point of death. These are the things that you will be faced with as a counselor that no one can prepare you for.

As a facilitator, you are giving your clients the courage to dream of a better life, and someone to talk to just when they were beginning to think that there was no hope left. The people you will be talking to will in many cases be at rock bottom, and you are a tunnel to the light.

You can't drag them there, but you can show them the way. This is not to say that you are superior, we're all human, and all equal, but only that you have gifts that you can share with them: hope, belief, acceptance, and a friendly ear.

Facilitating, like most other things, comes easier with practice. Use this manual as a starting point and a guide, and use your heart, and your intelligence to fill in the gaps. Through your work as a facilitator you are helping not only individuals, but your community as well. Human nature may have its ugly side, but you stand on the side of a brighter, better future. On behalf of the victims of abuse and society in general, thank you for your courage and desire to become a domestic violence facilitator.

PREFACE

Domestic abuse or spousal abuse occurs when a family member or intimate partner dominates another through coercion, threats or physical abuse. This course will provide a basic understanding of the dynamics of power and control, forms of abuse and ways in we can intervene to provide safety and support to survivors.

This course will examine the impact of family violence on family member's, health and behavior. Family violence includes the impact of domestic violence in the family as well as the impact of child abuse.

This class will assist with discovering the links between an abusive partner's behaviors and gauging the level of threat a particular victim faces, taking steps to increase personal security before and after violence and preparing to get to a safe place. The class will also explore safety planning from the victim's welfare perspective.

The safety plan is a specific course of action that is determined necessary to control threats of serious harm or supplementing a family's protective capacities implemented immediately when a family's protective capacities are not sufficient to manage immediate or serious harm threats.

This class is designed to assist service providers with identifying mental health issues among families they serve. Appropriate referrals, crisis intervention strategies, and information regarding work with survivors of trauma will also be addressed. The concepts of resiliency and the journey from victim to survivor to thriver will also be explored.

This training will focus on understanding the Model used in psycho-educational treatment and the learning how to increase communication between facilitators and authorities. Additionally, participants will look at how domestic violence impacts our society as a whole.

This domestic violence training program is designed for all facilitators who work in the welfare and/or domestic violence systems. It is designed to

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provide a comprehensive understanding of issues facing families impacted by domestic violence issues.

The goal is to help all facilitators understand the complex issues of both victim welfare and domestic violence advocates, and begin to develop a common understanding and language.

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CHAPTER ONE GUIDELINES FOR FACILITATORS AND PARTICIPANTS

This facilitator's guide is designed to help the learning facilitator. It outlines things you need to know about your responsibilities as a facilitator. You will find practical issues that may come up in your group and provides a step-by-step guide to helping the group decide what to focus on.

With practice and patience, anyone can become skilled facilitator. If you are a facilitator we hope that you will learn something new from this manual.

Two of the best teachers are: experience and examples. Experience plays a big role in facilitating but if you have no experience, one of the best teachers is to watch another facilitator in action.

Watch how others facilitate. If you come across someone good, watch how they work and pick up any techniques you find useful.

VICTIMS AND PERPETRATORS

Your group may contain both victims/survivors of domestic violence. A wide range of activities is covered by the words 'domestic violence'; it's likely that members of the group may have offended, even if they don't recognize it. Nonetheless, given general attitudes about domestic violence, you may find some members of the group show prejudice towards someone who has offended.

Domestic Violence has a very direct and personal impact on people's lives. Whether they are victim/survivors, perpetrators or people whose daily activities are influenced by concerns about safety.

A learning session is based on the idea of learning from those who have different experiences from domestic violence. If you've never been a victim or abuser, you may find it hard to understand the way it can take over your life and remove any reservations you may have about the pain.

A FACILITATOR

As a facilitator, your goal is to help the individual or group to clarify what it wants to focus on and then to help keep discussion productive. You are not expected to be an ‘expert’ or to know more than others in the group.

An important part of the philosophy of a learning cycle is that everyone learns from each other and everyone has something to contribute if you allow everyone to participate. If you do have expertise in some of the topics covered, be careful not to be drawn into the role of ‘teacher’.

Your most important task is being organized and familiar with the issues concerning domestic violence, to help the discussions flow smoothly. Getting familiar with the material beforehand and knowing what you are talking about will help you to be effective.

Your responsibility includes coordinating, not necessarily doing, and the practical exercises that you have chosen for the group. It is important that you do practical application.

The role of the facilitators is to set limits and provide structure for the group. Additionally facilitators ensure that each participant feels 'safe' with the subject matter and with the rest of the group. A further role of facilitators is to create the conditions for participants to appraise their existing ideas and beliefs alongside new ones.

PRINCIPLES OF LEARNING FOR NEW FACILITATORS

The following adult learning principles should be observed in order to create an environment that fosters learning:

- Participants have life experiences that provide a rich resource for their own learning and that of others.
- Participants learn best in a climate that is informal, supportive and mutually respectful.
- Participants learn in different ways and have different learning styles.

Learning processes, therefore, should use a variety of approaches to:

EXPECTATIONS OF FACILITATORS

- Commitment to providing a secure, supportive and challenging learning environment
- Commitment to the principles of equality and equal opportunity
- Knowledge about the area
- Skills in facilitating experiential and problem-based learning activities
- Provide timely and constructive feedback on participant progress
- Demonstrate commitment to excellent performance and freedom of expression

EXPECTATIONS OF PARTICIPANTS

- Self-responsibility for maximizing learning opportunities
- Display honesty, ethical behavior and professionalism
- Respect for other members of the group
- Willingness to participate positively in learning activities
- Monitor own activities
- Demonstrate commitment to excellent performance and freedom of expression

PACE OF THE SESSIONS

Given the nature of the issues being discussed it is important to cover all of the key areas to ensure that the participants have a well-rounded approach to the people they will be coming into contact with.

It is also important to ensure that participants feel empowered and comfortable with being able to deal with possible scenarios that could arise in their future work. The process should move at a pace that allows for critical reflection. Regular and predictable breaks for the group will also help participants to avoid becoming overloaded.

PREPARATORY ACTIVITY

Workshops developed using this resource package should aim to make participants feel as comfortable as possible while discussing some very confronting issues. To assist in the process, in the first workshop session participants should enter into a Group Agreement.

GROUP AGREEMENTS

A group agreement is an understanding that a group agrees to, regarding how it will operate for the life of the group. A group agreement will outline a set of ground rules that will guide the discussions that take place over the workshop sessions.

These are best developed by the group at the beginning of the session and are most relevant to longer sessions. Participants will be asked what factors contribute to a safe and comfortable group environment.

An agreement can include the following issues:

- Confidentiality
- Only one person speaking at a time
- No criticisms of other participants
- No personal experiences

The agreement will be recorded by the facilitator and displayed for the life of the group so that everyone in the group can interact in a fruitful and non-threatening manner.

PROCESS ISSUES

For attitudinal change to take place or awareness and empathy to be heightened, the facilitator should be encouraging a process whereby participants can review their own beliefs and be open to hearing about the experiences of others without judgment or prejudice.

It is not appropriate to confront or criticize participants' ideas. They are invited to place existing ideas alongside new ones, to do their own appraisal and to identify useful ideas and practices. Early establishment of group norms regarding respect for all contributions will be essential.

PARTICIPANT INFORMATION

Information generated by the participant group itself is often just as meaningful and valid as other resource materials provided. For this reason it is often useful to reproduce the results of brainstorming/mind mapping sessions so that they can be given out to the group. This information often serves as a 'memory jogger' as it is related to the original learning situation.

This material may also serve as useful handout or background Suggested Reading material for future courses. Handouts are also provided for the course and are used as an adjunct to the learning process.

CREATING A SAFE ENVIRONMENT

In courses developed using this resource package, the facilitator should follow guidelines to ensure that all participants feel comfortable, safe and able to fully take part in the course. The principles employed by the facilitator might also be useful to participants when they deal with domestic violence situations.

PHYSICAL ENVIRONMENT

A well lit room with adequate seating, ventilation, heating and access will promote conditions that enable participants to contribute to and benefit from the sessions. A well thought out setting for the sessions can contribute to the success of the delivery.

ORGANIZATION

Make sure the group has what it needs for the session (for example, photocopies of the relevant chapter, butcher's paper and felt pens, maybe a video player if necessary) **BEFORE** you get into a classroom.

As a facilitator, one of the most important roles you can play is one of “positive” thinking. Positive thinking helps the group work well together, for Example: Setting a positive tone and letting others have their say before expressing your own opinions. As a facilitator, you must remember that “it’s not about you”! The persons in the group are there to talk and learn.

The group may decide to share the role of the facilitator so that everyone has a chance to develop their skills in this area.

If so, make sure people read this guide before they start to facilitate. Plan this activity ahead of time and have times planned out before the group gathers.

RESOURCES NEEDED

- DVD or video clips
- *Participant Workbook*

- TV and DVD player
- Chalkboard/white board
- Kleenex

PRIOR TO THE SESSION

- Consider gathering local and state statistics and newspaper or article clippings for the discussion about domestic violence trends.
- Research your state's statutes related to domestic violence; be prepared to provide information to participants about these statutes.
- On separate index cards, write down the healthy and unhealthy statements and behaviors listed in activity E at the end of this unit.

OBJECTIVES

- Define **domestic violence**.
- Provide examples of domestic violence.
- Describe current trends for domestic violence crimes.
- Explain the impact of domestic violence on victims.
- Discuss thoughts and feelings about being held accountable for domestic violence crimes.

FACILITATOR TIP

- Avoid justifications of any type of violence, physical or nonphysical.
- Be prepared for participants to try to focus on why the victim stays in the relationship or what the victim does to create the violence.
- Keep the focus on the impact of domestic violence on the victim.
- Participants may rationalize that they grew up “okay” in an abusive household.

HAVE PARTICIPANTS READ THE “WORDS TO KNOW” ALOUD.

Delivery options: include:

- Reading words aloud yourself
- Writing the words on a chalkboard or whiteboard
- Selecting participants to read words aloud

- Or dividing participants into small groups or pairs and having them discuss the terms among themselves.

For all delivery options, survey participants to ensure that they understand the terms before moving on.

WORDS TO KNOW

Battering: Repeated physical abuse.

Coercive: Forcing a person to do something against his or her will.

Control: Having emotional or physical power over someone.

Cycle of violence: A pattern of domestic violence consisting of three phases: the tension-building phase, the acute battering incident, and the calm, loving, apologetic, “it will never happen again” phase.

Denial: Refusing to admit thoughts or behaviors to one-self or to others.

Escalation: An increase in either threats or level of violence.

Intimate: Emotional or physical relationship usually involving affectionate, romantic, or passionate feelings.

Intimidation: The act of making others do what one wants through fear.

Psychological: Related to the mind or the will (in this context, an example might be using mind games to control others).

Obstacle: A barrier that prevents something from occurring.

Tactic: A method or plan for accomplishing a goal.

KEEPING THINGS ON SCHEDULE

Helpful suggestions to keep the things running smoothly:

Be relaxed and comfortable: Go through the material before the session. If you are not familiar with the place where the group will meet, go beforehand and have a look. Decide beforehand how you will set up the area and check to see:

- If there is space for the group to divide into smaller groups
- If there a whiteboard or a blackboard available
- If there is space for projector, boards and any other materials that you will need

If possible, set the area up before the meeting to save time.

Beginning is half-way to succeeding: Start by:

- Setting a friendly, relaxed and respectful atmosphere
- Making sure everyone knows each other, start with introductions
- Checking that everyone has the relevant material
- Setting rules for the session from the beginning
- Making sure everyone understands how you will proceed

Involve everyone in the discussion: If this isn't happening naturally, try something like, 'Let's get the full range of views in the group on this issue'. If some people tend to dominate, try something like 'Those are interesting points you have. Let's go round and see what others think'.

Create a secure and comfortable environment: for participants to express their views. What this involves will vary from group to group but you might find these tips useful:

- Avoid a sense of competition, people should be encouraged to extend themselves but without feeling they have to 'perform'.
- Ensure that participants have opportunities to identify issues or ideas they don't understand.
- Value participants and their views, if a group feels valued, it will assist you in setting a safe mood. Learn people's names and use them. If your memory for names is poor, ask everyone to wear name tags.
- Draw conclusions/summarize discussion based on people's contributions.

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- Don't allow others to interrupt while someone else is speaking.
- Ensure the group establishes very clear rules about issues such as confidentiality, respect and confrontation as part of its 'ground rules' for working together.

Draw out the quiet people: It may help if you know their interests, so take notes at the start of the session, when people are introducing themselves. Don't pressure people into talking, but support them and ask them if they have thoughts they would like to share with the group.

If the group gets bogged down on un-provable 'facts' or assertions, ask how relevant they are to the issue and maybe get someone to find out for the next session.

Be an active listener: Listen carefully to what people are saying so you can help guide the discussion. There's nothing worse than a facilitator who is too busy working out their next 'speech' to hear where the discussion is heading.

Stay impartial when there are disagreements: Your role is to further the discussion and draw out the different viewpoints, not to come down in favor of one of them.

Conflict is okay if it's focused on the issue and not on the person: Everyone has to feel safe about expressing their views, even if they are unpopular.

Pauses are okay: They probably mean people are thinking. Count to 10 before trying to answer your own questions to the group.

You are not expected to have the answers: If the group asks you a question, throw it back to them. Invite others to comment on what someone has said, even if he/she has addressed the comment to you. Try to encourage 'cross talk', to get people talking to each other rather than to you.

Help people connect with the issues being discussed; by encouraging participants to reflect on their experiences.

Everyone can learn a great deal about others experiences. It may in fact, be an issue to someone who does not wish to discuss or admit to.

When something is brought up, the conversation will normally progress into something that they all need to hear.

Encourage the group: for example, encourage them to seek further help if needed and by doing so, more of the people will ask for help.

Regularly intervene to summarize where you think the discussion has gotten to: Don't get stuck on a topic; move on if people don't seem interested.

Ask the 'hard' questions, point out issues that people are ignoring, and help the group examine assumptions, ideas and suggestions.

Use questions that encourage discussion: rather than yes/no answers, for example, 'Why do you disagree with that point?' rather than 'Who agrees/disagrees?'

Its okay for the group to disagree: If there are strong differences, just summarize and move on.

Make sure there is some 'closure' to each meeting: This might be a brief question that each person can answer in turn; for example, 'What do you feel you have gained from this session?' If there are suggestions for improving the process, note them down to help you with the next session.

Collect any points written on butcher's paper: you may want to come back to them in later sessions.

Organize who will do what between meetings: for example, exercises etc. As a facilitator, you can provide a role model for the group. By using these principles for your own behavior, you can demonstrate how respectful, non-violent interactions between people with different opinions, life experiences and abilities can be achieved.

GUEST SPEAKERS

Guest speakers are a great idea in these sessions. For the best result, ask a "prior" abuser and a "prior" victim to come in and speak to the group. You will find that people are more willing to listen to someone who has "already been there". It also helps them to realize that these sessions help the victim as well as the abuser.

Many times, the victim and the abuser feel that there is no way out of the situation and to see and hear from someone who has been in that same situation, and gotten help, gives them hope that they too, can regain normalcy in their lives.

Listening to and talking with people who are actively involved in an issue can be a great way to get a subject across. But coming to a meeting of your group may mean for the speaker spending time away from family or friends or from their workplace. If your group wants to invite a speaker, say a local community representative, a politician, a representative from an offenders group or an expert in crime prevention, be aware of the commitment this involves for the speaker.

If the person accepts the invitation, find a way to show that the group appreciates the time they have contributed (for example, provide a meal). You might check whether the speaker needs transport to and from the meeting and indicate the range of people in your group. When planning a guest speaker, you might also consider joining with another learning circle group in your area, to reduce the demand on the speaker's time.

PARTICIPATION

Adults learn better when they have some control over, and input into, their learning. These sessions recognize this by putting participants in charge of their learning and drawing on their life experiences.

FUN

People find learning easier if they are having fun and the learning environment is informal and relaxed. Not all of the issues you will cover lend themselves to the group having fun but it should be possible to be relaxed and informal.

INDIVIDUAL DIFFERENCES

People are different and they learn in different ways. Some people enjoy listening to discussions and conversations and then reflecting on what they heard or relating it to their own experience. Others learn by watching people do things and like things such as role-plays or stories of approaches tried by someone else. Some people like practical learning experiences, learning by doing. Others prefer emotional experiences. Some learn by writing down everything someone says.

ADULT LEARNING FACTS

ADULTS:

- Decide for themselves what is important to be learned
- The need to validate the information based on their beliefs and experiences and the experiences of others.
- Expect what they are learning to be immediately useful
- How much experience upon which to draw may have fixed viewpoints
- Significant ability to serve a knowledgeable resource to trainer and fellow learners.

PRACTICAL ISSUES

Sorting out a few practical details should help your learning circle work well and allow the group to contribute to community safety and crime prevention.

TAKING NOTES

You might find it useful to keep track of the work of your learning circle so that everyone can see how views and ideas have developed and so that they share their experiences with other groups.

Written notes may also provide points about your group's activities that could be included in a newsletter or on a website. Groups can then learn from one another and participants can see outcomes from their activities. Keeping notes shows that the knowledge and experiences of members are valued.

Talk to the group about taking notes. Note-taking doesn't need to be a big job. Notes could cover what the group discussed, key points that came up, what actions or activities the group got involved in, visiting speakers, videos watched etc. If the group decides to take notes, you might discuss whether one person should do the job or it will be shared, and what to record.

THE FIRST MEETING

A facilitator's input at the first meeting is perhaps the most important part of the job.

A key aim of the first meeting is for people to get to know one another and for you to sound out participants' main interests, why they have joined the group and what they want to achieve. Participants then need to plan and agree on their objectives. The *provides* handy hints on how you might conduct your first meeting.

It covers issues such as:

- Getting to know each other
- Agreeing on some objectives/outcomes
- Agreeing on themes and topics
- Setting some ground rules
- Recording the group's plans.

If you don't have an opportunity to contact members of the group before the first meeting to suggest they bring refreshments to share, you may want to arrange this. The group can then decide what to do for future meetings.

It may be useful to provide name tags or labels so people get to know each other. If appropriate, let people write their own so they can use their preferred name.

BEFORE YOU START

Before you start, you need to take some time to understand yourself and your own prejudices. Everyone has prejudices and biases that they must address in order to be a neutral and supportive facilitator. Some of the possible issues that you will face as a facilitator are...

- Domestic Violence
- Incest
- Sexual Assault
- Rape
- Sexual Harassment
- Child Abuse
- STDs, HIV/AIDS
- Birth-control, condoms
- Drug/Alcohol use/abuse
- Pre-marital sex

Take a few hours and really think about your personal history with these issues. Perhaps some of these areas have been a part of your life, or the life of someone you know. When a story comes to mind, go over it in detail with yourself, or talk

to someone else about it, so that you are not surprised if counseling someone else triggers this memory.

When facilitating, you do not want the session to be about you and your past, but about the past, present, and future of your student. Therefore it is **essential** that you deal with your own issues prior to beginning your role as a facilitator.

THE 3 KEY FACILITATING QUALITIES

UNDERSTANDING

In everyday life, our initial reaction to any statement is often immediate evaluation, and not a real effort to understand. You can communicate your understanding by carefully watching and listening to the subject, mirroring their feelings, and by being verbally responsive.

ACCEPTANCE

Try to help your victim without putting down their opinions, feelings and values (no matter how different or unacceptable they may seem to you). Make sure they know that you think that their okay no matter what their past experiences are. If you respect the opinions and feelings of the person, they will begin to believe that they have the ability to solve their own problems.

EMPOWERMENT

Though trying to actively “solve” their problems may be tempting, it is not an appropriate role, and will not help the individual to see his/her own self-worth or decision-making abilities. He/she needs to be actively involved in the formation or inaction of any solution. The bottom line is that he/she will only do what he/she feels ready to do. Let them know that you are there to support and help them in anything they want to do, but that he/she will have to do it.

LISTENING and PRESENTATION

There are many definitions for presentations. When you present there are also many different modes you can focus on. Are you a facilitator or an educator? The mode of facilitator is often misused and interchanged with words like trainer and educator. Facilitation is an exceptional skill, once you learn this skill you can boost your productivity and it can make you a better presenter.

A true facilitator is all about creating an environment where people feel safe and able to share their ideas freely. The facilitator's role is to act as a conduit. The first process a facilitator will undertake is to create operating agreements with their audience. It is the facilitator's role to remove any blockages and conflicts within the group. They allow the thought processes of the group to be processed and expressed. They are responsible for establishing an environment that does that. If this is a mode you are interested in developing yourself, the main proficiencies for this mode include:

Removing personal agenda - a facilitator's role is to set the agenda with the group, not be running their own personal agenda. It is more powerful to seek to fill the agenda of the team and you will be more engaging to your audience.

Creating trust - this can be established in many ways for a presenter. It can occur before the presentation with communications circulated to the attendees, it can be built into the introduction for the facilitator and it can also be established when the agenda is set.

Respecting diversity - valuing each person's input and recognizing the variety of expertise and experience within the audience is the sign of a great facilitator.

Having active listening skills - one of the most important skills for any facilitator is the need to be able to listen and process what the audience is saying ... and quickly. Listening intently will assist this.

A good facilitator may take several hours or days to create an environment where all the work may finally come together in the last hour. Don't be fooled ... some may think a facilitator comes into a presentation or meeting unprepared but that is not the case.

An exceptional facilitator spends time preparing by taking a comprehensive brief from the participants, researching the group/audience they will be working with and determining the questions that need to be asked to facilitate the best environment.

In a true facilitation style you may not even have the first question for your audience! Every discussion is a question i.e. does this feel right for you? Every facilitator should have an arsenal of great questions in their tool kit. Those questions include:

- How is that working for you?
- How do you feel about that?
- I'm having trouble understanding that?

- Does anyone want to add anything to that?
- What's that a part of?
- If you knew the answer to that, what would it be?
- In your experience, is that correct?
- Does that ring true for you?
- What do you need to get more out of this?
- So what else is coming up?
- If you had more time, what would the answer be?
- If you knew the answer, what would it look like?
- What is the biggest problem with the world?
- What is the biggest issue with the world?

Facilitators are able to hold the space in tension to understand. They don't try to fill the silence. They are able to capture conversations, check people's understanding and expose all opinions. Learning questioning techniques will increase your mastery of this mode.

Here is a Facilitation checklist for you to help build your skills in this mode asks yourself the following questions:

- Do you have an arsenal of questions?
- Are you an active listener?
- Can you "hold the space" in the tension?
- Can you continually ask questions rather than try and find solutions to the discussions?

When you master this facilitation mode you ^{will} become a more powerful and engaging presenter. This skill can assist you when you have a tough audience, when you need to change the environment and when you are helping a client find a solution.

SHOWING EMPATHY

The victim may try to downplay or minimize the severity of the situation, but clearly it is important enough that he/she is talking to you about it, and this confidence should be taken seriously.

REMAINING PATIENT AND CALM

These are difficult and often deeply disturbing issues for the victim and perhaps you as well.

It is vitally important that you remain tranquil so that the victim does not have to worry about you and can instead concentrate on themselves. If it takes him/her awhile to explain the details, don't get frustrated, you may be the first person he/she's ever told about any of this. It is your responsibility to maintain self-control.

BEING SINCERE

Your victim will be able to tell when you're being genuine and when you aren't.

ASKING FOR CLARIFICATION

If you are confused about something, ask for clarification as soon as possible, not only does this help you to understand better, but it also indicates to the victim that you are listening

ASKING OPEN-ENDED QUESTIONS

This prompts the victim to talk without pressuring him/her or indicating that he/she should be feeling or thinking a certain way. Use words like: when, where, what, who, which, how, and could. Try to avoid words like: is, are, and do.

BEING OKAY WITH SILENCE

Attentively listening to another person's messages without verbal response leaves responsibility for problems clearly with the person who "owns" it. Silent pauses allow time for both you and the victim to process his/her thoughts and feelings. Don't overuse pauses, however, the victim/abuser did, of course, come to talk.

HAVING GOOD BODY LANGUAGE

Watch your body language! Little things like posture and eye contact can make a big difference. Feel awkward or unsure if your body language is positive or not? A good posture to take when speaking or listening is sitting squarely with an open posture, while leaning slightly forward and keeping eye contact.

Be careful with your eye contact, however, and make sure that the person does not feel threatened, or like you're staring at him/her.

Also, remember to ask before you touch. Don't assume that physical contact, even in the form of a gentle touch or hug, will be comforting to a victim. Many victims, especially within the first weeks after an assault, prefer to avoid even simple touching even from those they love and trust.

LISTENING REFLECTIVELY (very important!)

When you hear conflicting or contrasting feelings in the person, let him/her know that you detect them. Often people are so caught up in their problems, that merely clarifying their feelings helps. Feeding back the person's own words for verification accomplishes a number of important things, such as:

- Retaining ownership of the problem for the victim/abuser
- Making sure you and your client are on the same page as to what the situation is
- Showing that you are actually listening
- Help persons to look at his/her situation from a removed, viewpoint.

Some tips for good reflective listening: listen for feeling words, pay attention to non-verbal cues like tone of voice, silence, murmuring, and crying; use as many different feeling words as you can

BAD LISTENING SKILLS

JUMPING TO CONCLUSIONS/MAKING ASSUMPTIONS

Remember; ask questions if you need clarification. Try not to jump to conclusions by supplying and assuming details that the person hasn't provided you with.

MAKING UNFEASIBLE PROMISES

Never give false hope or false encouragement. Avoid comments such as "Cheer up, everything will be better soon." In reality, it is impossible to know if a situation will, in time, be better (or worse). Do, however, reassure the person that the problem is solvable.

PUTTING WORDS IN SOMEONE'S MOUTH

Try not to be too pushy with your own thoughts, its key that the person feels that he/she is in control and that he/she wants to enact the solution the two of you come up with.

LECTURING

Listening is a process of helpful communication, not a lecture. Be prepared to become involved of the flow and intensity of the person's feelings. Facilitating is not about projecting what you want onto the person but about helping the person achieve their own goals.

JUDGING/BLAMING

Your attitude should be one of care and acceptance of the victim/abuser for what he/she is, realize that your own personal norms and values may be detrimental to finding an effective solution and establishing rapport.

BEING SELF-RIGHTEOUS

To be an effective listener, we must be humble and overcome our own arrogant belief that WE, the listener, are superior to whomever it is doing the talking. We must learn to accept thoughts, ideas, and concepts from others in order to best help them help themselves.

PERSONALIZING

It is often tempting to stop listening and start talking about ourselves. For example, "Oh yeah, that reminds me of the time..." or "You think that's bad? Listen to this!" The subject is there to talk about his/her problems not to listen to yours.

INTERRUPTING

Do not interrupt when he/she is speaking. It is essential that he/she feel comfortable saying anything that comes to mind. If you are afraid you'll forget something you want to say, write it down to save until he/she's finished.

STAGES OF A SESSION

The following are the five main stages of a session. This is not to say that each subject's case should be resolved in one session. In fact, this is almost never advisable. You should take your time with each person, progressing at a slow and steady pace through their situation, and making sure they feel as much at ease as is possible.

These stages are merely the skeleton of the progression of a facilitating relationship. Stages 1, 4, and 5, however, are essential to every session. Suggestions of phrases to use are in italics below the bulleted point when appropriate.

ESTABLISHING RAPPORT

Extend a friendly, accepting greeting: *I'm glad you came to talk to me.*

Recognize and respond to the counselee's feelings:

- What I hear you saying is
- I'm picking up that you...
- Could it be that...?
- Do you feel a little...?
- Correct me if I'm wrong, but...
- Does it sound reasonable that...?
- ...is that what you mean?
- ... is that how you feel?
- This is what I think I hear you saying...
- Let me see if I understand...
- That sounds frustrating.
- You seem torn, part of you wants to...and part of you wants to...
- I'm not sure if I understand, do you mean that...?

Convey caring and concern through your words, tone of voice, facial expressions, and body language:

- Take your time easing into the problem to establish a solid base of trust and comfort.

ASK OPEN-ENDED QUESTIONS

- *How are you feeling about this now?*
- *How were you feeling during the attack?*

ALLOW THEM TO TALK

- *Take your time.*
- *We can talk about anything you like.*

FACILITATE THE FLOW OF THE CONVERSATION

- *Would you like to talk about what happened?*

CLARIFICATION & DEFINITION

- Explore the nature of the problem
 - Encourage the person to be specific and personal
 - Focus on how the person feels about what happened
 - Discover what previous efforts the person has made to get help
 - Paraphrase the person's answers and state them back to him/her
 - Don't question the validity of his/her feelings, just accept them
 - Assess the level of physical harm
-
- *Are you in any pain?*
 - *Do you know of any injuries you may have?*

ASSESS THE PRESENCE OF ABSENCE OF A SUPPORT SYSTEM

- *Have you told anyone else about this?*
- *What did they say when you told them?*

EXPLORATION OF ALTERNATIVES

Don't rush in with advice; only suggest your ideas after the person has expressed his/her own: *What have you thought about doing?*
What ideas have you considered?

- Explore alternatives and resources: *What information do you think you need?*
- Don't push the person to take any action that he/she is not comfortable with
- *How do you feel about reporting this to the police? What about obtaining medical attention? Would you like someone to go to the police/hospital with you?*
- Let the person take control of the process of planning and executing whatever solution you decide on
- Weigh the pros and cons of each solution
- Make referrals if necessary

TERMINATION

- Agree on a concrete plan of action to be completed before the next session (safety plan)
- Don't promise things you can't deliver
- Encourage the person to come see you again, make an appointment if possible
- Let the person do any evaluating of the session
- Always ask if there is anything else that the person wants to talk about, often there is another problem that may be more serious, shameful, or embarrassing than the problem you have just spent your time discussing
- Let the person be the one to end the session if possible
- Go back over the other stages and check the progress of the session, re-discuss any areas that seem vague or incompletely covered

POST-SESSION

Being a facilitator is not necessarily an uplifting experience. Facilitating can feel like a "thankless" job, and you may feel that you aren't really making an impact.

Domestic Violence Facilitator Guide

You may feel helpless in the face of an apathetic legal and judicial system and centuries full of prejudice and myth. You may also feel that you've failed if the man/woman you are facilitating doesn't succeed.

As a facilitator, you just have to accept that your actions may not cause immediate change, but that every little bit you do does make a difference. By standing up for the rights of victims of domestic violence you are changing the consciousness of your society, and that is a courageous, admirable, and difficult thing.

However, because facilitating is such a hard job, it is very important that you take care of yourself as well as the victim. The following are some good ways to avoid feelings of futility and burnout:

- Talk with another mentor about the session and how you are feeling
- Reflect on how you handled the situation—both what you did well and the spots where you felt unsure
- Discuss with the other mentor how such a problem might be handled differently
- If there is no one else available to talk to, try writing down your thoughts instead.

WHAT A STUDENT SHOULD EXPECT OF YOU

- To listen without interruption and judgment to his/her story
- To help him/her identify her feelings about the abuse, the abuser, and him/herself.
- To understand and identify the extreme danger he/she has been in, and could face again
- To guide him/her in learning about their rights and resources.
- To get him/her to identify their own inner strength and courage
- To identify his/her power to live without violence and seek their own goals
- To help him/her understand that it is the abuser who is responsible for the violence
- To assist him/her in building his/her self-esteem and empowering themselves.

WHAT YOU CAN EXPECT FROM A VICTIM

Trauma and shock of any kind, especially following abuse, affects people in different ways; some women may laugh and make jokes, while others may be hostile. Add to that, the fact that everyone has their own reaction and coping style, and it is easy to see that there are many different types of women you may come across in your facilitating.

The following is a list of some of the main types to help you in adapting. Please note that these are not set in stone and most victims will not fit neatly into one category. These are meant to help you in your facilitating, not limit you.

Those who are very nervous

If a person appears very nervous (e.g. tense, awkward, aggressive, or overly formal), adopt a relaxed and positive manner. Check on their comfort and keep questions to safe, easy topics until he/she is more at ease.

Those who talk very little

If the person keeps to very brief, non-committal replies, resist the temptation to talk more yourself.

Do not succumb to the temptation of making long speeches that end in a closed question. Instead, ask easy, open-ended questions, encouraging any replies received.

Those who talk too much

Talking too much is often a sign of shock or trauma. In these circumstances, it may help to let them tell you their story, listening as intently as possible, making sure you have understood all they have said and repeating it back to them, asking if you have got it right.

Those who exaggerate

Some people may persistently overstate their injuries and complaints. Resist the temptation to deflate them. Instead try to focus on their feelings and why they find what is going on so damaging. For you as a facilitator, it is not really all that important to verify the truth of their claims, only to deal with the sentiment behind them. Remember, not all injuries are visible ones.

Those who are too calm

Some people might seem too detached and calm when describing the situation. This is likely due to shock, or may be their way of coping with the trauma.

Thus they may have (intentionally or unintentionally) deadened their emotions, so that re-telling the incident is done in a way that is devoid of emotion and eerily matter-of-fact. Living in an abusive situation can also desensitize both men and women to the awfulness of what is going on, as it becomes for them an everyday norm.

Those who are very angry

Some people may be very angry about what has happened/is happening to them. They may take this anger out on you. If this happens try not to be alarmed or take this personally. It isn't you that they're angry at.

They are most likely projecting their anger at their abuser/perpetrator, themselves, or society in general onto you. This is actually good, as it indicates that they consider you a safe target. If they feel secure enough to get angry with you without fear of retaliation, they may also let you in once their anger subsides. Encourage them to express their feelings, but try not to let things get too out of control.

Those who are hysterical

There are many reactions to trauma and reawakening painful memories can be too much for some people. Always keep tissues handy during counseling sessions and let the victim know that it's all right to cry. Their being willing to cry in front of you shows that they feel secure enough to show how they are really feeling. Let them cry for as long as they need to, reminding them gently that you are there to talk whenever they feel ready and that they should take their time.

Those who are silent

Some victims are unresponsive, or reply adequately but do not elaborate. Again, this can be due to shock or sustained abuse, both of which can have a silencing effect. Their partner may have threatened them in all sorts of ways to warn them off of speaking to anyone about what is going on. They may also be ambivalent

about talking with you because of reservations about getting someone they loves/once loved/has children with/etc., in trouble.

They may find it hard to articulate what has happened, or may not have come to speak to you voluntarily. Just be patient. If you take your time establishing rapport, eventually they will begin to trust you and open up. There's no rush.

Those who don't act as you would expect

Some victims simply do not act as we imagine they "should" or as we would imagine ourselves acting. Remember, everyone has their own style of coping with trauma and their own perspective. Just try to be as flexible, open, and non-judgmental as you can.

LINKING TO LIFE EXPERIENCES

Most adults find it easier to learn new concepts and facts if these are linked to something they know or have experienced.

For example, if the group is struggling to understand why women do not leave violent husbands, you could ask people to think about how hard it would be to pack up and leave the homes they have created.

Many people make sense of abstract ideas or complex concepts by relating them to something they are familiar with or know about.

STRATEGIES

Talking about any form of abuse and violence can bring up a mixture and complexity of feelings for participants. The principle, 'everyone has the right to feel safe all the time' is integral to anti-victimization work. This principle is true for domestic violence victims just as much as it is true for participants in domestic violence training.

Promoting safety includes being aware of the potential to self disclose and how this can effectively be dealt with. Discussion on abuse may precipitate the disclosure of abuse, past or present.

Two strategies that may be useful in dealing with possible disclosures are:

- One-step removed
- Protective interrupting

Both these tools should be introduced at the beginning of the session wherever possible. One step removed can be discussed as the optimum way of talking about the issues and Protective interrupting as the response to disclosures.

STRATEGY: ONE STEP REMOVED

One step removed: was developed as a tool in accessing information by externalizing questions. This process breaks down the 'us-them' situation by broadening individual experience and making it relevant and generalized. This also acts to protect the self from being unnecessarily vulnerable. For example, 'What could you do if ...? Rather than 'what should I do....?'

The 'one step removed' tool can be used to provide personal information to a group in a way that does not leave the individual unduly vulnerable; it also provides the opportunity to 'test the waters' and establish the level of acceptance within the group of the issues of concern.

The sessions are information-based rather than therapeutic, and therefore it is not the place for self-disclosures.

Participants should be encouraged to use this method in the event that a personal experience might be useful for the discussion, for example:

STRATEGY: PROTECTIVE INTERRUPTING

Protective interrupting was originally developed to stop someone from disclosing in a situation that would increase his or her victimization. When a facilitator recognizes the signs of disclosures, for example, the participant may be looking uncomfortable, leaning forward, and comments like, 'That happened.../' 'Last night.../' 'Sometimes my...' they interrupt the statement immediately. It also involves follow up, for example, by suggesting an alternative time to discuss the issue about to be disclosed, for example:

Participant says:

'I know what you're saying, my partner...'

Facilitator says:

'Hang on a minute; right now we're talking about forms abuse

takes generally. It's important to talk about these issues broadly, as they could affect everyone. I think that you have an important insight and I'd like to talk with you more after the session.'

Further useful strategies that might be used include:

- Allowing participants to leave the room if they need to at any time, and
- Suggesting that if participants want to talk about their experiences or feelings after the session they are welcome to see the facilitator who can refer them to an appropriate service for support.

This course encourages participants to learn in a safe and respectful environment. Participants will not be expected to say what they believe, but will have opportunities to explore their existing knowledge and attitudes.

TOPICS

First: Introductory information about domestic violence Definition and scope of domestic violence.

- Context of domestic violence
- Victims and perpetrators of domestic violence

Issues surrounding the recognition of domestic violence:

Possible Indicators of Domestic Violence: Physical, Emotional and Behavioral Impact.

- The impact of domestic violence on women
- The impact of domestic violence on children
- The impact of domestic violence on men Topic
- The impact of domestic violence on older people
- Responding to domestic violence
- Providing effective support to victims and observers of domestic violence
- Responding to perpetrators of domestic violence

- Ethical and medico-legal issues
- Governance and protocols
- De-briefing and other support mechanisms
- Accessing information

This facilitator's guide is designed to help the learning facilitator. It outlines things you need to know about your responsibilities as a facilitator. You will find practical issues that may come up in your group and provides a step-by-step guide to helping the group decide what to focus on.

With practice and patience, anyone can become skilled facilitator. If you are a facilitator we hope that you will learn something new from this manual.

Two of the best teachers are: experience and examples. Experience plays a big role in facilitating but if you have no experience, one of the best teachers is to watch another facilitator in action.

Watch how others facilitate. If you come across someone good, watch how they work and pick up any techniques you find useful.

MINDMAPPING

The humanitarian community needs a fundamental reorientation from supplying aid to supporting and facilitating communities about domestic violence.

There is a need to rethink the end goal of assistance and move from a service delivery approach to a capacity empowering framework, or in other words to shift the emphasis from only delivery to support and facilitation.

FOUR PRINCIPAL RECOMMENDATIONS

Ownership and Accountability: The domestic violence and assistance system needs a fundamental reorientation from supplying aid to facilitating communities about domestic violence.

Capacity: Increase domestic violence responses and improve coherence.

Quality: Establish accreditation/certification system

Funding: Make funding system impartial, more efficient, flexible, transparent, & aligned with good facilitator principles

BRAINSTORMING

The objective for brainstorming is to create a shared picture of the world we live in and how it affects our way forward.

Method: The whole group should create a mind map of present domestic violence issues in society, social, economic, technological, political, environmental, etc – that people believe are shaping the future for domestic violence risk reduction.

Brainstorming is a way of generating thoughts, ideas and views about a given topic. It's a quick way to help prompt new and innovative ideas from the group, giving you lots of options to consider. You can learn a great deal from each other of everyone is willing to listen to each other.

Be creative and outrageous. There is no analysis, criticism or discussion of ideas. All ideas should be written as concisely as possible where everyone can see them, say on a board or butcher's paper.

Brainstorming is a good approach to use when the group wants to generate as many ideas as possible.

Depending on your objective, you may want to add some further steps once you have an initial list of ideas. For example, if the group is using brainstorming to get an idea of people's expectations for the learning circle, you might review the list and see which ideas are similar or could be combined.

The group could then use this shorter list to discuss priorities. If the group has used a brainstorm to generate possible strategies to tackle a specific topic, it might then analyze the results according to their appropriateness, importance, and feasibility of putting the idea into place.

The person gets the benefit of the experiences of the whole group and the group's efficiency is strengthened by having a quick way to address a variety of problems that may arise.

Participants have already made a decision to spend some time talking about domestic violence prevention and community safety. This means that your responsibility is to review the objectives for each and make sure that everyone understands what the objectives are and how to meet those objectives.

EXERCISE EXAMPLE

1. Imagine yourself 10 years into the future. Visualize the sustainable, domestic violence resilient community you really want as if it exists now. What is life like? What relationships exist among victims, abusers and survivors? Imagine there was no such thing as domestic violence.
2. On a flipchart, list key accomplishments since the year of this training meeting. Describe the notable programs, policies, structures that now exist
3. Think back to the year of this training meeting. What was the major barrier you had to overcome then to get going? How did you do it?
4. Choose a creative way to present your vision as if it is happening now

Your scenario should be:

- a. A feasible – people can do it
- b. Desirable – society would benefit
- c. Motivating – you would work to make it happen

Do not consider cost or difficulty. This is an exercise in describing what you really want.

COMMON GROUND FOR THE FUTURE

The objective for this activity is to discover the common ground desired by the facilitators.

1. Note desired futures, what we want to see changed. This is our potential common ground agenda; what we can all agree on
2. In mixed groups, discuss and write on post-its, examples, projects, ideas that groups use as ways to get there – how we may do it
3. On the wall sheet, stick your post-its under the relevant sections:
 - a. Common Ground – What; and
 - b. Potential Projects & Ideas – How
4. If there is something you do not agree with then take the post-it and put it under the section named: Not Agreed

The Purpose is to confirm the common future result desired by the whole group. Action planning and brainstorming on common ground is the intent of this exercise.

Domestic Violence Facilitator Guide

Experience has shown that projects supported by everyone are more likely to be implemented. These ideas will help us in our personal and group planning to follow.

- Walk up to the wall-sheet and see what has been written and agreed
- As a single group, we will discuss any issues which arise
- Discuss what you feel should be changed
- How you feel the changes need to be implemented
- What the desired outcome should be using your plan

Purpose: To identify short and long term action steps. What are the steps you want to take right now to work toward your common future agenda?

Identify whether you see a place for a domestic violence risk reduction facilitation program and if so, how you see it being formulated

Questions to consider opportunities or constraints on going forward with Action plans:

1. What immediate follow-up is required for facilitators?
2. What support is necessary, or would be useful, to support this work?
3. What are the major obstacles to this work and how can they be overcome?
4. What are the major sources of support/ alliances in this work that need to be developed or further enhanced?
5. What long term planning is needed to ensure the sustainability and accountability on issues and implementation?

IN THE NEWS: DOMESTIC VIOLENCE TRENDS

This section offers recent statistics about domestic violence. If you have gathered local and state statistics, integrate them into your discussion. If you have found relevant newspaper or magazine articles, read them out loud or assign participants into groups of three to discuss and then present the information to the larger group.

When discussing domestic violence trends:

- Select participants to read aloud the trends.
- Use local news articles, reviewing them carefully to avoid overly complex issues.

Make sure that the articles do not identify offenders in your facility or victims in your community.

- Ask participants “How do these trends make you feel?”
- Come up with additional questions, if desired.

IMPACTS ON MEN AND WOMEN

- Domestic Violence kills more women than men
- Women remained at a disadvantage in accessing livelihood and other recovery Programs.
- Less attention has been paid to re-establishing livelihoods after abuse.

EMOTION, ANGER AND SENSITIVITY

People, who attend, will come with a wide variety of interests, views, attitudes and personal experiences. This is one of the features that make classes effective environments within which to discuss, explore, learn and problem-solve.

Everyone has experiences, views or attitudes from which others can learn something, it could be something like the importance of tackling prejudice or how to argue effectively or stress and anger problems.

With this type of diversity, comes arguments and conflict. Sometimes people will come to group sessions with very clear views about a topic and how to deal with it. The suggestions for keeping things on track give you some ideas about how to approach such situations. The main thing is to get people to focus on issues and ideas, not the person, and to avoid getting stuck in debates when there is no one has the right answer.

Issues around domestic violence fear of violence and safety can be very emotional for some people. If their lives have been directly affected by domestic violence, they may respond to discussions in a personal way, or tend to dismiss the views of people who haven't had the same experience. Where the domestic violence involves a person rather than property, responses may be very strong. It's important to acknowledge and respect people's feelings and experiences, even if you do not share them. A class works best when people feel safe and comfortable about expressing themselves.

Think about these issues at your first session and address them in your ground rules. If people agree, for example, to respect the views of others even if they don't agree with them, to focus on the issue, not the person, and to acknowledge that everyone can learn something from others, you can point to these agreed rules if conflict emerges.

DEALING WITH DISCLOSURES

Some of the domestic violence material deals with sensitive issues, particularly the chapter on personal violence. Some people may find it challenging or confronting. In this manual, the material is designed for discussion in the group and may enable people to see their own and others' circumstances differently.

If the group feels safe or someone thinks other members will be sympathetic to their situation, it is possible they will disclose personal experiences.

Encourage the group as a whole to think about how they might handle particularly sensitive issues or situations if they happen, it will be easier if everyone has thought about and agreed on how to handle a situation before it arises. Below are some suggestions for dealing with disclosures that people in the group may make.

Suggestions for dealing with disclosures

- Listen. Don't interrupt.
- Give positive feedback. For example, 'This is never an easy thing to talk about. You are being courageous in telling your story...'
- Be non-judgmental. Try not to show specific emotions like shock at what is said.
- Believe, and affirm that you believe, what they are saying.
- This is their story, not yours. Empathize but don't focus on things that happened to you.
- Don't counsel the person. Refer them to appropriate people if they want counseling.
- Don't make promises and commitments you can't keep.
- Don't expect them to make promises that you know they can't keep.
- Keep your opinions about their abuser, or their behavior if they are the abuser, to yourself.

- Find out what their present situation is. If a group member is experiencing violence, give them information to enable them to make decisions about what to do about it.

DISCUSSING VIOLENCE

Discussions, particularly domestic violence, raise some particular issues you need to think about as a facilitator.

Are there men and women in the group? Different issues arise if the group is all male or all female. If the group is mixed, think about how women and men can get equal talking time.

Studies of mixed groups from school age onwards show men in a group tend to dominate discussion times. In relation to domestic violence, men may resent a focus on male violence and may push the view that women are violent too. Yes, some women are violent, but conventional wisdom holds that physical domestic violence is mainly perpetrated by men against women.

Do group members know each other? This can affect privacy and safety issues. At the group's first meeting, try to find out why people have got involved in the session and what their interests are. Ask if they know others in the group, and how they are linked.

CHECKING ON STUDENTS

You might find this a useful exercise during meetings. It will take about 5–10 minutes, depending on the size of the group. It provides a quick check on how people are feeling, whether they understand what is being discussed, and whether their needs are being met.

EXERCISE

Choose an unfinished sentence that reflects what you want to check, for example:

- 'Right now I feel ...'
- 'The thing I find hardest to understand is ...'
- 'I would like to change ...'

Ask each person to complete the sentence in a few words. Ensure everyone has a turn, then summarize the responses and, with the group, address any issues that arise. Or:

Ask the group to ‘Choose a word that explains what is happening for you right now’.

This section highlights some factors that help adults learn. You may find it useful in understanding the different ways people respond. Your session will work best if the group looks for different ways of presenting and exploring information, activities, discussion in pairs, story-telling, drawing, visual presentations, videos, guest speakers etc.

MISC TIPS

The following are six statements that a battered men/woman needs to hear from you and from anyone he/she relies on for support:

1. This is not your fault. You are not to blame.
2. I am afraid for your safety and the safety of your children
3. The situation will only get worse.
4. I am here for you.
5. You deserve better than this.
6. You can change your life.

The following are a list of questions you can ask your client to assess the situation’s danger level:

- Has the violence, danger, or brutality of the assaults escalated?
- Are there knives, guns, or other weapons at home?
- Does the perpetrator abuse alcohol or other drugs?
- Does the perpetrator assault you while intoxicated or high?
- Has the perpetrator threatened or attempted to kill you?
- Is the perpetrator assaultive during sex?
- Does the perpetrator follow you, monitor your whereabouts, and/or stalk
 - Is the perpetrator jealous or paranoid?
 - Is the perpetrator depressed or suicidal?
- Has the perpetrator experienced recent deaths or losses?

- Does the perpetrator have a history of assaulting other people or breaking the law?
- Was the perpetrator beaten as a child, or did he witness his mother being beaten?
- Are you still living with the perpetrator?

DEALING WITH INCEST

Incest often evokes responses of horror, disbelief, judgment, and denial in both the facilitator and the victim.

Facilitators need to recognize the intense pain that can be attached to dealing with this experience; however, they cannot afford to get “bogged down” in the pain.

Facilitators must attempt to hold a realistic perspective by acknowledging the topic and its often-painful consequences, but also by viewing the client as a whole person who has strength and survival skills and who can resolve the experience.

Facilitators should also be careful not to treat the person as too “special.” In our desire to be helpful, sensitive, and accepting, we may isolate them even further, thereby reinforcing their sense of being different and alone. We may also steer them away from the incest experience because of our own discomfort or feelings of inadequacy as a counselor. Once again, this is another reason you must think about your reactions to these hard issues **before** you start counseling, not in the middle of a session.

SIGNIFICANT OTHERS

Significant others may be a friend, relative, partner, boyfriend, girlfriend, or spouse of the victim. They may be facing their own problems in coming to terms with the situation of the victim. Keep in mind that they may also be the actual victim masquerading as a significant other. The “my friend has a problem” line is not uncommon. Some issues that significant others may face are:

- Anger, desire for revenge
- Feelings of guilt or responsibility
- Feelings of disgust or frustration
- Feeling of fear, shock, or denial
- Not knowing how to help the victim or what to say to her

The best thing that you can do for a significant other is to educate them. Dispel their myths and stereotypes and teach them how to listen so that they can be there for their loved one in a constructive and helpful manner.

THE CYCLE OF VIOLENCE

Those who have studied domestic violence believe that it usually occurs in three stages, referred to as the “cycle of violence.” First, the abuser uses words or threats, perhaps humiliation or ridicule. Next, the abuser explodes at some perceived “mistake” by the other person and the abuser becomes physically violent.

Finally, the abuser “cools off,” asks forgiveness, and promises that the violence will never occur again. At this point, the victim often gives up on leaving the violent situation or having charges brought against the abuser. Typically, the abuser’s rage begins to build again after the reconciliation, and the violent cycle may be repeated.

The Violence Wheel: illustrates the relationship of physical abuse to other forms of abuse. The wheel was developed after victims described common control tactics abusers used. The center of the wheel represents the intention of all violence tactics: to establish power and control. Each spoke of the wheel represents a particular tactic. The rim of the wheel, which gives it strength and holds it together, is physical abuse. The wheel model is important because it demonstrates how domestic violence behaviors are cyclical and recurring, rather than linear.

SETTING UP YOUR CLASSROOM

Classroom setup can dramatically affect attitudes toward learning. Participants need an environment that is organized, stimulating, and comfortable in order to learn effectively. Creating such an environment entails arranging a practical physical layout, supplying diverse materials and supplies, and encouraging students to have a sense of belonging and ownership.

Running your classroom is about more than just discipline. Experienced instructors know that effective classroom management begins before you ever meet the participants and carries through every aspect of teaching. It’s about preventing problems, not just cleaning them up after they occur.

Instead of looking at participant behavior in an isolated area, our resources for new instructors consider it in the context of classroom design, curriculum, and instructional strategies.

DESIGNING YOUR CLASSROOM

Effective classroom management begins before you ever meet your participants, with the way you design your classroom. There are standard classroom setups, but do they really fit your teaching style and your instructional goals? And what if you're stuck with a strangely shaped classroom and limited resources?

We look at the basics of making your classroom attractive, comfortable, and functional, examines the way classroom space affects your ability to meet your instructional goals, and offers some sample floor plans.

ARRANGING THE LEARNING CENTERS

Take the physical features of your classroom into account when planning. As the class progresses, you can add different techniques to fit your class's evolving needs.

- Keep projectors and screens away from windows to keep glare from sunlight off the screens.
- Use dividers to isolate different areas for exercises.
- Provide comfortable seating.
- Save space by using walls and corners for posters, books, and supplies.
- Set aside an area to for small and large groups. Allow enough seating for about eight students.

ARRANGING THE WHOLE-GROUP AREA

- Make sure that all participants will have an unrestricted view of the board or power-point.
- Consider what whole -- group activities will take place to determine how to arrange chairs. Keep in mind that arranging tables in a circle promotes discussions and small clusters of desks can double as small-group meeting areas.
- You should be out of the way, but in an area where you can view the entire classroom.

LEARNING AREAS

WHOLE-GROUP AREA

For whole=class sessions -- this includes informal discussion, direct instruction, and presentations. This is a good place for an instructor's chair from which participants can read materials.

SMALL-GROUP AREA

Give small-group instruction or allow groups of participants to gather for peer-led discussions.

INSTRUCTOR'S DESK

- Position it where you have easy access to the white board
- Located where you can observe the whole class
- Easy access to materials
- Presented so that it is inviting to participants
- It is essential for instructors to have their own space, it is vital for instructors to spend most of their time "roaming" the class. This will reduce "off task" behavior but also gives you the opportunity to assist struggling participants.

TABLE SET UP

- Rows – ensure the participants' focus is on the instructor. Participants have good visual of what's on the boards and power-points. It reduces "off task" talking, but this layout also limits the opportunity for productive group discussion and group work.
- Clusters – or small groupings of table's benefits group work and discussion. It's more distracting for participants when they are doing individual work. Creates difficulties when instructor wants eye contact at the front of the class, as desks face in all directions.
- "U" or Horseshoe Shape – allows good eye contact with the front of the class and it cuts down on unwanted talking, but participants also have good eye contact with each other to allow class discussions to take place effectively. However, a large classroom space is essential.

- Ensure you provide floor space for participants. Use this space for class discussions, morning talk, quiet reading, and instructor instructions. This space is a must.

NOTES

CHAPTER TWO

GOALS

This resource package is based upon a model of education that recognizes that participants have particular skills and knowledge built up through their own life and work experiences. The manual seeks to build on this existing knowledge base and further extend the skills and knowledge of those undertaking courses using these resources. It is envisaged that participants attending these courses will see themselves as having options and competence to deal appropriately with situations of domestic violence in their future professional roles.

As the package is designed for use by a range of people including undergraduates, the ability of the participants to apply information will be determined by their professional scope of expertise.

LIMITATIONS

This resource manual is designed to give participants a basic understanding of domestic violence and appropriate ways of responding to it. These resources will not equip participants to become specialized facilitators and do not aim to provide more than a general background to the issues and situations that may arise in their work.

This manual is developed to develop knowledge and understanding of definitions, forms, prevalence and scope of domestic violence.

OBJECTIVES

The objectives of this chapter are to:

Provide information relating to:

- Definitions of domestic violence
- Definitions of victim and perpetrator
- The forms domestic violence takes
- Patterns of domestic violence
- Provide opportunity for discussion of these issues.
- Provide opportunity to reflect upon personal responses to issues raised in the

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Define domestic violence
- Define victim and perpetrator and discuss the implications of these terms
- Identify the various forms of domestic violence
- Differentiate between various forms of domestic violence
- Describe the patterns of domestic violence
- Relate issues specific to patterns of domestic violence
- Reflect upon personal reactions to issues raised in this.

DEFINITIONS OF DOMESTIC VIOLENCE

Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. Domestic violence takes a number of forms both physical and psychological. The commonly acknowledged forms of domestic violence are: physical and sexual violence; emotional and social abuse; and economic deprivation.

Domestic violence is a term that refers to a wide range of physical, sexual, emotional and financial abuse of people who are, or have been intimate partners whether or not they are married or cohabiting.

Intimate Partner Violence (IPV), otherwise known as Domestic Violence, is a pattern of physical, sexual, and psychological attacks that adults or adolescents use to control their intimate relationships.

Domestic violence is considered to be behavior that results in physical, social and/or psychological damage, forced social isolation, economic deprivation, or behavior which causes the victim to live in fear.

DISCUSSION QUESTIONS

- What are the common themes and issues in the definitions?
- What are the differences between the definitions of domestic violence?

VICTIMS AND PERPETRATORS: DEFINITIONS AND THEIR IMPLICATIONS

The terms ‘victim’ and ‘perpetrator’ are commonly used in reference to domestic violence. There has been and continues to be debate about the appropriateness of the terms, especially ‘victim’ ([link to discussion question](#)).

Victim: the person who is, or has been, subjected to domestic violence. Another term used for ‘victim’ is ‘survivor’.

Perpetrator is the person who has committed the act of domestic violence. This person is also known as an ‘offender’.

ACTIVITY

In small groups:

List the characteristics of a ‘victim’

List the characteristics of a ‘perpetrator’

List the characteristics of an ‘observer of domestic violence’

In this group discuss the following:

- What are the potential implications (positive and negative) of labeling someone a ‘victim’?
- What are the potential implications (positive and negative) of labeling someone a ‘perpetrator’?
- What are the potential implications (positive and negative) of labeling someone an observer of domestic violence’?
- How might the labels and their implications impact on the way in which you might respond to the victim? The perpetrator? The observer?

Rejoin the large group to discuss the findings of the small group work.

Men, women and children can all be victims as well as perpetrators of violence however; the emphasis on women as victims and men as perpetrators is clear in the contemporary literature surrounding domestic violence. The statistical evidence available supports this emphasis.

THE FORMS OF DOMESTIC VIOLENCE

PHYSICAL

Involves physical actions including:

- Punching
- Hitting
- Shaking
- Burning
- Stabbing
- Biting
- Kicking
- Sleep deprivation
- Denying access to adequate nutrition and medical care.

Weapons and household objects used as weapons may be used to inflict harm.

Physical consequences of physical violence include bruises, lacerations, soft tissues injury, internal injury, fractures, malnutrition, and deteriorating medical condition

Typically the violence is ongoing and becomes progressively worse.

EMOTIONAL OR PSYCHOLOGICAL

Emotional or psychological abuse includes actions such as intimidation, threats to the victim or about the victim's children, harassment at home and work, threats to destroy property and/or pets, destruction of property and/or pets, undermining confidence.

Emotional or psychological abuse can occur in private and in public. Friends, family and strangers may witness this mode of abuse.

SEXUAL

Sexual abuse is often discussed separately because of the specific trauma associated with it. It is also a form of domestic violence. Sexually abusive behavior includes pursuing sexual activity when the victim has not or cannot give consent (includes rape); damaging genitals, coercion to have unprotected sex, sexual criticism. Sexual abuse occurs along a continuum that culminates in violent criminal acts.

ECONOMIC

Economic abuse occurs when the perpetrator denies the victim access to finances, demands detailed accounting, and demands that small amounts be stretched further than is possible. Physical and emotional abuse may follow as punishment for transgressions.

SOCIAL

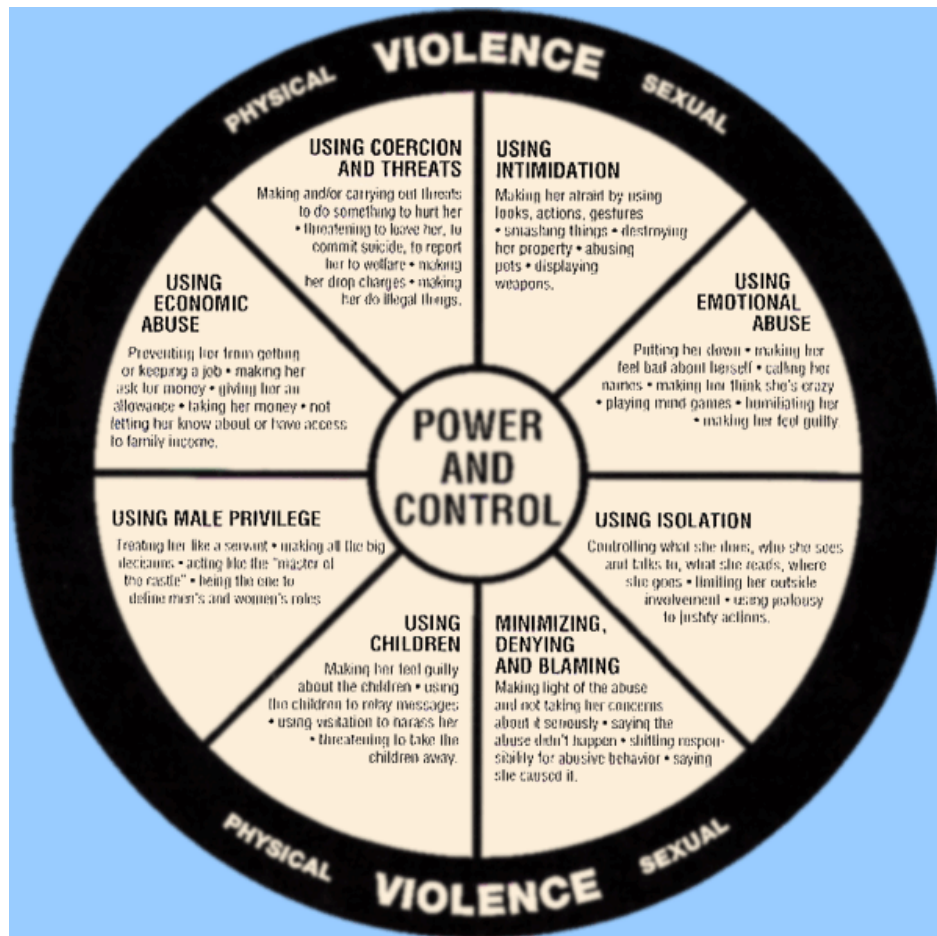
Social abuse occurs when the victim is socially isolated from friends and family. This can occur by making friends and family members feel unwelcome and preventing contact with them, keeping the victim a prisoner in the house, keeping the victim under surveillance when outside the house, preventing telephone contact, preventing the victim learning English if from a non-English speaking background.

SPIRITUAL OR CULTURAL

Spiritual or cultural abuse occurs when the victim is denied the right to pursue religious, spiritual and cultural activities; the victim's culture/spiritual beliefs are denigrated and when other forms of abuse are justified as a cultural tradition or as acts supported by religious beliefs.

NOTES

SEE CHART BELOW



DISCUSSION QUESTIONS

- For what purposes might a perpetrator of domestic violence use each of the various forms of domestic violence?
- How might different forms of domestic violence impact upon the victim? The perpetrator? An observer?
- How might different forms of domestic violence influence the way in which you might respond to the victim? The perpetrator? An observer?

PATTERN OF DOMESTIC VIOLENCE IN AMERICA

Familiarity with the pattern of domestic violence in America can assist in the development of appropriate response strategies at national, state and local levels.

The Domestic Violence Skills Training manual indicates the statistics necessary to complete this section.

IN USING THE TERM ‘PATTERN’ THE FOLLOWING PARAMETERS ARE INCLUDED:

Statistics related to rate, social, geographical and economic background, gender, age and forms of domestic violence. The following statements provide a beginning framework of ideas to begin discussion.

Note:

Rates and prevalence depend on the definition of domestic violence used

- Victims of domestic violence are predominantly women
- Perpetrators of domestic violence are predominantly men
- 45% of women will be subjected to some form of domestic violence in their lifetime.
- Women in the 18-24 year old age group are more likely to experience violence than any other age category between 18-55years
Women are more likely to be victims than males

Rural areas appear to have greater rates of domestic violence for both males and females. Make notes with particular statistics and facts and present to participants.

Domestic violence is not confined to a particular socio-economic group but can occur across the socio-economic spectrum. Gather articles and facts that substantiate this fact.

IMPACTING ON THE PATTERN OF DOMESTIC VIOLENCE IN AMERICA

For people involved in law enforcement, EMS etc, in America, being familiar with particular issues impacting on domestic violence within the state can inform an appropriate response to domestic violence and form a basis of comparison with other areas.

Some issues that could be included in this section are:

- Is your area predominantly rural
- Small population or large population
- Higher ethnic areas
- Higher unemployment areas

DISCUSSION QUESTIONS

- How might these issues impact upon the patterns of domestic violence in your area?
- What implications might this have when considering an appropriate response to domestic violence?

Opportunity to reflect upon personal reactions to issues raised in this.

Questions to Guide Reflections

What have we done in this?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were your beliefs and attitudes to domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way I respond to people involved in domestic violence situations?

CONTEXT OF DOMESTIC VIOLENCE

This was designed to develop knowledge and understanding of the historical, socio-economic, political and theoretical contexts of domestic violence and how these contexts have contributed to the current situation.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about the historical, legal, social, political and economic contexts of domestic violence
- Provide information about the theoretical context of domestic violence
- Provide the opportunity for participants to draw upon their knowledge of these contexts to expand their knowledge and understanding gained
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Discuss the historical-legal context of domestic violence
- Discuss the socio-economic context of domestic violence
- Discuss the political context of domestic violence
- Discuss the theoretical context of domestic violence
- Recognize relevant connections between these contexts and the content from
- Reflect upon personal reactions to issues raised in this chapter.

The historical, legal, social, political and economic context of domestic violence is foundational to understanding the development of personal and societal action and reaction in relation to domestic violence. There have been many changes in recent years that may have an impact on domestic violence.

In this section the following areas may be raised for discussion to provide an overview of the context of domestic violence.

- Historical acceptance levels surrounding violence
- Male and female social role development
- Privacy and the family
- Issues of power, authority and legitimacy
- Legislation and the legal system (economic, corporal punishment for example)
- Tacit cultural rules governing male and female behavior, feelings, reactions
- Impact of the popular media

Prior to the 1960s there was limited recognition of domestic violence as the accepted social relationship between men and woman was one of ownership.

As her husband's property, a woman was vulnerable to poor treatment and there was little recourse through the legal system. This is a situation that remains true in many parts of the world. Milestones have been achieved over the years.

DISCUSSION QUESTIONS

- What types of violence are accepted as 'normal' in our daily lives? (For example is smacking a child 'normal')
- What impact might acceptance of some types of violence have on the way in which professionals might respond to people in domestic violence situations?

ACTIVITY

Make up and read scenarios and have participants answer the questions individually.

SAMPLE SCENARIO

You are eating a meal at home when you hear shouting and loud banging coming from next-door neighbor's house. The shouting escalates and you can hear the sound of slapping and screaming. This is not the first time that you have heard your neighbors arguing but it is certainly the worst.

What do you do?

- What factors might inhibit you taking action?
- What factors might promote you taking action?

In small groups discuss your answers.

How does the discussion relate to the following issues?

- Privacy and family
- Fear for personal safety
- Embarrassment
- Desire not to get involved

ACTIVITY

In small groups:

- Discuss the characteristics of traditional male and female role stereotypes
- Discuss the characteristics of desirable contemporary male and female roles
- Identify the areas of similarity and difference between the traditional and contemporary roles
- Relate the first three discussion points to a discussion around the relationship between role expectations and domestic violence

Regroup to the whole class for a whole group discussion.

THEORIES ABOUT DOMESTIC VIOLENCE

There are a number of well-known and widely accepted theories about violence. While some theories will be more popular than others, different people subscribe to different theories. Theories for the foundation of any response to violence and therefore the choice of theory (and the informed critique of other theories) will shape the response to people in domestic violence situation.

Theories that have provided ways of understanding violence include the following:

- Biomedical – pathology
- Psychodynamic concepts
- Family systems approaches
- Inner tension
- Social structure
- Violence as learned behavior
- Violence as a consequence of the social system

ACTIVITY

In small groups, consider each of the theories listed.

For each theory:

- Discuss the theory in terms of who wields the power, who has authority, who is to blame

- Discuss each theory in terms of the possible ways a legal response might be made to domestic violence
- Discuss how each of these theoretical approaches could impact upon the way in which professionals might respond to victims and perpetrators of domestic violence?

Regroup for a whole group discussion.

DESCRIPTIVE SUMMARIES OF THEORIES RELATING TO VIOLENCE

Pathology

Men's violence is seen as a symptom of biology, deviant personality types, and abusive family of origin, alcoholism or drug addiction. Psychopathology sees violence as a symptom of mental illness.

Psychodynamic concepts

Sees violence as a symptom of an underlying psychological disorder. Poor impulse control, rage attacks resulting from childhood trauma or family inadequacies are other reasons.

Family systems approaches

Sees violence as a symptom of a dysfunctional relationship. The violence is addressed by creating healthier interaction between the parties.

Inner tension

Violence is seen as being expressive "impulsive forces from within." This is explained as an instinctive or genetically inherited trait which is sometimes seen as stronger in males. Alcohol may allow the triggering of violence at a lower tension level so is seen as a contributor but not a cause.

The cycle of violence is a tool used to explore the "tension-building," "explosion" and "make up" phases.

Triggers of violence are identified and anger management skill building, for example "time-out," is seen as the most effective response.

Social structure theory

Sees violence as more prevalent in "lower socio-economic groups" as a symptom of frustration over limited life opportunities, lack of education and skills. Violence can therefore be addressed by policies that address poverty, inequality and unemployment.

Violence as learned behavior

If nonviolent behaviors have not been modeled or taught, and violence has been reinforced (especially in the family of origin), then an individual uses violence to get what they want. Anger management aims to relax and reduce stress, identify emotions and think about them differently and develop interpersonal communication skills that stop the violence.

Violence as a consequence of the social system

Sees men's violence as a result of patriarchal norms of western society. Men are violent to women as a result of shared beliefs about their superiority over women and their innate right to dominate. Sex role stereotypes, homophobic attitudes among men, and cultural traditions that devalue women are all parts of the culture. Exploring shared belief systems and hierarchical social systems are steps towards building relationships based on equality.

ACTIVITY

The rural context

Domestic violence has been identified as a significant problem in rural areas. Issues pertaining to rural and remote area that increase the vulnerability of victims of Domestic violence include:

- Geographical isolation and lack of communication access
- Common presence of firearms
- Difficulty accessing and enforcing legal protection
- Lack of confidentiality coupled with the stigma of domestic violence
- Limited police presence
- Lack of specialist domestic violence services and low awareness of available services
- Financial insecurity

DISCUSSION QUESTIONS

- How do issues related to rural and remote areas apply to domestic violence in your area?
- What issues related to rural and remote areas might be considered when planning an appropriate response to domestic violence in your area?

Opportunity to reflect upon personal reactions to issues raised in this

Reflections: What have we done in this?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER THREE

VICTIMS AND PERPETRATORS OF DOMESTIC VIOLENCE

This was developed to develop knowledge and understanding of the perpetrators and victims of domestic violence.

OBJECTIVES

The objectives of this chapter are to:

- Provide statistical and other relevant information regarding the profile of victims and perpetrators
- Provide information about commonly held beliefs surrounding victims and perpetrators of domestic violence
- Promote discussion and debate focusing on the similarities and differences between the profiles created by statistics and related evidence, and those created through commonly held beliefs
- Encourage participants to relate their developing knowledge to their current situation.
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Discuss the profile of victims and perpetrators on the basis of statistics and related evidence
- Discuss the profile of victims and perpetrators on the basis of commonly held beliefs
- Explore the similarities and differences between the profiles created by statistics and related evidence, and those created through commonly held beliefs
- Explore the impact of these similarities and differences on current work practices
- Reflect upon personal reactions to issues raised in this chapter.

PROFILE OF VICTIMS AND PERPETRATORS

One of the acknowledged barriers to gaining knowledge about domestic violence is the lack of a coordinated national data collection system. This deficiency has a substantial effect on the ability to plan responses to domestic violence and establish appropriate infrastructure.

WOMEN AS VICTIMS AND MEN AS PERPETRATORS

The statistical evidence available strongly supports the belief that the overwhelming majority of victims of domestic violence are women and the overwhelming majority of perpetrators are men. As a consequence of this the major focus of the response to domestic violence is on women as victims and men as perpetrators.

The identified risk factors for women include:

- Age 40 years old
- A past history of abuse as a child
- A child who is currently being abused
- Recent separation or divorce
- Social isolation

Characteristics include:

- Frequent presentation for medical treatment
- Delay in seeking treatment
- Non-compliance with treatment
- Accompanied by an over-attentive partner

Pregnancy also appears to be linked to increased incidences of violence. In 20% of cases it was the first time the woman had experienced violence in the relationship.

The majority of perpetrators of domestic violence appear to be men. Men controlling their partners through repeated serious physical and emotional violence are included in these statistics.

MEN AS VICTIMS AND WOMEN AS PERPETRATORS

There is little research regarding men who are victims of domestic violence perpetrated by women.

Studies found that men who were victims felt that services, service providers and society in general were biased towards women and felt disadvantaged by this.

CHILDREN AND DOMESTIC VIOLENCE

Statistic estimates that millions of children in this country are living in a household with abuse or have been abused or witnessed abuse. There is a strong link between child abuse and domestic violence.

DOMESTIC VIOLENCE AND THE ELDERLY

There is somewhat limited information about the prevalence of domestic violence amongst older people due to the elderly abuse that is unreported. Older women (55 years and older) experience violence perpetrated by their partners but older women in rural areas may experience greater vulnerability. It is also possible that elder abuse may be an extension of long-term domestic violence.

BELIEFS SURROUNDING VICTIMS AND PERPETRATORS

The following exercise encourages participants to reflect on commonly held beliefs about victims and perpetrators. It throws light on various attitudes, myths and beliefs and provides material for discussion on their impact on the victim and perpetrator. The ascribing of responsibility for perpetration of domestic violence can also be considered during this activity.

NOTES

ACTIVITY

Popular explanations of domestic violence

Part 1

This is an activity that elicits the popular explanations of what causes domestic violence. The exercise encourages the participants to recognize the amount of knowledge that they already have about popular explanations of DV.

In small group's participants:

- List the explanations, causes and reasons for domestic violence that they have heard from people such as friends, neighbors, victims and co-workers; and in the media (e.g. newspapers, TV, radio, novels and magazines)
- Read out their list to the other groups

As a whole group the participants assign the ideas contained in the lists into the following categories:

- Characteristics of the woman
- Characteristics of the man
- Historical family patterns (family of origin)
- Alcohol
- Relationship issues
- Social/economic causes
- Gender inequalities

Part 2

Part 2 is designed to enhance participants' insight into the way people might think feel and talk about domestic violence, thus developing their appreciation of the barriers confronting victims of domestic violence.

Participants are divided into groups, each of which is assigned one of the first 6 categories (gender inequality is not included). Groups prepare and rehearse a presentation aimed at convincing the other groups that the best explanation of domestic violence lies in their category. Groups are encouraged to draw on any evidence (e.g. statistical, anecdotal, spurious, hidden social rules) to lend weight to their argument.

Each small group presents their argument to the whole group possibly using a debate activity.

Part 3

This stage of the exercise aims to uncover the power/inequality issues concealed in the categories above.

Groups are assigned a category and consider the kinds of statement implicit in each category.

For example: 'She must like it because she doesn't leave' belongs in Category 1 and a possible hidden inequality might be economic dependence.

The groups share their work with the large group

CYCLE OF VIOLENCE

The cycle of violence, is a three-stage framework that can be used to understand the cyclical behavior of victims and perpetrators of domestic violence.

TENSION BUILDING PHASE

This stage involves minor incidents (slapping, verbal and/or psychological abuse) with increasing tension and fear of the batterer. This may be the time when a victim will seek out help through law enforcement intervention only to be told nothing can be done until violence occurs.

The victim may:

1. Placate batterer by nurturing or staying out of the batterer's way.
2. Control, manipulate environment to prevent escalation of violence.
3. Minimize, trivialize, and deny violence.
4. Cover for batterer, excuse behavior.
5. Begin to withdraw emotionally from overwhelming stress.

ACUTE BATTERING INCIDENT

During this stage, a violent episode occur usually causing injury and sometimes resulting in death. This is usually the shortest phase lasting a few minutes to 24 hours.

The victim may:

1. Feel a complete loss of control.
2. Feel psychologically trapped.
3. Wait to seek medical treatment if they choose to go at all.
4. Not experience the effects of the trauma for some time.
5. Not trust law enforcement, fear their involvement will further enrage batterer, and defend batterer to police.

TRANQUIL, NON-VIOLENT PHASE

Environment becomes tranquil, maybe even pleasant. This may be the longest phase early in a relationship, but usually becomes progressively shorter over time. This calm environment may become quite brief with the tension phase beginning again almost immediately.

The victim may:

1. Experience the illusion of well-being.
2. Believe that s/he is the sole support of the emotional stability of the batterer.
3. Believe the many promises of the batterer.
4. Feel responsible for batterer's well being.

Factors which increase the likelihood that the victim will seek assistance include:

- Severity of the abuse
- Resources available
- Belief that seeking help will be successful
- Belief that children are in danger

DISCUSSION QUESTIONS

- How might the similarities and differences between the profiles created by statistics and related evidence, and those created through commonly held beliefs impact on the way in which you might respond to people involved in a domestic violence situation?

- In what ways do the profiles created by statistics and related evidence, and those created through commonly held beliefs impact on your current work practices?
- How might knowledge about the profiles contribute to your future work practices?

Opportunity to reflect upon personal reactions to issues raised in this chapter

Questions to Guide Reflections: What have we done in this?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to victims and perpetrators of domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER FOUR

INDICATORS OF DOMESTIC VIOLENCE

This was designed to enable participants to recognize physical, emotional and behavioral indicators of domestic violence and the impact of domestic violence on mental health.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about the physical indicators domestic violence
- Provide information about the emotional indicators of domestic violence
- Provide information about the impact of domestic violence on mental health
- Provide a forum for discussion of these indicators and the participants' responses to them
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Recognize the physical indicators domestic violence
- Recognize the emotional indicators domestic violence
- Recognize the behavioral indicators of domestic violence
- Discuss the importance of these three types of indicators when occurring individually and in combination
- Discuss the impact of domestic violence on physical and mental health
- Reflect upon personal reactions to issues raised in this.

INTRODUCTION

Domestic violence takes many forms that include one or more types of abuse (physical, emotional, sexual, financial and social). Because of this the effects of the violence on the victim are varied. This seeks to provide information that will contribute to the ability of participants to recognize potential signs of domestic violence that might be exhibited by a victim.

The signs are not specific to one type of domestic violence. They include:

- Physical indicators (including bruising)
- Emotional indicators
- Behavioral indicators

Indicators may (rarely) occur in isolation. It is more common for a combination of indicators to present. As many of the indicators are subtle or can be hidden by the victim, a comprehensive assessment of a suspected victim of domestic violence is warranted.

PHYSICAL INDICATORS OF DOMESTIC VIOLENCE

Physical indicators of domestic violence include:

- Bruising, welts
- Lacerations, scars
- Blackened, swollen eyes
- Broken blood vessels in the eye
- Bruising around throat
- Abdominal tenderness
- Chronic fatigue
- Dislocated shoulder
- Whip-lash like injury (from severe shaking)
- Pelvic pain (usually chronic)
- Headaches (ongoing)
- Split lip, damaged teeth and gums
- Fractures

There may be:

- Evidence of bruises and lacerations in various stages of healing
- Series of emergency room treatments for suspicious injuries
- Signs of an untreated fracture that has healed
- Limited range of movement in an arm or leg
- Series of miscarriages, past injuries when pregnant
- Head injury
- A pattern of increasing severity in the type of injuries sustained

BRUISES

Bruises result from trauma to soft tissues which break blood vessels and cause blood to leak out into the surrounding soft tissue. Bruises may not stay localized but may spread (for example a blow to the head may result in a black eye).

Types of bruises include:

- Intradermal – which lie just under the skin and remain localized to the injury
- Ecchymoses – bruises that are smaller than 3-4 millimeters
- Petechiae – bruises that look like pinpoints and result from venous congestion.
- Tramline bruises - two parallel linear bruises that occur when skin is struck by a rod or similar object.
- Spherical disc-shaped bruises may be evident around a person's throat if strangling has been attempted

HEALING SEQUENCE AND TIMESCALE

Bruises heal over approximately 72 hours to one week. Extensive bruising will take longer. The stage of healing can be seen from the color change in the bruise:

Dark blue/purple (new) » blue » brown » green » yellow » healed

DISCUSSION QUESTIONS

- What is the significance of a large number of bruises showing a variety of stages of healing?
- What age groups might you anticipate greater levels of 'normal' bruising and on what parts of the body?

EMOTIONAL INDICATORS OF DOMESTIC VIOLENCE

- Feelings of guilt
- Sadness and depression
- Feeling of being emotionally numb
- Feeling of helplessness
- Feeling of low self worth
- Feeling of responsibility for the perpetrator's violence

BEHAVIORAL INDICATORS OF DOMESTIC VIOLENCE

- Poor eye contact
- Inability to make own decisions
- Discrepancy between the description of the way in which the injury occurred and the injury itself
- Vague description of how injuries occurred
- Avoids answering questions about how an injury was sustained
- Delayed time between injury and when treatment /help is sought
- Addictions (e.g. prescription and illicit drugs, alcohol)
- Eating disorders
- Hyper-vigilance
- Isolated from friends and family
- Isolated at home
- Misses or is late for work with increasing frequency
- Suicide attempts
- Nightmares and panic attacks
- Indirectly or directly talks about abuse

ASSOCIATED BEHAVIOR:

- Overly protective partner
- Partner may express extreme lack of concern, or over concern
- Partner may act in a possessive and jealous manner

INDICATORS OF DOMESTIC VIOLENCE IN PREGNANT WOMEN

The likelihood of domestic violence and its severity rises during pregnancy. While pregnant women are as likely as non-pregnant women to show signs of the behavioral, emotional and physical damage listed in the previous sections there are indicators that have particular pertinence during pregnancy. These indicators include:

- Frequently missing or rescheduling doctor appointments
- Seeking prenatal care late, if at all
- Injuries to her abdomen, genitals and/or breasts
- Miscarriage, placental abruption, premature labor, still birth
- Low birth weight infant

ACTIVITY

In small groups:

- Discuss which of the indicators you would consider the most serious and why.
- Discuss whether any of the indicators would provide sufficient evidence on its own to determine if the person was a victim of domestic violence.
- Discuss the ways in which you might describe the indicators when documenting them.
- What impact does domestic violence have on the physical and mental health of the victim?

Opportunity to reflect upon personal reactions to issues rose in this.

Questions to Guide Reflections: What have we done in this?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER FIVE

THE IMPACT OF DOMESTIC VIOLENCE ON WOMEN

This was designed to assist participants to develop an understanding of the impact of domestic violence on women.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about the socially constructed restraints and barriers that challenge female victims
- Provide background and possible reasons for victims remaining with or returning to the perpetrator
- Provide information about factors effecting the ability of women to address the violent situations they are in
- Provide information about coping & survival strategies used by women who are subjected to domestic violence
- Encourage participants to reflect upon their own personal and professional responses to victims' reactions
- Encourage participants to consider the ways in which the community responds to various reactions and coping/survival strategies and the impact that this has on victims of domestic violence
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Discuss the socially constructed barriers and restraints that challenge female victims
- Discuss the background and possible reasons for women remaining with or returning to the perpetrator
- Discuss factors effecting the ability of women to address the violent situations they are in
- Discuss coping & survival strategies used by women who are subjected to domestic violence

- Critically reflect upon their own personal and professional responses to female victims' reactions
- Critically reflect upon the impact that community response to various reactions and coping/survival strategies has on female victims of domestic violence
- Reflect upon personal reactions to issues raised in this.

INTRODUCTION

Complicating the response to domestic violence is the difficulty that victims experience when attempting to address the violent situations they are in. The particular focus of this is women who are victims of domestic violence. There are formidable socially constructed barriers that complicate their ability to deal appropriately with the violent situations that they experience. These barriers can be understood within the broader terms of power and inequality. Barriers that will be addressed in this section include:

- Gender
- Socio-economic status
- Ethnicity
- Religious beliefs
- Sexuality
- Intellectual disability
- Physical disability
- Literacy in the principal cultural language
- Geography

These factors impact on the way in which women develop and use coping mechanisms, how they survive, how they protect other vulnerable members of their family and the way in which the community responds to them.

Understanding these barriers and the behaviors that occur as a consequence of them is crucial to the professional's ability to respond appropriately to domestic violence.

BARRIERS TO ACTION

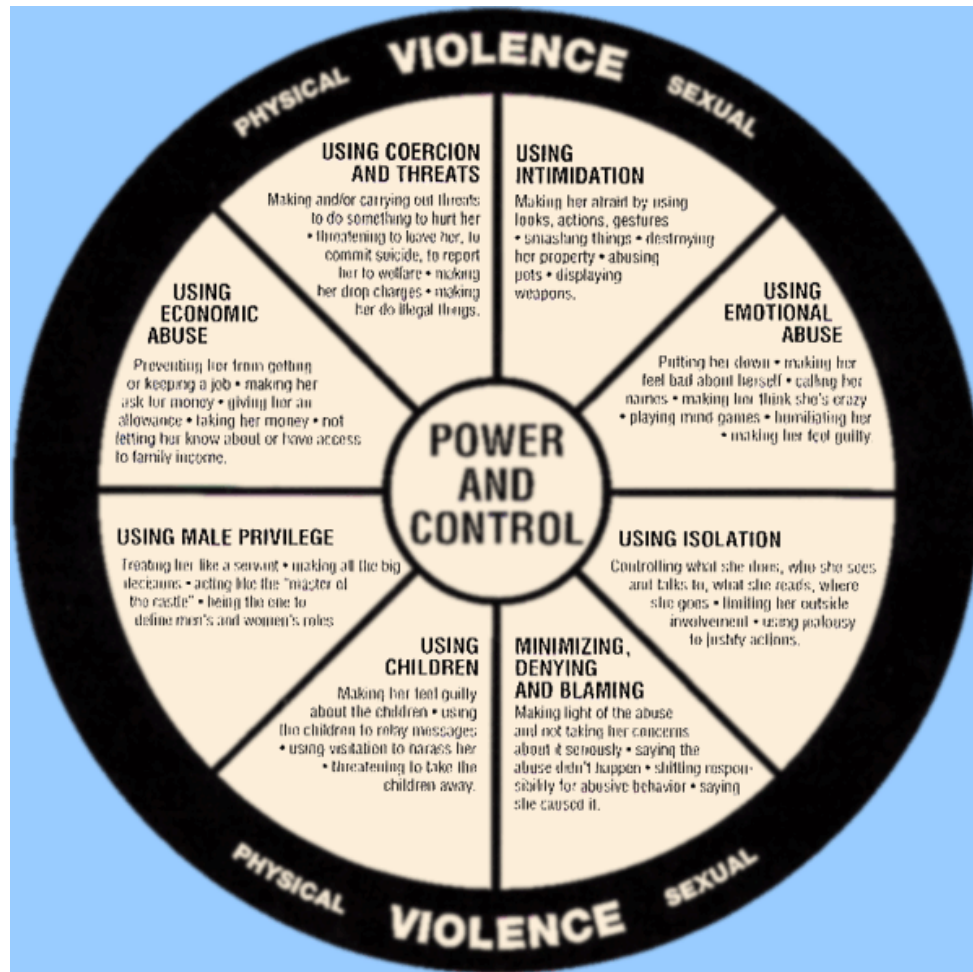
Power and inequality

The pro-feminist view underpinning contemporary action addressing domestic violence is characterized by the belief that there are embedded socially

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constructed and accepted inequalities in society that impact on the ability of women to respond to domestic violence .

These inequalities are apparent in the Power and Control Wheel. The focus on the woman as the victim in this model emphasize the importance of gender in understanding domestic violence.



(1) Gender

Since the late 1960s there has been a slow reorientation of the way in which domestic violence is understood.

The belief that violence against women is the result of a patriarchal social order is central to this reorientation. It is the underlying principal of the contemporary response to domestic violence.

Ways in which woman have been socially constructed suggest amongst other things that they are:

- Physically and intellectually weaker than men
- Emotional labile
- Heart of the household
- Obedient
- Supporting
- Passive
- Bossy

Ways in which men have been socially constructed suggest amongst other things that they are:

- Physically and intellectually stronger than women
- Strong, silent and unemotional
- Head of the household
- In charge
- Leading
- Assertive
- Aggressive
- Authoritative

ACTIVITY

Within the large group:

- Create a list of ways in which women and men have been socially constructed building on the examples given in the.
- Discuss how these social constructions might influence the occurrence and type of domestic violence, the way in which the woman responds to it
- Discuss how these social constructions might influence the way in which we respond to domestic violence.

SOCIO-ECONOMIC STATUS

While domestic violence is not confined to one social-economic group, differences in social economic status between women and men exist. These differences include:

- The average yearly earnings for women are consistently lower than for men.

- Women are more likely than men to give up work or work part-time to take up a family role
- Men are more likely to have control of the family finances
- Loss of earning potential as a result of domestic violence
- Loss of financial security when leaving a violent relationship

Poverty, or the risk of poverty, limits the options that a woman has for responding to the violent situation she is experiencing. Safety strategies may be prohibitively expensive. If the woman leaves she must be able to support herself (and dependents) financially. The potential cost of moving, accommodation, legal action, disruption to work and basic living costs limit women's choices. Poverty may mean a loss of bargaining power and an increase in vulnerability.

Women on low incomes are disadvantaged. The following areas of disadvantage:

- Bias and discrimination from landlords
- Bias and discrimination from potential employers
- Reduced employment opportunities
- Increased physical and mental health problems

Studies suggests that women who are struggling to ensure that their families have enough to eat, somewhere to sleep and a degree of security may have a 'pragmatic view of violence'.

DISCUSSION QUESTIONS

In small groups discuss the following:

- What does it mean to have a 'pragmatic view of violence'?
- What are the consequences of this pragmatic view for the woman? Any dependents?

INDIGENOUS WOMEN

NOTE

In order to respond appropriately, it is strongly recommended that facilitators seek advice and information through sources that specifically address domestic violence and indigenous people.

Indigenous people experience higher rates of victimization of violence than non-indigenous people; indigenous women experience higher rates of domestic violence than non-indigenous women and their injuries tend to be more severe.

DISCUSSION QUESTIONS

Within the large group brainstorm the following:

- What are the possible stereotypical views that people may hold about domestic violence in indigenous communities?
- About the victim?
- About the perpetrator?
- How might these views impact on the way in which a health care, law enforcement, courts, etc, responds to the victim? The perpetrator?

ETHNICITY

NOTE

currently, there is no comprehensive research available on the levels of domestic violence experienced by women from non-English speaking backgrounds.

While issues common to most victims of domestic violence confront women, there are a number of specific issues that also need to be considered, as they may be additional disadvantages. These include:

- Fear of shaming their community
- Cultural silence about violence
- Fear of authorities especially for those women from oppressive countries of origin
- Impact of religious beliefs
- Language barriers (giving and receiving information)
- Non-availability of interpreters
- Lack of understanding of personal rights
- Health care professionals cross-cultural naivety
- Racism and discrimination
- Fear of deportation

RELIGIOUS BELIEFS

Religion and domestic violence is a complex area. This section does not attempt to explore each religion and its impact on domestic violence.

Religion can be both a barrier to action against domestic violence and a resource for addressing it. Of key importance to understanding this area is that religious teachings or scripture can be distorted, misrepresented and misinterpreted in ways that support domestic violence. Domestic violence occurs across all religions groups.

Some of the barriers that may have a basis on religious belief include:

- It is the will of the deity
- The belief that the husband has the right to beat his wife to help her be a better wife
- The ethos of ‘turning the other cheek’
- The wife’s responsibility to maintain peace in the home

At the same time religion can offer resources to assist a victim to respond. For example,

- Faith
- A safe haven and support group
- A place to speak
- A contact point for obtaining help

DISCUSSION QUESTIONS

This could be undertaken in the large group and ideas put up on a whiteboard

- What are the stereotypical beliefs about the following religious groups and their relationship with domestic violence
 - Christians
 - Muslims
 - Buddhists
 - Jews

- How might these beliefs impact on the emergency response to domestic violence?

HOMOSEXUALITY

While exploration of domestic violence has tended to focus on its occurrence in heterosexual relationships there is an increasing recognition that same-sex relationships must also be examined. Domestic violence can and is experienced within lesbian relationships and in all forms.

- Physical
- Sexual
- Psychological and emotional
- Economic
- Property destruction
- Stalking and harassing

While the barriers that the victim encounters include many that are common to all victims of domestic violence there are additional issues to confront.

In addition to the general myths that surround domestic violence there appear to be myths that pertain particularly to same sex couples, complicating the ability of the victim to seek help. Myths include:

- Women are not violent therefore domestic violence cannot occur between lesbians
- Only ‘butch’ and ‘femme’ lesbian relationships can experience domestic violence
- Violence in lesbian relationships is the result of abusing drugs, an abusive /abused childhood, provocation and stress
- Women in relationships together have equal power
- Lesbian violence is ‘mutual combat’ and therefore is an equal fight
- Violence is normal in a same sex relationship; it is S&M behavior and they like it

THE EFFECTS OF ABUSE IN LESBIAN RELATIONSHIP

Women in lesbian relationships feel the same impact of domestic violence as women in heterosexual relationships.

These include:

- Self blame
- Anxiety
- Tension
- Lethargy
- Sadness
- Depression
- Physical aches and pains
- Low self esteem
- Feeling of self worth
- Low self-confidence levels
- Feelings of hopelessness and helplessness
- Anger
- Fear of the future
- Modification of activities to reduce abuse
- Social isolation

Underpinning this are the problems caused by homophobia and the oppression of this group of women.

ACTIVITY

In the large group consider the following:

- What are the common barriers that all domestic victims of domestic violence may experience?
- What are the additional barriers that women in lesbian relationships may encounter?
- How might these barriers influence the way in which health professional respond to domestic violence within lesbian relationships?

PREGNANCY

One of the key times for the commencement of domestic violence is during pregnancy. Abuse during pregnancy affects both mother and unborn baby. It is also linked to low birth weight, low maternal weight gain, infections and anemia.

Domestic violence when perpetrated against a pregnant woman can damage both her and her unborn child. This is particularly so if the violence is physical as the areas attacked will often be the abdomen, breasts and genital area although according to Hedin & Jansen (2000) this may be more likely to happen later in pregnancy when the abdomen is swollen. The physical effects reflect this.

Physical effects:

- Inadequate weight gain
- Infections (vagina, cervix & kidneys)
- PV bleeding
- Abdominal trauma
- Complicated labor
- Miscarriage
- Uterine infection
- Fetal damage including bruising and fractures
- Soft tissue trauma and fractures

Behavioral effects:

- Late seeking antenatal care
- Loss of interest in self and baby
- Increased tendency to use addictive substances
- Abortions, self induced and attempted abortion

Psychological effects:

- Stress
- Depression
- Increased tendency to substance addiction

DISCUSSION QUESTIONS

Group discussion

- What are some of the barriers that may exist for pregnant women when trying to leave a violent partner?
- Is domestic violence perpetrated against a pregnant woman worse than violence perpetrated against a non-pregnant woman?

- How might the answers to these questions influence the way in which health professionals respond to pregnant victims of domestic violence? Perpetrators?

DISABILITY

This section includes people with intellectual and/or physical disabilities.

Women with disabilities are more likely to experience abuse than non-disabled women (National Clearinghouse on Family Violence, 1993). There are a number of factors that increase the likelihood of women with disabilities becoming a victim of domestic violence. The applicability of the factors listed is dependent upon the type of disability. **Factors include:**

- Social isolation
- Lack of control over own affairs
- Lack of opportunity to develop social skills
- Exposure to a wide range of caregivers who may provide intimate care
- Social encouragement to be compliant
- Living in institutional settings
- Multiple or profound disabilities
- Lack of sex education (linked to socially constructed view of non-sexual being) increases difficulty in differentiating between normal and abusive touching
- Inadequate safeguards

Barriers that may challenge the ability of women with disabilities to respond to domestic violence may include:

- Social attitudes towards disability (infantilizing, assuming low intelligence)
- Viewed as non-sexual
- Can be considered incompetent/unreliable witnesses
- Difficulty communicating
- Difficulty asserting rights/needs
- Dependence on partner for affection and support at many levels
- Fear of institutionalization
- Fear of losing children
- Potential for the perpetrator to use the victims disability to discredit her
- Fear of reporting to an able-bodied 'authority' figure
- Fear of consequences of reporting

DISCUSSION QUESTIONS

Group discussion

- How might professional's best address the particular barriers facing women with disabilities?
- Is domestic violence perpetrated against a woman with a disability worse than violence perpetrated against a non-disabled woman?
- How might the answers to these questions influence the way in which we

RURAL AREAS

Studies noted that:

- Domestic violence is a significant problem within rural and remote communities.
- Where comparable data exists, they indicate that there is a higher reported incidence of domestic violence in rural and remote communities than in suburban settings.
- Remote communities experience higher rates of reported domestic violence than rural communities.
- Some particular groups of women within rural and remote communities experience particularly high rates of domestic violence.
- As in suburban communities, the overwhelming majority of victims of domestic violence in inner communities are women, with most perpetrators being men.

There are particular aspects of rural life that place women at increased risk of domestic violence. These include:

- Availability of firearms
- Isolation from emergency assistance
- Poor roads and limited transport other than private transport
- Ease with which access to money and transport can be controlled

Barriers to response include:

- Lack of anonymity and possible breaches of confidentiality
- Distance to obtain medical and legal assistance
- Lack of culturally appropriate services

- Conservative community expectations of behavior, ‘wall of silence’
- Pressure not to break up family properties
- Relationship between the perpetrator and key community members
- Ineligibility for assistance because of land values and shared assets
- Reluctance of children to move away from their familiar community
- Lack of access to safe alternative accommodation

ISSUES AFFECTING THE CHOICES

There are numerous barriers that make it difficult for women to leave a violent situation, as a result many will stay with or return to the perpetrator. Specific barriers for each disadvantaged group in the previous section have been addressed.

Barriers that appear to be common to many victims include:

- Homelessness
- Isolation and lack of social support
- Lack of money
- Sense of responsibility of the relationship
- Fear

The impact of these factors may be implicated in the low levels of disclosure to authorities. **Common reasons that women may not disclose domestic violence to authorities include:**

- Shame
- Embarrassment
- Belief that the abuse is normal
- Belief that the perpetrator will change
- Belief that the abuse is the victim’s responsibility
- The perpetrator may be present at the time

COPING & SURVIVAL STRATEGIES

Women who are victims of domestic violence are often trapped in a cycle of violence and cannot leave the relationship. They develop a range of coping and survival strategies as a consequence.

Strategies can be linked to the stages of the cycle of violence and include:

Tension Building Phase:

- Attempting to keep the peace
- Altering appearance, clothing, behavior
- Handing over money
- Dropping friends and family members
- Rationalizing abusive behavior
- Blaming herself for the abuse

Acute Battering Phase:

- Withdrawing into herself
- Pursues the belief that she caused the abuse
- Minimizes the seriousness of the abuse

Tranquil/non-violent (Honeymoon) Phase:

- Pursues the belief that the perpetrator will change
- Accepts apologies
- Accepts the perpetrator blaming his behavior on an external factor (e.g. alcohol, stress, her behavior)

NOTES

STRATEGIES USED BY FEMALE VICTIMS TO PROTECT THEIR VULNERABLE DEPENDENTS (E.G. CHILDREN)

Protecting children is, for victims of domestic violence, complex. It would appear that whatever course action is used it runs the risk of a negative consequence.

The following table provides a few examples:

Action	Potential Consequence
Appease perpetrator by paying them more attention	Children may be neglected
Intervene if the perpetrator is violent towards children	May be beaten herself
Protects herself from	Violence may be perpetrated on
Expend all energy protecting herself and cannot protect the children	Failure to protect ‘mother blaming’, the responsibility for damage to the children falls on the victim not the perpetrator
Hides the extent of abuse from her children	Children may learn to hide the extent of abuse they are experiencing, risk of ‘normalizing’ violence
Leaves the violent relationship and takes the children	Risks homelessness, poverty, risks destabilizing children, fear of reprisal
Seeking help from authorities	May risk having her children removed

DISCUSSION QUESTIONS

- What are the potential positive consequences of the actions in the table?
- What other actions might women take to protect their dependents?
- What are the potential positive consequences of these actions? Negative consequences?
- How might these insights into the complexity facing victims who are mother's impact on the way in which you would respond to domestic violence?

ACTIVITY

In small groups:

Read the following scenario

Lucy is 21 years old and is pregnant with her third child. Her other children are 12 months and 2 ½ year old. Lucy's partner has sole control of the household finances and Lucy must ask for permission to spend any money and must provide receipts for everything she spends. Her partner frequently humiliates her, telling her how useless and unattractive she is.

On several occasions Lucy's partner has hit and kicked her. The children are well cared for and adored by both Lucy and her partner.

Five nights ago Lucy contacted the police telling them that her partner was threatening her life. When the police arrived the household was quiet and the partner was full of remorse and assuring Lucy that it would never happen again. Lucy apologized to the police officers and sent them away. Three nights ago Lucy rang the police from a public phone. When they arrived she was so badly beaten that they suggested she go to hospital. She refused and asked to be taken to her sister's house because the children were there. Today she is back at her home with her partner.

Complete the following activities:

- Consider the factors listed in the first section of this and then link to the possible behavioral consequences for the woman
- Discuss the reasons for why you believe that these links exist
- Discuss the potential long term consequences of Lucy's actions

- Discuss the potential feelings that health workers responding to Lucy's situation and behavior may experience

Discuss community responses to various reactions and coping/survival strategies and the impact that this has on victims of domestic violence.

The way in which a person's community might respond to domestic violence can have a profound effect on victims of domestic violence. Four themes stand out as having potential to impact on the way in which communities respond to the various reactions and coping/survival strategies used by victims of domestic violence.

They are:

- Myths about cause and incidence of domestic violence
- Myths related to beliefs about victims
- Myths related to beliefs about the perpetrators
- Beliefs about appropriate solutions

ACTIVITY

In small groups:

- For each of the four theme areas create a list of the myths/beliefs/theories/models that constitute that theme
- Discuss the potential impact of each theme area on victims of domestic violence
- Discuss the relevance of health professionals developing insight into each theme area and the potential impact it might have on responding to domestic violence
- Share the outcomes of discussions in the large group and seek commonalities and differences between the discussions

ACTIVITY

Read the following story:

Jumping through hoops

I thought I was so lucky that this particular man would want to have anything to do with me. He was much older, good looking and held a very senior position. I was a student and a nurse. It was wonderful to start off with. I enjoyed the way

he chose my food at restaurants came with me to buy clothes and insisted I wait in the car until he opened the door for me. We moved in together and then we moved for his work, away from my friends and family, my degree and my work. He insisted that we would only need one car, so I sold mine. We bought furniture with the money from the sale because, as he said, everything in the house was his and I needed to contribute.

It took me three weeks to find work, and having said we would move close to the city, he decided that this was not suitable and that I would get used to the drive to and from work each day. I now needed a car. I took out a substantial loan to buy the type car he felt I should have and then, on his insistence handed over most of my earnings to repay the three weeks of ‘free board’ he had given me before I found work. After all it was only fair and I continued to pay back that board for the next year or so. His job was more important than mine and so he felt it was reasonable that I did the shopping and cooking. My house cleaning was inadequate however so we had a cleaner.

His work kept him away from home until late at night. I hated being alone in the house at night but after telling him, he seemed to get busier and came home later, certainly apologetic but certainly later. I enrolled in a master’s degree that kept me in the city until 10pm four nights a week. I was happy studying, but as he said, it was hardly difficult. He assured me that course-work Masters were barely worth the paper they were written on.

Contrary to his expectations I did do well, but as he pointed out all the study was having a terrible effect on my figure. I was getting fat so I began to lose weight.

He ridiculed my clothes sense, criticizing every piece of clothing I owned, insisting that I wore dresses that hid the shape of my body. My shoes also annoyed him. They ‘clipped’ as I walked which was irritating. I took to flat shoes and walking on my toes.

Our lovemaking, never great, got worse and worse which was my fault. Apparently he had never had any difficulties before. His friends, he confided in me, thought he could do much better for himself, but he recognized that with my dependent personality I probably couldn’t cope without him. I knew this to be true because when I began crying and could not stop myself he would slap my face to help stop the hysteria. I felt grateful but the gratitude was accompanied by growing sadness and uncertainty. It was stupid to feel like that

of course; after all he wasn't really doing anything to make me feel this way. As he kept telling me, the way I felt was my responsibility.

One of my friends, a psychiatric nurse, stroked my hand while I talked to him about my feelings. When I'd finished he sighed and asked me 'How many more hoops are you going to jump through for him?' Doing my partner's washing one weekend while he was away at yet another conference; I found a letter from his lover. I stared at the letter for a long, long time and thought about hoops. I left the letter on the table and made my last trip to into town.

Looking back over that two-year period, from a distance now of 15 years, I marvel at how I moved from being a humorous, confident professional woman, to a quiet, withdrawn, sad and brittle nonentity. The slow, insidious erosion of my self-confidence, the devastation of my feelings of value and worth were profound. I know that I was fortunate. Because I travelled so far every day I had established a group of friends that he could not influence.

They caught me when I was falling, believed in me as I struggled to find the 'real' me again and then formed a protective barrier between us as I extracted myself from our relationship and learned to withstand his attempts to reconcile us.

DISCUSSION QUESTIONS

- What is going on in this story?
- Why did she stay?
- What coping & survival strategies were used?
- Why did she leave?
- What made it possible for her to leave?

REFLECT ON PERSONAL REACTIONS TO ISSUES RAISED IN THIS

Questions to Guide Reflections: What have we done in this?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to the effect of domestic violence on women before I engaged in this?

- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER FIVE

DOMESTIC VIOLENCE ON CHILDREN

This was designed to assist participants to appreciate the impact that domestic violence has on children.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about the possible physical, behavioral and emotional effects of domestic violence on children
- Encourage participants to consider issues that must be taken into account when thinking about domestic violence situation involving children either as victims or observers
- Encourage participants to consider the ways in which the community responses impact upon children who are victims or observers of domestic violence
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Discuss the possible physical, behavioral and emotional effects of domestic violence on children
- Identify appropriate issues that must be taken into account when thinking about specific domestic violence situations involving children either as victims or observers
- Critically reflect upon the impact that the community responses have upon children who are victims or observers of domestic violence
- Reflect upon personal reactions to issues raised in this.

INTRODUCTION

It is estimated that 10million children are affected by family and domestic violence Many of these situations involve the direct or indirect involvement of

children. Children may try to protect the victim of abuse (most frequently the mother) and may be injured as a result.

They may witness abuse within their households and/or become the victims of abuse themselves. The impact that domestic violence has on children is far-reaching. This considers the physical, behavioral and emotional effects of domestic violence on children, the issues that must be taken into account when responding to children and the impact community responses have on children who are victims or witnesses of domestic violence.

PHYSICAL, BEHAVIORAL AND EMOTIONAL EFFECTS

Children who are victims or witnesses of domestic violence may show a range of physical, behavioral and emotional effects.

These categories suggest a potential assessment framework and are:

- Externalizing behaviors (e.g. aggression)
- Internalizing behavior (e.g. depression)
- Intellectual and academic functioning
- Social development
- Physical health and development

Some of the specific effects that may manifest in children who experience or witness abuse include:

- Guilt that they have caused it
- Guilt about loving the abuser and hating the abuse
- High anxiety levels
- Limited social skills
- Poor performance at school
- Bedwetting
- Symptoms such as headaches, abdominal complaints
- Cruelty to animals
- Copying aggressive behavior and language
- Running away
- Lying to prevent violent behavior
- Accepting fear as normal
- Using violence to solve problems

The National Crime Prevention Program report *Young People & Domestic Violence* (2001) explains the three key impacts that witnessing domestic violence has on children.

These impacts are not exclusive but act in complex combination as:

- A normalizing process for violence and coercion
- A traumatizing process
- A disruption of the bonds of affection between parent and child

ISSUES TO BE CONSIDERED

NOTE

Children add a further layer of complexity to responding to domestic violence. It is important that the issues that are specific to children are considered within the wider context of domestic violence. As such it is recommended that facilitators and participants draw upon material from related s within this package.

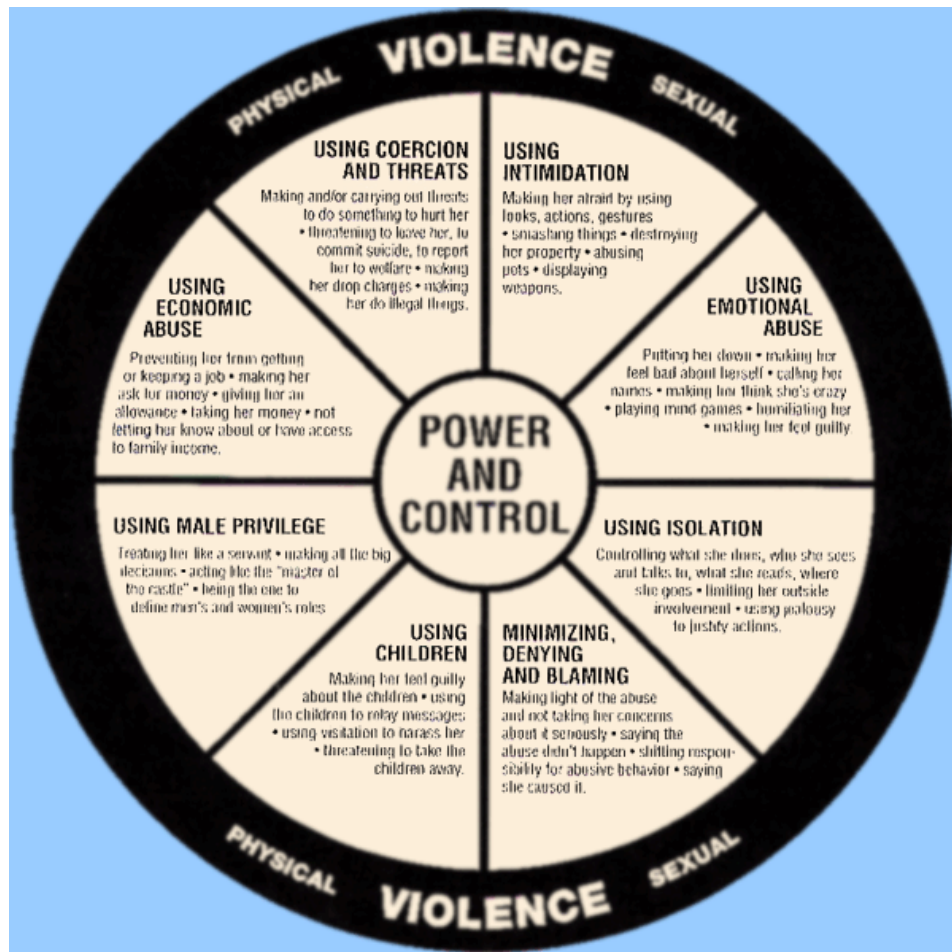
Issues that may be considered as being particularly important to developing ways to respond to children and domestic violence are:

- Power inequality
- Parent may also be abused
- Parent ‘tolerating’ abuse
- Developmental stage of the child
- Normal childhood bruising vs. bruising related to domestic violence (recognition and differentiation)

POWER INEQUALITY

Domestic violence is about power and control. The abuse of the power and control issuing from a parent’s position of authority can be catastrophic for children. It can, amongst other things, make it difficult for children to protect themselves against violence, disclose violence that they have witnessed and create safe and non-violent relationships.

The Duluth Power and Control Wheel can be adapted to use for children, each of its segments suggesting potential areas for abuse of power and control.



ACTIVITY

In small groups:

- Review the power and control wheel above.
- For each segment, consider the implications for children
- Adapt the power and control wheel for use with children who are victims of domestic violence

PARENT MAY ALSO BE ABUSED

The barriers faced by adult victims of domestic violence impact heavily on the ability of their dependents to escape the violent situations that they are in.

Examples of the way children may respond are:

- Trying to protect the adult victim and becoming victims themselves
- Remaining silent about their own abuse so they do not cause trouble for the abused parent;
- Abusing the abused parent
- Running away
- The adult victim may also neglect or abuse the children

‘TOLERATING’ ABUSE, OR ‘FAILING TO PROTECT’ CHILDREN

Terms such as ‘tolerating’ or ‘failure to protect’ are problematic. By using this terminology the adult victim is seen to have failed and the responsibility of the abuse is placed on the victim and not the perpetrator. For this reason it is important that children’s experiences of domestic violence and the adult victim’s response to it be considered in the broader context of domestic violence.

For example the non-abusing parent may reduce attention to the child in order to spend more time focusing on the abusive partner as a way of preventing more abuse occurring.

The adult victim may ‘tolerate’ the abuse for various reasons including:

- All energy spent on own survival
- Personal injuries
- Fear

DISCUSSION QUESTIONS

Group discussion

- What might the immediate reactions of authorities be towards a mother who has not protected her children from being abused by her abusive partner?
- Why might they react in these ways?
- What are the consequences of acting in these ways?

- What reasons might exist for the adult victim not responding to children who are experiencing or witnessing domestic violence?
- How might insight into the complexity of family relationships impact on authority's response to domestic violence?
- What other information might authorities need to collect when she or he suspect that a child has witnessed and/or been a victim of domestic violence?

DEVELOPMENTAL STAGE OF THE CHILD

The Center Against Spouse Abuse, CASA, St. Petersburg, Florida has summarized these effects and indicated in which childhood stages they may manifest themselves.



The effect of Domestic Abuse on children & youth

Children are the silent victims of domestic abuse. Their voices may not be heard and their pain often goes unnoticed. Every child from an abusive home is abused. Witnessing the two most important people in their life hurting and being hurt, damages the core of the child's emotional being.

The following is a partial list of the ramifications and consequences for children living with and witnessing domestic abuse:

- | | |
|-----------------------------------|---|
| Pre-Natal | <ul style="list-style-type: none">• Increased miscarriages due to increased beatings and/or adult victim's stress.• Poor health due to adult victim's stress and lack of proper nutrition. |
| Infants | <ul style="list-style-type: none">• Crying and irritability• Sleep disturbances• Digestive problems |
| Toddlers/
Preschoolers | <ul style="list-style-type: none">• More aggressive than other children• More withdrawn than other children• Impaired cognitive abilities• Delays in verbal development• Poor motor skill abilities• General fearfulness, anxiety• Stomach-aches/Nightmares |

- Lack of bowel and bladder control over the age of 3 years old
- Lack of confidence to begin new tasks

School Age

- Poor grades or in special classes
- Failure of one or more grade levels
- Poor social skills
- Low self-esteem
- General aggressiveness
- Violent outbursts of anger
- Bullying
- Withdrawn, dependent
- Bedwetting or nightmares
- Digestive problems, ulcers
- Headaches

Teenagers

- Poor grades; fails or quits school
- Low self-esteem
- Refuses to bring friends home
- Stays away from home
- Feels responsible for taking care of home and adult victim
- Runs away from home
- Violent outbursts of anger, destroys property, abuses pets
- Poor judgment, irresponsible decision making
- Unable to communicate feelings
- Immaturity
- Withdrawn, few friends
- Bedwetting or nightmares
- Ulcers, digestive problems
- Severe acne
- Violent with dating partners
- Joining in on beatings of adult victim

BRUISING: (RECOGNITION AND DIFFERENTIATION)

BRUISES

Bruises result from trauma to soft tissues which break blood vessels and cause blood to leak out into the surrounding soft tissue. Bruises may not stay localized but may spread (for example a blow to the head may result in a black eye).

Types of bruises include:

- Intradermal – which lie just under the skin and remain localized to the injury
- Ecchymoses – bruises that are smaller than 3-4 millimeters
- Petechiae – bruises that look like pinpoints and result from venous congestion.
- Tramline bruises - two parallel linear bruises that occur when skin is struck by a rod or similar object.
- Spherical disc-shaped bruises may be evident around a person's throat if strangling has been attempted

HEALING SEQUENCE AND TIMESCALE

Bruises heal over approximately 72 hours to one week. Extensive bruising will take longer. The stage of healing can be seen from the color change in the bruise:

Dark blue/purple (new) » blue » brown » green » yellow » healed

NORMAL CHILDHOOD BRUISING

Normal childhood bruising tends to follow the developmental pattern of the child and this must be considered when assessing a child. For example a child learning to walk may be expected to have bruising around the knees.

Bruises that are more suspicious include:

- Tramline bruising
- Raccoon eyes (bilateral black eyes)
- Bruising in unusual places such as the face, soles of the feet
- Bruising that is in multiple stages of healing and cannot readily be explained

- Bruises that are accompanied by differing stories from parents and children
- Bruises that are accompanied by other signs of abuse

DISCUSSION QUESTIONS

- What age groups might you anticipate greater levels of ‘normal’ bruising and on what parts of the body?
- What might prompt health care professionals to consider that bruising was not benignly caused but required further investigation?

COMMUNITY RESPONSES AND IMPACT ON CHILDREN

Community held beliefs impact upon the way in which children experience and respond to domestic violence. They also impact upon the responses of authorities and health care professionals. Some examples are:

- The family is traditionally regarded in terms of privacy, love and support (James, 1994).
- Domestic violence tends to be understood in terms of adult victims and perpetrators while the children tend to be forgotten (Tomison, 2000)
- Belief that children do not see, hear or understand violence between their parents
- Belief that it is principally the mother’s role to protect her children
- Children may be regarded as incompetent and/or unreliable witnesses

ACTIVITY

In small groups:

Create an inventory of myths, values and beliefs about:

- The family
- The people who constitute a family
- The social value of the family

Discuss how these myths, values and beliefs might impact upon the ways in which health care professionals respond to children who are victims or witnesses of domestic violence

DISCUSSION QUESTIONS

Group discussion

How might authorities use their understanding of the issues surrounding children and domestic violence to address the following goals:

- Empowering child witnesses to disclose
- Empowering child victims and witnesses to develop non-violent and safe relationships
- Increase parents' awareness of the effects of domestic violence on their children

Opportunity to reflect upon personal reactions to issues raised in this chapter

Questions to Guide Reflections: What have we done in this ?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this ?
- Were any of my beliefs and attitudes challenged by the material in this ?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER SIX

THE IMPACT OF DOMESTIC VIOLENCE ON MEN

This is designed to assist participants to appreciate the impact on domestic violence on men as victims.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about the possible physical, behavioral and emotional effects of domestic violence on men
- Encourage participants to consider issues that must be taken into account when thinking about domestic violence situation involving men as victims.
- Encourage participants to consider the ways in which the community responses impact upon men who are victims of domestic violence
- Provide opportunity to reflect upon their personal responses to issues raised in the chapter.

LEARNING OBJECTIVES

On completion of this chapter participants will be able to:

- Discuss the possible physical, behavioral and emotional effects of domestic violence on men as victims
- Identify appropriate issues that must be taken into account when thinking about specific domestic violence situations involving men as victims
- Critically reflect upon the impact that the community responses have upon men who are victims of domestic violence
- Reflect upon personal reactions to issues raised in this .

INTRODUCTION

Although it is widely accepted that the majority of domestic violence incidents are perpetrated on women by men there is some debate as to the extent of abuse perpetrated by women on men.

It would appear that the barriers created by power and control differentials may not have the same impact for men as they do for women;

however there are specific socially created barriers that can be addressed to gain insight into ways of responding to men who are victims of domestic violence.

This manual does not seek to make judgments about this but it is anticipated that the facilitators using the material will utilize their own expertise and beliefs in facilitating learning opportunities around domestic violence.

PHYSICAL, BEHAVIORAL AND EMOTIONAL EFFECTS ON MEN AS VICTIM

Physical consequences tend to be less for men than for women and the need for medical care appear to be less however damage may be largely psychological

The following list which provides examples of potential effects reflects this:

- Fear of disclosing
- Depression
- Humiliation
- Guilt
- Anger with abuser
- Afraid of continued violence
- Fear loss of male identity
- Concern about financial security
- Change behavior to suit the abuser

DISCUSSION QUESTIONS

- How might the potential effects of domestic violence impact a male victim's response to abuse?
- How might the potential effects of domestic violence impact on authorities and health care professionals' response to men who are victims of domestic violence?

Identify appropriate issues that must be taken into account when thinking about specific domestic violence situations involving men as victims.

SOCIAL EXPECTATIONS OF MEN

Ways in which men have been socially constructed include:

- Physically and intellectually stronger than women
- Strong, silent and unemotional
- Head of the household
- In charge
- Leading
- Assertive
- Aggressive
- Authoritative

Ways in which woman have been socially constructed include:

- Physically and intellectually weaker than men
- Emotional labile
- Heart of the household
- Obedient
- Supporting
- Passive
- Bossy

GENDER OF THE VICTIM AND PERPETRATOR

The way in which domestic violence is understood has changed steadily since the 1960s. The belief that violence against women is the result of a patriarchal social order is central to this reorientation. It is the underlying principal of the contemporary response to domestic violence.

It must be acknowledged that the majority of victims of domestic abuse are women and the majority of perpetrators are men. However this may be problematic for men who are victims of domestic violence. It may introduce a barrier that compromises their ability to seek help and respond appropriately to abuse.

DISCUSSION QUESTIONS

- How might authorities and health care professionals respond to men who are victims of domestic violence?

- How might the contemporary view of domestic violence impact upon men who are victims of domestic violence?

HOMOSEXUALITY

Exploration of domestic violence has tended to focus on its occurrence in heterosexual relationships. However there is an increasing recognition that same-sex relationships must also be examined.

In addition to the general myths that surround domestic violence there appear to be myths that pertain particularly to same sex couples, complicating the ability of the victim to seek help.

MYTHS AND FACTS

About Same-Gender Domestic Violence.

1. Myth:

Only straight women get battered; gay, bisexual, and transgendered men are never victims of domestic violence; lesbians, bisexual, and transgender women cannot batter. Battering is less common in same-gender relationships.

Fact:

Men can be victims, and women can batter. Numbers reflect this: An annual study of over 2,000 gay men reflects that 1 in 4 gay men have experienced domestic violence. These numbers are consistent with research done around battering among opposite-sex couples, and lesbian couples. Stereotypes about gender and sexual orientation are repudiated by the fact that gay men are victims, and lesbians are batterers at roughly the same rate as heterosexuals are.

2. Myth:

Gay men's domestic violence is a "fight." Because both are men, it is a fair fight between equals.

Fact:

There is nothing fair about domestic violence.

This myth draws on the inability or unwillingness of many people to look at violence between two people of the same gender, particularly men, as a violent situation where one person is clearly a victim.

A consensual "fight" is not going on. A cycle of violence that includes control and domination by one of the partners is occurring. Many victims will attempt to defend themselves by fighting back. This does not make them batterers.

3. Myth:

Same-gender domestic violence is sexual behavior, a version of sadomasochism (S & M). The victim actually likes it.

Fact:

In consensual S & M, any violence, coercion, or domination occurs within the context of a mutually pleasurable 'scene,' within which there is trust and/or an agreement between parties about the limits and boundaries of behavior. In contrast, domestic violence takes place without any mutual trust or agreement, and is not consensual or pleasurable for the victim. A batterer's violent and coercive behaviors do not just affect the sexual relationship, but pervade other aspects of the relationship as well. This is not to say abuse cannot take place within S & M relationships. A batterer may actually coerce consent to violent or dominating sexual behavior, or violate agreed upon boundaries.

4. Myth:

Victims exaggerate the level of abuse. If it was really that bad, they would leave.

Fact:

Most victims actually minimize the violence that happens to them because of the guilt, shame, and self-blame attached to victimization, and because others do not believe them or refuse to listen.

Leaving is often the hardest thing for a victim to accomplish, and is commonly harder than staying.

Batterers may threaten their victims with more violence (including murder threats) if they leave.

In general, incidents of domestic violence have been found to increase in severity

when a victim leaves.

Leaving an abusive situation requires resources such as money, housing, transportation, and support structures, all of which may have been eroded by life with an abuser.

5. Myth:

Victims provoke the violence done to them. They're 'asking for it.'

Fact:

Batterers often manipulate victims to believe this myth. It perpetuates the false idea that victims are responsible for the violence done to them, that victims cause batterers to be violent.

This common kind of "victim-blaming" is powerfully destructive for survivors. In reality, whatever the situation that precedes abusive behavior, there is always an alternative, non-violent way of responding. Batterers choose violence; victims do not 'provoke it.' Abuse is the sole responsibility of the violent person.

6. Myth:

It only happens when . . . so that's the problem, not battering.

Fact:

Alcohol, drugs, work problems, jealousy, trauma histories, HIV/AIDS and stresses resulting from racism or homophobia may all combine with battering, but they do not explain or excuse abuse. If a person who batters is also on drugs or alcohol, that person has two serious, separate problems. One does not excuse the other. Similarly, a person who has been a victim of child abuse, hate crimes, or other trauma in his or her life is not relieved of the responsibility for his or her abusive conduct.

7. Myth:

Domestic violence primarily occurs among LGBT people who hang out at bars, are poor or are people of color.

Fact:

Domestic violence is a non-discriminatory phenomenon; victims as well as violent and abusive offenders come from all walks of life, ethnic backgrounds,

socioeconomic groups, and educational levels. Racist and classist stereotypes around domestic violence are common not just in the LGBT community, but also in the dominant heterosexual culture.

These stereotypes are rooted in racism and classism rather than actual fact.

Their perpetuation is a sign of community denial, and acts as a potential weapon for batterers who are white, educated, or of a population not generally characterized as abusive.

Therapists, law enforcement officers, doctors, domestic violence workers, and politicians are all potential batterers and victims, just like everyone else.

8. Myth:

It is easier for lesbian, gay, bisexual, or transgender victims of domestic violence to leave an abusive relationship than it is for heterosexual battered women who are married.

Fact:

This myth is perpetuated by cultural homophobia which invalidates LGBT relationships as trite, false, sick, or ‘just a phase.’ Same-gender couples are as intertwined and involved in each other’s lives as are heterosexual couples. The false assumption that LGBT people do not have children also effects the stereotype that it is easier for LGBT people to leave. Many same-gender families do have children, and many heterosexual women do not.

9. Myth:

The law does not and will not protect victims of same-sex domestic violence.

Fact:

Massachusetts domestic violence laws (including those granting and enforcing restraining orders) are gender-neutral, affording protection to anyone who has been abused or threatened by someone they have lived with or have had a substantial dating relationship with.

In many cases today, the application of these laws goes smoothly and fairly for

victims of same-gender domestic violence.

Unfortunately, because of myths detailed here and intolerance among some personnel in the criminal justice system, this is not always true.

Some police officers do not consider the possibility of domestic violence when they see two men or two women in an assault, and therefore don't even consider applying abuse prevention laws.

Others remain hostile or unwilling to recognize the rights of LGBT people. One may also still encounter court personnel or judges who are uncomfortable, unhelpful, or unfair in their treatment of same-gender cases. Because of these factors, individual victims must make personal decisions, within the context of an overall safety plan, about how and when they will make use of police and court services.

10. Myth:

It is not really violence when two men fight; it is normal; it is just boys being boys.

Fact:

This is not true. The commonly held belief that it is acceptable and normal for men to be violent is false. There is nothing normal about domestic violence. This is much more than "boys being boys." It is abuse. Unfortunately, with few positive relationship role models available, many same-gender couples view and accept violence by their partners as normal.

11. Myth:

The batterer is the bigger and stronger person; the victim is the smaller and weaker person.

Fact:

This is not true. A person who is 5'7", prone to violence, and very angry can do a lot of damage to someone who is 6'2", twenty pounds heavier, and a non-violent person. Size, weight, butchness, queeniness, or any other physical attribute or role is not good indicators of whether or not a man will be a victim or a batterer. This myth focuses only on the physical aspects of domestic violence.

A batterer does not need to be built like a linebacker to smash your compact disks, cut up all your clothing, or threaten to tell everyone at work that you are really a queer.

Violence is a matter of personal choice, not body size.

ACTIVITY

In the large group consider the following:

- What are the common barriers that all domestic victims of domestic violence may experience?
- What are the additional barriers that gay men may encounter?
- How might these barriers influence the way in which responders respond to domestic violence within gay male relationships?

Critically reflect upon the impact that the community responses have upon men who are victims of domestic violence

The way the community may respond to a man who is the victim of domestic violence may create a barrier to his ability to seek help and address the situation. Some of the socially generated beliefs potentially affecting men include:

- Belief that women cannot be violent
- Beliefs about men
- ‘Men can handle it’
- ‘Men don’t tell’
- Misinterpreting the contemporary pro-feminist view about domestic violence as ‘females only’
- Feeling of isolation as the majority of services for domestic violence have been developed for women

DISCUSSION QUESTIONS

- How might these community responses influence the ways in which male victims of domestic violence respond to the abusive situation?
- How might these community responses influence the way in which professionals might respond to men who are victims of domestic violence?

Opportunity to reflect upon personal reactions to issues raised in this chapter

Questions to Guide Reflections

What have we done in this ?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this ?
- Were any of my beliefs and attitudes challenged by the material in this ?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER SEVEN

THE IMPACT OF DOMESTIC VIOLENCE ON THE ELDERLY

This is designed to assist participants to appreciate the impact on domestic violence on older people as victims.

OBJECTIVES

The objectives of this chapter are to:

- Explore the differences and similarities of domestic violence on older people and elder abuse.
- Encourage participants to think about why older people may be at risk of domestic violence.
- Explore the types and scope of domestic violence on older people.
- Provide information about physical, behavioral and emotional effects of domestic violence on older people
- Encourage participants to consider issues that must be taken into account when thinking about domestic violence situation involving older people as victims.
- Encourage participants to consider the ways in which responses impact upon older people who are victims of domestic violence
- Provide opportunity for participants to reflect upon their personal responses to issues raised in this chapter.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Articulate the differences and similarities of domestic violence on older people and elder abuse.
- Identify risk factors associated with older people and domestic violence.
- Identify the types and scope of domestic violence on older people.
- Discuss the possible physical, behavioral and emotional effects of domestic violence on older people as victims
- Identify appropriate issues that must be taken into account when thinking about specific domestic violence situations involving older people as victims

- Critically reflect upon the impact that the responses have upon older people who are victims of domestic violence

INTRODUCTION

Although socially hidden interpersonal abuse is a globally known phenomena of social life. Abuse traditionally manifested in literature as child or wife abuse, known as respectively as ‘baby battering’ and ‘wife beating’ (World Health Organization / INPEA 2002). It was not until the early 1970’s that abuse of older people emerged in American literature to become known as ‘granny battering’. It then took a further 15 years for abuse of older people to gain research and political credibility. It is now a global issue that parallels the focus on human rights, gender equality and population ageing.

DOMESTIC VIOLENCE AND ELDER ABUSE

Distinctions between elder abuse and domestic violence are blurred. Elder abuse presents in a variety of forms, includes different relationships and may take place in a variety of settings other than in the home environment.

ELDER ABUSE CAN BE DEFINED AS:

... a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.

Abuse can happen to any older person, however the literature reports that women are the predominate victims and that violence predominately takes place within the home setting.

DOMESTIC ELDER ABUSE AS:

... a pattern of behaviors (including intentional neglect as well as physical, sexual and/or emotional abuse) designed to establish and maintain power and control over the older woman.

It is important to recognize the commonalities between the areas, particularly in light of the potential for collaboration and shared resources for addressing these issues.

While the additional elements of abuse of older people in institutions and self-neglect are recognized as important aspects of elder abuse, they are beyond the scope of this package.

Instead this is concerned with violence that is entrenched in the perpetrator's need to gain and maintain control over the older person. Despite this clear agenda, information will be drawn from all areas to present a comprehensive overview of issues relating to domestic violence on older people.

DISCUSSION QUESTIONS

- What are the common themes and issues in the concepts of elder abuse and domestic violence on older people?
- What are the differences between these concepts?
- How might the way in which we respond be influenced by the way abuse is conceptualized?

RISK FACTORS FOR VIOLENCE ON OLDER PEOPLE

Older people are regarded as 60 and over. In the developing world one million people will turn 60 every month and women will form the majority of this population in all nations (World Health Organization /INPEA 2002). Thus, people are living longer and accompanying advanced age is physical illness and the need for assistance with activities required to meet the needs of daily life. As such older people commonly become increasingly dependent on their relatives, or other people, for their care. Declined cognitive ability, and increased isolation commonly parallel such dependence. These however are neither an explanation nor cause of abuse on older people.

Violence is generally precipitated by a combination of risk factors that contribute to it.

Becoming alert to such risk factors may assist authorities and health professionals in:

- Identifying situations that have the potential for violence to occur
- Gaining a better understanding of such situations so that appropriate processes can be implemented.

The risk factors identified include:

FAMILY DYNAMICS

Violence, tension and conflict may be inherent in the older person's family. The majority of abusers are men and more likely to psychologically and physically abuse the older person. Spouse abuse may continue throughout the years which are alarming as the domestic violence literature reveals is that violence increases in frequency and severity over time. Such family dynamics become complex as they are often regarded as private family business.

DEPENDENCY

Dependency may involve either the older person or the alleged abuser or both at the same time. Research reflects that many older person victims are not dependent on the abuser for care; rather the abuser often depends on the victim. Abusive adult children who are dependent on their parents' resources, abusive spouses and partners who regard women as being responsible for taking care of their needs (sexual, financial, emotional or even practical) all fall into this category.

ALCOHOL AND SUBSTANCE ABUSE

Older people with substance abuse problems are less able to address the issues of violence and abuse and care givers with abuse issues are unable to make adequate decisions regard appropriate actions.

The following additional risk factors:

STRESS IN THE CARE GIVING RELATIONSHIP

While some caution must be exercised in attributing domestic violence to caregiver stress, it should not be discounted as a serious risk factor. The sense of frustration and increasing pressure associated with such care can trigger violent episodes on older people. This is not to suggest that it constitutes a reasonable excuse for such behavior.

PSYCHOPATHOLOGY IN THE ABUSER

Abusers who are materially dependent on the victim, and have mental health issues are at risk of becoming abusive toward an older person. This situation is further complicated should the person have care giving responsibilities.

ISOLATION

If the older person or the care givers are isolated from support services or social networks there may be an increased incidence of abuse.

TYPES OF DOMESTIC VIOLENCE ON OLDER PEOPLE

The types of domestic violence experienced by elderly victims fall into the familiar categories:

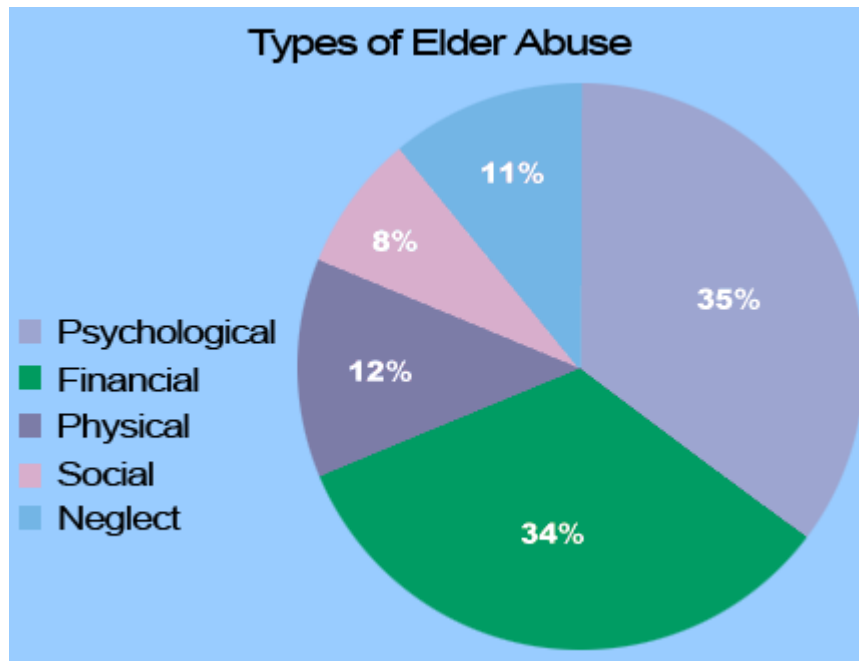
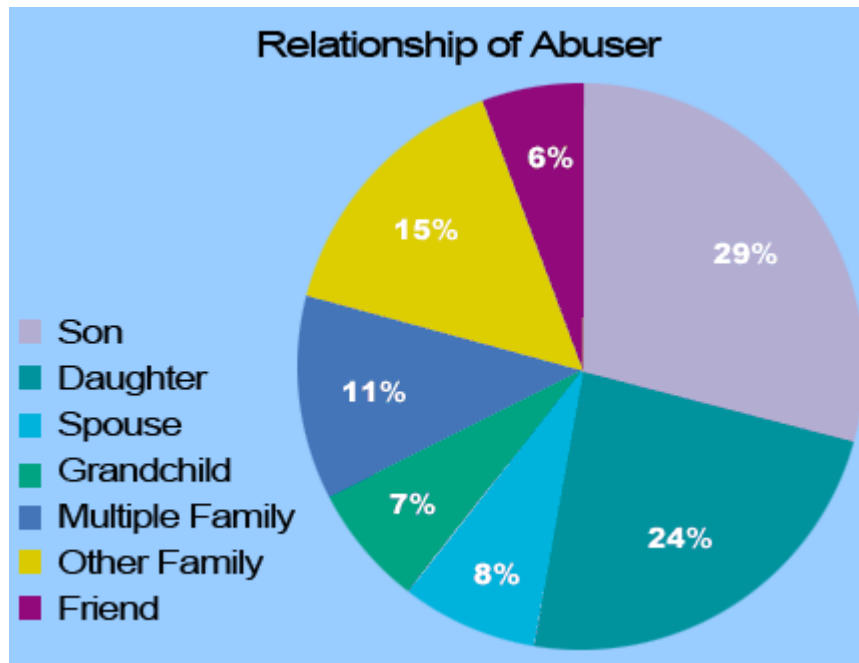
- Physical abuse
- Sexual abuse
- Isolation
- Emotional abuse
- Financial abuse

SCOPE OF DOMESTIC VIOLENCE ON OLDER PEOPLE

Statistics relating to the incidence of domestic violence or elder abuse on older people must be considered carefully. A study by the World Health Organization and the International Network for the Prevention of Elder Abuse (NPE), Missing Voices: views of older persons on elder abuse, reported that “although there is no systematic collection of statistics ... crime records, journalistic reports, social welfare records, and small scale studies contain evidence that abuse, neglect and financial exploitation of elders are much more common than societies admit”.

NOTES

Table Below:



PRESENTATION OF DOMESTIC VIOLENCE IN OLDER PEOPLE

The following descriptions are merely hints that a problem may be present and that further assessment of the older person and their situation is required.

PHYSICAL SIGNS

- Injury that has not been cared for properly
- Injury that is inconsistent with explanation for its cause
- Pain from touching
- Cuts, puncture wounds, burns, bruises, welts
- Dehydration or malnutrition without illness-related cause
- Poor coloration
- Sunken eyes or cheeks
- Inappropriate administration of medication
- Soiled clothing or bed
- Frequent use of hospital or health care / doctor shopping
- Lack of necessities such as food, water or utilities
- Lack of personal effects
- Forced isolation

BEHAVIOURAL SIGNS

- Fear, anxiety
- Agitation
- Anger
- Isolation
- Withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Contradictory statements
- Implausible stories
- Hesitation to talk openly
- Confusion or disorientation

SIGNS BY ABUSER

- Prevents older person from speaking to or seeing visitors
- Anger, indifference, aggressive behavior towards older person
- History of substance abuse, mental illness, criminal behavior or family violence
- Lack of affection toward older person
- Flirtation or coyness
- Conflicting accounts of incidents
- Withholds affection
- Talks of older person as a burden

RELATED ISSUES

There are a number of issues that impact on elder abuse. They include:

- Caregiver stress
- Difficulty older women have in speaking out

CAREGIVER STRESS

Caregiver stress is commonly suggested as the primary cause of domestic abuse on older people. Central to the care-giver-stress theory is the fact that well-meaning people with a caring responsibility lose control when subjected to the unique pressures of caring for an older person. Loss of control may result in abusive behavior toward the older person.

Despite the conscious raising efforts to promote a better understanding of domestic violence, the issue of domestic violence on older people has been limited. A consequence of such limited understanding is inappropriate responses to victims.

All too often incidences of violence and abuse on older people are dismissed as the result of care-giver stress. Furthermore, violence on older people remains outside mainstream thinking and unless a condition is recognized the underlying cause of injury is unlikely to be diagnosed.

OLDER WOMEN'S DIFFICULTY IN SPEAKING OUT

Another suggested reason for much of the domestic violence against older women being hidden is their difficulty in speaking out As a result older women's voices

are not being heard.

Other reasons that inhibit older people from speaking out include:

- Fear that the complaint will increase the violence
- Inability to complain because of loss of communication skills
- Fear that the complaint will precipitate committal to institutional care
- Isolation of the victim and being too ashamed to report the abuse

Older women may refuse to consider assistance if the relationship with the perpetrator could be jeopardized.

Opportunity to reflect upon personal reactions to issues rose in this .

Questions to Guide Reflections: What have we done in this ?

- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this ?
- Were any of my beliefs and attitudes challenged by the material in this ? If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to older people involved in domestic violence situations?

NOTES

CHAPTER EIGHT

EFFECTIVE SUPPORT TO VICTIMS AND OBSERVERS OF DOMESTIC VIOLENCE

This chapter is designed to enable participants to provide effective support to victims and observers of domestic violence.

OBJECTIVES

The objectives of this chapter are to:

- Encourage participants to develop self knowledge and to explore how their personal attitudes may impact on victims
- Provide information about assessing, planning and implementing effective support strategies
- Enable participants to apply a framework for assessment
- Encourage participants to explore and develop strategies for planning effective support
- Enable participants to implement strategies for effective support
- Provide a forum for discussion on the provision of effective support to victims and observers of domestic violence
- Provide opportunity for participants to reflect upon their personal responses to issues raised in the.

LEARNING OBJECTIVES

On completion of this participants will be able to:

- Demonstrate self knowledge and discuss how their personal attitudes may impact on victims
- Assess the impact of domestic violence on victims and observers
- Develop strategies to plan effective support
- Justify the strategies developed drawing upon knowledge gained in the course
- Implement strategies for effective support (scenario/role play exercise)
- Critique strategies used in simulation and those used in scenarios
- Recognize the provision of effective support victims and observers

- Reflect upon their personal responses to issues and the impact these responses might have on outcomes
- Reflect upon their personal responses to issues raised in this.

INTRODUCTION

Previous s have presented discussions, and provided overviews on the subject of domestic violence. This focuses on giving counselors, authorities and health care provider's insight into the knowledge and skills that are necessary for identifying and assessing victims of domestic violence, as well as planning, implementing and evaluating effective and appropriate victim responses. It is essential that participants keep in mind that many states have mandatory reporting practices and laws. They should be aware of state laws and practice guidelines and should follow protocols and procedures accordingly.

THE IMPORTANCE OF SELF-KNOWLEDGE TO RESPONDING APPROPRIATELY TO DOMESTIC VIOLENCE

One of the disturbing facts about domestic violence is that it has been and to a large extent still is perpetuated and condoned by the general population. Personal beliefs and values are influenced by society. Therefore it is important to explore and acknowledge personal attitudes to domestic violence. Once personal beliefs and values are clarified, counselors, authorities and health professionals can develop the skills to appropriately respond in a non-judgmental way to people affected by domestic violence.

The following activity is designed to encourage the individual participant to reflect upon their own beliefs and the origin of those beliefs. It helps address the question 'To what extent is our response to perpetrators and their victims shaped by our beliefs?' It is not uncommon for society to condone domestic violence; therefore it is important to acknowledge personal attitudes about this issue. Until these are realized it is more difficult to deal with people affected by domestic violence in a non-judgmental way.

NOTE

Responses to the following activity are very personal and people may not wish to share them with anyone else.

ACTIVITY

Finish these sentences to help clarify some of your feelings and identify where some of your attitudes originated.

- When I was younger, the messages I got about women from:
 - My mother
 - School
 - Religion
 - Television / videos
 - Books / magazines
 - My father
 - Other women
 - Other men

When I was younger, the messages I got from about men from were

- My mother
 - School
 - Religion
 - Television / videos
 - Books / magazines
 - My father
 - Other women
 - Other men
- How might these messages affect our perceptions of relationships?
 - How might these understandings present as barriers that inhibit the disclosure of violence?

EMPOWERING THE VICTIM: PRINCIPLE OF RESPONSE

Empowerment is a key tenet of working with victims who experience domestic violence. We face many challenges that facilitate the empowerment of domestic violence victims. Empowerment conjures up various interpretations. Concern has been leveled at the idea of empowerment as a strategy for assisting women to escape the perpetrator of the domestic violence.

Approaching the notion of empowerment in this way is limiting in that it obscures all victims who choose to continue with such relationships, preferring to implement steps to deal with the violence.

ASSESSING POTENTIAL AND ACTUAL DOMESTIC VIOLENCE SITUATIONS

In order to respond appropriately to domestic violence the process of assessment, planning, implementation and evaluation must be strong. One of the keys to this process is the ability to collect information and solid and non-judgmental interviewing skills are needed for this.

ACTIVITY

Reflect on the responses you provided for the previous activity and answer the following questions:

- How might these responses impact on the way you respond to victims of domestic violence?
- What type of responses should professionals avoid when responding to victims of domestic violence?
- What are the underlying messages in these responses?
- What actions and responses can portray your objective of being a supporter and advocate to the victim?

Domestic violence crosses all social barriers; therefore anyone can be a victim of abuse. It is common that victims fail to report the experience of domestic violence; therefore the issue of identifying abuse can be very complicated. One of the most important contributions we can make to protect victims is to acknowledge domestic violence and provide support.

There are many indicators that domestic violence may be an issue for a person and we need to become skilled at recognizing these indicators. Screening all clients for indicators of domestic violence can be incorporated into everyday practice in two ways:

- Routine Screening
- Targeted Case Identification

ROUTINE SCREENING

Routine screening refers to facilitators incorporating measures into their sessions to ensure all participants are asked about violence and abuse.

Violence is potentially life threatening, therefore opportunistic screening can become a routine aspect of facilitating, regardless of the nature of the person's presenting complaint.

ROLE PLAY

During a routine screening exercise you identify a person who admits to being a victim of severe domestic violence.

The aim of this role-play is to demonstrate the difference between being the facilitator and the professional who empowers the victim. There are 4 role-plays, one in each area of violence. In triads one person assumes the role of the participant. Another assumes the role of the authorities and health professional that approaches the situation as an expert and directs the person about what to do, while the third observes the interaction. After 2-3 minutes the third person assumes the role of the facilitator who empowers the person, while the third person observes this interaction.

After 2-3 minutes the large group reforms to be debriefed by the facilitator. The facilitator explores what the experience was like for the expert professional, the empowering professional and the person in both situations.

CHILD ABUSE

Mary attends your class. Accompanying her are her two children, a three-year-old daughter and an 11-month-old baby. As the three year old plays quietly on the floor her sleeves is drawn up and you notice small circular sores on one arm that resemble burns. Mary senses your alarm and bursts into tears admitting her partner is violent with both children.

ELDER ABUSE

Dale is an elderly man who is living with his daughter and son in law because he can no longer cope living on his own. During a home visit he has unexplained bruising, which you suspect to be as a result being hit.

When you voice your suspicions to Dale he nods his head but says if he tells they have threatened to put him into a home.

DOMESTIC VIOLENCE

Janet, a 34-year-old mother of twins, presents in tears and is seeking advice for insomnia. Following some screening inquiries she tells you that her husband has been verbally abusive, and will not allow her access to any money. She can't look after the children, the house or herself properly. He tells her what to do, and threatens to hit her (but hasn't yet, as far as you know). She's scared, anxious, not sleeping, and doesn't know what to do.

There are numerous screening tools. The best results would be to gather the screening tool you wish to use in your assessment. We have added an assessment tool in this manual but you can use your own if you wish.

Questions for assessing the adequacy of a screening test include:

- Is it sensitive?
- Does it find out what I want it to find out?
- Is it specific?
- Does it find out things that I am not interested in and that complicates the screening?
- Is it reliable?
- Is it sensitive and specific in different contexts or setting?
- Working in small groups participants will critically review one of the above screening tools.

- What approach does the tool take for screening?
- How does the tool work?
- What is the aim of the tool?
- What are the advantages and disadvantages of using this tool for screening?

Individual group present their findings to group facilitator to record on the white board using a grid.

ACTIVITY

The following excerpts are workplace descriptions. Your organization is reviewing its policies and procedures and has asked your advice for the most appropriate screening/assessment tool.

Working in small groups use the whiteboard summary to identify the screening/assessing tool that is most appropriate for use in your professional situation (based on the suggested criteria).

- **Workplace Violence**
You work in a private day care. The children range from young babies, and older children.
- **Woman's Counseling and Support Service**
You work in a busy refuge that provides counseling, support and resources for women and their children.
- **Multi-purpose health centre**
You are working in a busy health center that provides a variety of services and runs health promotion activities. You have recently begun a men's health group.

TARGETED CASE IDENTIFICATION

Routine Screening/assessment is the process used to make inquiries when they have reason to suspect a client is a victim of domestic violence. The facilitator must confirm or dispel the suspicion of violence. It is suggested to use a variety of questions to elicit victims' experiences of domestic violence.

Should a person confirm they are experiencing domestic violence the following process should be initiated:

- Identification of the type and extent of the violence.
- Knowledge of internal and external family systems to assess what role these systems play in contributing to or perpetuating the violence.
- Assessment of the effects of the violence on the family.

These processes will now be individually explored.

TYPE AND EXTENT OF VIOLENCE

During the assessment phase of targeted victim/abuser, it is important to establish a comprehensive profile of exactly what is going on and how it is affecting the family unit as a whole.

Once the initial assessment information has been gathered ask about physical injuries, if you are told that there have been physical injuries refer to a physician immediately. **DO NOT** attempt to diagnose or provide medical advice or care to anyone. You are not a doctor and legal ramifications will ensue.

DOCUMENTATION

Legal authorities are establishing and documenting histories of domestic violence and injuries. Accurate documentation during all phases of domestic violence work with victims is of paramount importance.

The purpose of detailed records is to protect victims therefore should not contain information that may place them at further risk. Furthermore, accurate documentation will also protect the facilitator, counselor or health care worker as they support the fact that abuse was suspected or confirmed, documented and appropriate actions were taken.

Detailed documentation should include:

- A subjective description of the incident that include direct victim quotes
- Objective assessment findings
- Descriptions of size, shape, color and depth of injuries
- A description of the education provided
- Detailed account of treatments and interventions provided.

PLANNING EFFECTIVE INTERVENTION

The purpose of the planning phase of response is to analyze the assessment information in order to interpret the role the victim would like you play and the direction they would like to pursue. As such a number of critical decisions must be made at this stage of the process. To guide such program, State and National policies have been developed that outline what constitutes credible evidence that domestic violence has occurred.

To facilitate effective decision making during the planning process facilitators must be skilled at assessments, information gathering, organization and analysis, and accurate concluding. This process includes:

- Determining victim safety
- Determining the issues

These will now be individually presented.

DETERMINING VICTIM SAFETY

To plan for any intervention in domestic violence situations we must determine whether the victim is in imminent danger. If the victim is in imminent danger, emergency services should be immediately contacted.

Questions to assist in making this judgment include:

- Is the victim maltreatment substantiated as defined by State statute?
- Is the victim at risk of maltreatment and what is the level of risk?
- Is the victim safe, and if not, what type of agency or community response will ensure their safety.
- If the victim's safety cannot be assured within the family, what type and level of care or intervention does the victim need?

If the victim is not in imminent danger, but there are concerns about future safety a range of services can be offered.

Questions that should be considered at this stage include:

- Does the family have emergency needs that must be met?
- Should ongoing services be offered to the family?

ACTIVITY

- List instances in which you think you may be mandated to report domestic violence to criminal authorities.
- Construct a flow chart or mind map that best represents the decision making process for action when responding to domestic violence.
- Use your flow chart to develop a plan of response, based on the findings of your assessment exercise in the previous activity.

DETERMINING THE ISSUES

The starting point for identifying the issues includes identification of:

THE RISKS

Physical and non-physical

VICTIMS IDENTIFICATION OF PRIORITY PROBLEMS

The victim's sense of the most pressing matter may conflict with yours. Despite who may be right or wrong, as the facilitator you will have to connect with the victim's sense of priority.

VICTIMS EXISTING RESOURCES AND CAPABILITIES

- Is the victim socially isolated or do they have a good support system?
- Do drugs or alcohol affect the victim?
- What is the victim's level of literacy?
- How well can the victim communicate?

THE RESULTS OF PAST PROBLEM SOLVING EFFORTS

- What has made things safer in the past?
- Who has an inhibiting effect on the victim and who do they trust?

RESOURCES

- What familial support resources are available and accessible for the victim?
- What community support resources are available and accessible for the victim?

GROUP DISCUSSION

Refer to the list of community resources that are available to victims of domestic violence in your area. Consider the logistic realities of using some of these services. Identify how these realities may prevent victims from accessing the services. What strategies can be put in place to overcome these barriers?

IMPLEMENTING EFFECTIVE INTERVENTION

The risk of causing further harm through well-intended responses should be acknowledged at all times. If victims are assessed as not being in imminent danger interventions must be implemented with their consent. Responsible intervention can only be achieved with thorough consideration of the potential risks and costs.

VICTIM-FOCUSED INTERVENTION

The problem of domestic violence cannot be fully resolved by effecting changes in the victim's behavior. With this fact in mind however, victim-focused measures are an essential component of all domestic violence response strategies.

This is primarily achieved through assisting victims to identify ways that may reduce the level of risk and intensity of danger in their lives.

The goals of victim-focused interventions are therefore:

- To reduce offender access to victims and other vulnerable parties
- To re-establish or expand a victim's zone of free choice and activity and strengthen their ability to resist and repel abuse.
- To increase community guardianships surrounding the victim and vulnerable people.

Risk assessment and safety planning are two ways victims can identify problems, options and potential resources, and to have an organized plan of action should they encounter violence. These will now be individually explored.

RISK ASSESSMENT

Risk assessments involve analysis of threats made against victims, and of the perpetrators capacity for serious or lethal acts of violence. To facilitate this process several risk assessment tools have been developed.

The advantage of these tools is that they assist in analyzing the dynamics of individual situations and enable facilitators to compare these details with situations that have resulted severe injury or death.

IDENTIFYING LEVEL OF RISK

Minimizing risk assessment to issues of ‘safety’ and ‘danger’ is only partially beneficial to victims. Consideration must also be given to issues such as how restrained their lives have become and what could be done to reduce danger and the narrowing of free choice and action.

ACTIVITY

Review the sample risk assessments provided. In small groups critically discuss the limitations of risk assessment tools. What issues need to be considered in each of the following elements of risk assessment?

- Assessing threat
- Degree of past violence
- Weapons
- Stalking
- Dependence
- Control
- Isolation
- Other concerns

It is suggested that one of the most effective ways of assisting a victim of domestic violence is through education about the problem. Aligning the phases of the cycle of violence with a model of inspired change is one way of achieving this. A model developed by (Prochaska) emphasizes educating victims based on their readiness to receive information.

According to this theory change may begin during the pre-contemplative stage, which is when it is difficult for victims to recognize the problem. During stage 2 the victim recognizes the problem but is unable to come up with a solution. Whereas during stage 3 the victim begins to make plans for dealing with the issue and starts to gather information. In stage 4, the victim takes action and during stage 5, attempts to uphold the change. This process however is not linear rather it spirals.

Improvements for victims can be achieved when interventions are matched to the stages of the violence cycle. For example a victim being educated about a protective order during the pre-contemplative stage could be alienated by the information.

RESOURCES AND REFERRALS

Providing resources and referrals increase a victim's range of options. Referring victims to counseling should be done in a way that best meets the victim's needs. For example, although the victim may want to escape the violence, they may also want to rescue the perpetrator.

Many victims may ignore legal referrals for a variety of reasons, such as:

- Previous complaints were ignored
- Legal protection was inadequate
- Enormous time considerations for legal pursuits
- Ramifications by perpetrator

Victim's experience should be considered and the fact that formal organizations are not always effective should be acknowledged.

PLANNING FOR SAFETY

Once the victim is clearly informed about the facilitator's role, and about domestic violence as an issue, there is a need to assist the person to identify strategies that will make them safer in their specific environment. One way of achieving this is working with victims to generate safety plans that target a variety of situations, including:

- A crisis plan
- A continuing to live with perpetrator plan
- A leaving plan
- A separation plan

DISCUSSION QUESTIONS

- What issues might a facilitator suggest that a victim of domestic violence may consider for each safety plan?

Some organizations are known to increase the stress reactions of victims. This is mainly because of the reactions and attitudes of people who work in such support systems. Labeled as 'secondary victimization' the reactions by victims to those who convey judgmental or damaging messages are known to be as damaging as the actual abuse they are experiencing.

ACTIVITY

- Identify ways victims could be subjected to re-victimization?
- What processes could you put in place to evaluate your responses to domestic violence situations?

CARING FOR THE SELF WHEN DEALING WITH DOMESTIC VIOLENCE

Dealing with domestic violence will trigger many emotional responses. It makes reference to the ending of an American television serial when after dealing with a sadistic couple that committed horrific acts of torture; one lawyer commented to her colleague “I can’t wash this off”. As a facilitator we often place our own wellbeing last when dealing with horrific situations.

Studies suggest that regardless of how well we may feel while we respond to these situations, we cannot wash them off and we are changed forever by the experience. The need to strive to keep us balanced and healthy is human nature. As facilitators, it is important to identify individual ways to achieve this balance.

DISCUSSION QUESTIONS

- What extent does confidentiality apply to your communications?
- What information are you legally required to disclose and to whom?
- What sorts of activities can you implement to help you deal with the experiences that “you can’t wash off”?

Opportunity to reflect upon personal reactions to issues raised in this.

Questions to Guide Reflections: What have we done in this?

- How and why have we done it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to older people involved in domestic violence situations?

CHAPTER NINE

RESPONDING TO PERPETRATORS OF DOMESTIC VIOLENCE

Intervention in this area requires specialized education. Therefore the is designed to provide participants with foundational knowledge required when responding to perpetrators of domestic violence.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about issues that promote and sustain domestic violence
- Introduce participants to the role of myths and commonly held beliefs in the perpetration of domestic violence
- Provide information about the key issues in working with perpetrators including:
 - Determining and maintaining victim safety
 - Clarifying and reducing risk to self
 - Assessing cognitive and psychological wellbeing of the perpetrator
 - Referring to agencies working with perpetrators
- Provide information on factors that contribute to effective intervention for potential and actual perpetrators of domestic violence including:
 - Identifying perpetrators
 - Setting goals
 - Determining the approach to intervention
 - Integrated perpetrator response
 - Evaluating interventions
- Provide opportunity to reflect upon personal reactions to issues raised in this.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Identify and discuss issues that promote and sustain domestic violence
- Critically analyze the role of myths and commonly held beliefs in the perpetration of domestic violence
- Identify and justify key issues in working with perpetrators
- Identify important factors that facilitate effective intervention with perpetrators
- Reflect upon their personal responses to issues raised in this chapter.

INTRODUCTION

NOTE

This is NOT designed to equip participants with the ability to respond to perpetrators of domestic violence. This area is the province of people who are specially prepared for that particular responsibility.

This seeks to present some issues that promote and sustain domestic violence, and explore the role of myths relating to the perpetration of domestic violence.

Furthermore it will provide information about how to appropriately respond to perpetrators of domestic violence while critically exploring the risks associated with working with perpetrators.

Most of the advances in the domestic violence literature and research concentrate on victims, observers and workers. As a result various refuges, safe houses, crisis intervention program have been established.

Cross-gendered work is also being undertaken to better understand societal attitudes that support domestic violence. While these activities are essential it is equally important that work with perpetrators of domestic violence parallels the level of attention that focuses on other parties involved with this issue.

The challenges associated with working with perpetrators are great. It is important that facilitators are appropriately prepared to provide assistance to perpetrators in changing violent attitudes and behaviors.

ISSUES THAT PROMOTE AND SUSTAIN DOMESTIC VIOLENCE

PERSONAL VS PUBLIC PROBLEM

The many beliefs surrounding domestic violence suggest that there is little that can be done about it and that a community response is unwarranted because it is a personal and not a public problem.

The following excuses are commonly put forward to protect perpetrators:

- They have underlying illness
- They have a bad temper
- They have a lot of stress in life
- They were provoked
- They lack social skills
- They are a drinker
- Their parents belted them
- They are a druggie

Through listening to the experiences of victims it is clear that domestic violence is not about any of these things, it is simply about power and control. It is not a series of physical outbursts, but instead a deliberate life of intimidation designed to make the victim behave in ways that are dictated by the perpetrator. Many perpetrators only exhibit this coercive and violent behavior in their own homes.

This entrenches the common belief that domestic violence is a personal, not community problem. Simple questions and statements that are commonly voiced during discussions about domestic violence highlight this deep-rooted belief. The following sections explore these more fully.

MYTHS AND COMMONLY BELIEFS IN PERPETRATING DOMESTIC VIOLENCE

There are many myths and much misinformation surrounding the issue of domestic violence. There are beliefs held by many people including victims, perpetrators and others not so directly involved with this issue. Stereotypical beliefs are unhelpful.

First: because they are often untrue, and secondly, because they impact on the way we treat people who experience domestic violence.

If we do not understand the reality of domestic violence, we will never be in a position to create a society that does not tolerate it.

ACTIVITY

As a large group exercise participants will brainstorm myths and commonly held beliefs about domestic violence:

- Myths about cause and incidence of domestic violence
- Myths about victims of domestic violence
- Myths about perpetrators of domestic violence
- Myths about solutions for domestic violence

Working in small groups participants will draw on their understandings gained from this to comment on each point:

- For each point discuss what the reality might be?
- Where do these myths and common beliefs originate?
- As facilitators what actions can we take to dispel these myths and common beliefs?

VICTIM BLAMING: WHY DOESN'T SHE JUST LEAVE?

Attitudes and beliefs that support domestic violence persist despite the criminalization of it. The level of support and tolerance in American culture for people to be violent against their intimate partners is enormous. Another belief that effectively deflects responsibility for domestic violence away from the community is the commonly heard statement "If it was really that bad they would leave".

When victim's stories of domestic violence are examined it becomes clear that they do seek help, and they do leave the situation. Victims place themselves in the possible position of being killed should they try to leave; therefore this decision is not made lightly.

Regardless of leaving or staying, victims caught in the cycle of violence are extremely creative, resourceful and brave. To naively imply that victims who leave violent relationships will be safe reflects the community's quest to label domestic violence as a personal problem.

Unfortunately this style of approach does more than ignore this social issue, it makes a judgment about victims: that violence is their responsibility.

FAMILY MATTER: "IT'S NONE OF MY BUSINESS"

The belief that domestic violence is a family matter absolves the community from any responsibility. In fact the impact that domestic violence has on individuals, as community members is immense. Understandably the impact on human and social costs is difficult to gauge, but economic costs are clearer. The economic impact of domestic violence hampers an already crippled health care and criminal justice system. Costs are associated with:

- Homelessness
- Crisis refuge
- Child protection
- Absenteeism and productivity losses for business
- Service provision for drug and alcohol use.

MEDIA PORTRAYAL: "DOMESTIC VIOLENCE. WHAT VIOLENCE?"

The portrayal of domestic violence in the print and visual media highlights a number of disturbing trends.

- First: the way some reporters, report of domestic violence in the language of love is alarming:

"A tragedy of spurned love"

"Made love to his wife and then strangled her when overcome with jealous passion"

- Second: the way the media often reports domestic violence in a trivialized and minimizing way.

"Family quarrel seen as the motive"

"The couple had been having marital problems"

"The incident stemmed from a marital dispute"

Such portrayals of domestic violence in the media send very powerful messages to the community. Violence is excused and explained away.

ACTIVITY

Working in small groups participants should reflect on one television program. The group will critically examine the way in which relationships and violence are portrayed and discuss the accuracy of the portrayal.

Small groups will present their discussion findings to the large group including:

- An overview of the program
- Descriptions of characters
- Ways relationships between men and women are portrayed

A large group discussion will involve:

- How violence is portrayed in the media.
- How these portrayals influence men, women, children and their relationships?
- What responsibility the news media has in reporting domestic violence stories.
- What responsibility does the entertainment industry has in presenting violence?

The problem with news reports about violent crime includes the ongoing trend of blaming victims and reinforcing harmful cultural stereotypes and myths. This style of reporting is the result of the social structures and values that deny male violence against women is a serious problem rooted in misogyny and patriarchy. By reflecting this cultural blindness, the news reinforces it and thereby contributes to the perpetuation of violence against women.

ACTIVITY

Select a magazine. Work in small groups gathers scenes that portray families. Construct a collage of the collected images.

- What messages does your collage depict about relationships in our society?
- How do these messages underpin the social problem of domestic violence?

- What is your understanding of men's culture and women's culture in society?
- How does this understanding influence your perception of perpetrators of domestic violence?

WORKING WITH PERPETRATORS: KEY ISSUES

There are several key issues to be considered by facilitators when dealing with perpetrators. The single biggest is to ensure the victim's safety and your own. Planning effective intervention should include the following priority sequence:

- Determining and maintaining victim safety
- Clarify and reduce risks to yourself (includes assessing danger)
- Assess cognitive and psychological wellbeing of the perpetrator
- Referral to agencies working with perpetrators

DETERMINING AND MAINTAINING VICTIM SAFETY

Victim safety should always be determined before any perpetrator intervention is even considered. Victims of domestic violence will commonly have a range of strategies that are in place to deal with the perpetrators abuse. From the victims perspective these plans help to protect the family during violent outbursts, while maintaining a relationship with the perpetrator.

From the perpetrators perspective however, this approach sees the abuse as an effective way to maintain power and control. As such the cycle of violence is reinforced, rather than challenged. It is essential that victims are supported during this time and not blamed for these strategies. It is important to identify the processes that are already in place to ensure the victim is safe in the current situation.

While victims are trying to maintain their relationship, yet end the violence, they need support to develop and, if need be, implement safety plans to escape if their situation suddenly becomes dangerous. Complacency about safety planning during this stage is not recommended.

It is possible for perpetrators to cease their abusive behavior. Positive changes involve the cessation of violence and relinquishing forms of control such as threats, humiliation and isolation.

CLARIFY AND REDUCE RISK TO SELF

High risk cases usually involve:

- Histories of lethal violence
- Histories of serious physical injuries
- Threats to kill
- Active and untreated psychoactive substance abuse/dependency
- Other active and untreated psychiatric disorders
- and/or high psychosocial stress.

ACTIVITY

Read diary of a refuge worker.

- How does this story influence your perception of a perpetrator?
- What strategies could you put in place to ensure you remain safe when dealing with perpetrators of domestic violence?
- What strategies can you put in place to support victim safety while dealing with perpetrators of domestic violence?

ASSESS COGNITIVE AND PSYCHOLOGICAL WELLBEING OF THE PERPETRATOR

Determine the perpetrator's ability to respond to intervention for the violent behavior they are exhibiting. This may be beyond the professional scope of some facilitators and as such appropriate referral to appropriately trained experts should be planned.

For example, some perpetrators of domestic violence may require a psychiatric assessment. Although not accepted as an excuse or the sole focus of treatment, depression, anxiety, other affective disorders, posttraumatic stress disorder and psychoactive substance disorders can be a problem for some violent individuals.

Other special issues that will require careful planning include:

- Non-English speaking clients
- Learning, physical or developmental disabilities
- Specific gender, ethnicity or sexual orientation
- Work schedule

- Transportation issues
- Educational level

Suitability relates directly to the facilitators assessment of the client's biological, psychological, family and social needs, and the development of a treatment plan that addresses each level of need. Many domestic violence perpetrators have a variety of psychosocial needs that must be referred to a health care professional that can address completely. Therefore, collateral referrals will be necessary for many cases. Facilitators should be aware of local community resources to facilitate the referral process.

REFERRALS

The traditional means for dealing with domestic violence involved the provision of refuges and support for victims. While it is important such initiatives continue, it is equally important that programs deal with perpetrators.

Involving appropriate agencies to deal with perpetrators takes place at two levels. The first of these focuses on police response, where the criminality of the violence is enforced, and secondly on more pro-active perpetrator intervention programs.

IMPLEMENTING EFFECTIVE INTERVENTION

IDENTIFYING PERPETRATORS

Unlike the many instruments available to assist facilitators and counselors with screening processes to detect victims of domestic violence, there are virtually no instruments to assist identification of perpetrators. Furthermore, identification of perpetrators is often difficult because they rarely disclose this information; instead it is usually identified indirectly in response to other questions. Facilitators must be aware of code words such as fighting, anger, not getting along, temper, self defense, stress, and drinking. Once suspicions are aroused, further inquiry is pursued through indirect questions such as:

- What happens when you fight?
- Have you or partner been injured during arguments?

A caring rather than accusatory tone is argued to yield better results as it imparts a sense of concern for the perpetrator as well as their victim.

Despite the many protocols that are available to aid victims, there are few to manage perpetrators.

ACTIVITY

Working in small groups participants will work together to explore the concept of working with perpetrators.

The group will:

- List common stereotypes of perpetrators who commit domestic violence
- Identify their individual fears and frustrations about the possibility of responding to a perpetrator of domestic violence
- Identify strategies that could strengthen their ability to appropriately respond to perpetrators of domestic violence

SETTING GOALS

Perpetrator programs that offer unstructured, non-specific and non-directive interventions are not productive. Programs that explore emotional development, emphasize building good relationships and that are purely punishment based are also not effective intervention programs for perpetrators of domestic violence.

The goals of perpetrator-focused responses include:

- To establish that perpetrators are strictly accountable for their own actions and to hold them to standards established by law
- To disrupt the idea that domestic violence is a 'private matter' and to establish a 'social hold' over the perpetrator
- To require restitution to the victim and the community
- To provide through access to perpetrator intervention programs the opportunity for perpetrators to learn about the dynamics of domestic violence to come to terms with their own culpability and effect a change in their attitudes and behaviors

ACTIVITY

During one particular intervention program the facilitator encourages men who have engaged in recent violent outbursts to verbalize their accounts of the experience to the group. Read an excerpt from this session.

- What characteristics do the perpetrators portray in their stories of their violence?
- What styles of violence do these perpetrators exhibit?
- What are the implications of these styles of violence for family members living with these perpetrators?
- What are the implications of these styles of violence for health care providers working with perpetrators?

DETERMINING THE APPROACH TO INTERVENTION

The controversy as to what type of intervention is the most appropriate for perpetrators of domestic violence is widespread. The approaches fall into three categories:

- Cognitive Behavior Approaches
- Pro-feminist Approaches
- Systemic Approaches (Hearn 1999)

There are major differences in the philosophy, theoretical orientations and practical methods of different perpetrators programs.

COGNITIVE BEHAVIOR APPROACHES

This type of response program recognizes the functional value of abusive behavior to the perpetrator. It is believed that behavior is never entirely determined, rather a matter of choice. The program therefore places responsibility for violence on the perpetrator alone.

Critique:

- Value neutral
- Does not incorporate issues of unequal gendered power distribution
- Teaching perpetrator conflict management skills has potential to provide new weapons

Good courses that promote self-awareness, personal responsibility, anger management, rights of other, and problem solving for perpetrators of domestic violence is a must in domestic violence.

SYSTEMIC APPROACHES

In some cases the most appropriate intervention may be system-based (or structural-based) intervention directed at the perpetrator.

It must always be recognized this intervention will dramatically escalate victim risk, in a way that cannot be accounted for. In these cases it is imperative that criminal prosecuting professionals and the courts take affirmative measures to reduce the risks **their** actions are creating for victims. Such interventions may include:

- Stalking apprehension measures
- Temporary orders of protection
- Arrest and detention
- Weapons confiscation or permit revocation
- Bail and other conditions of pre-trial release
- Criminal convictions
- Permanent orders of protection
- Jail, fines and restitution
- Suspended sentences
- Supervised probation
- Psychiatric evaluation and hospitalizations
- Drug and alcoholism treatments
- Deportation

Instead, programs should focus on the offender and the offending behavior in a direct, clear and focused fashion. Cognitive and behavioral approaches that include assessing of gender and power are successful in generating behavioral changes with perpetrators. Integral to the success of such programs are concentrating on promoting internal control, social skill development, acknowledgement that domestic violence is a crime, better problem solving skills and enhanced victim empathy.

INTEGRATED PERPETRATOR RESPONSES

The Duluth Model incorporates counseling and education programs for perpetrators as a component of the broad intervention strategy.

An important aspect of this program is the impetus to change the criminal justice systems response to domestic violence assaults. For example, imposing sanctions on perpetrators is shifted from the victim to the community.

Aware of power and control as the underlying causes of the violence agencies are aware that perpetrators will use control to protect themselves from the legal system. As such policies are developed that promote arrest, promote education and rehabilitate and victim safety strategies.

This approach anticipates that the coordinated actions of police, prosecutors, health professionals and the community uniformly impress on the perpetrator that use of violence is unacceptable and will attract significant social penalties.

EVALUATING INTERVENTIONS

Despite perpetrator intervention programs being in existence for the past two decades, the credibility of their evaluations are questioned. The primary criticisms, as outlined, include:

- Evaluations only include participants who complete the program which effectively eliminates significant amounts of data
- Program components that contribute to its success are largely ignored
- There are discrepancies between researchers about what determines an effective program

Effective treatment programs are ones that:

- Make the safety and autonomy of victims a priority;
- Educate perpetrators and victims, discussing the socio-cultural context of the violence;
- Emphasize the need for participants to take responsibility for their own behavior;

There has also been a call to match particular perpetrators to particular intervention programs and structure evaluation around this approach. The successful measures of treatment programs will be reflected when community attitudes cease to condone domestic violence.

Opportunity to reflect upon personal reactions to issues raised in this chapter

Questions to Guide Reflections: What have we done in this?

- How have we done it?

- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to responding to perpetrators of domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

NOTES

CHAPTER TEN

GOVERNANCE AND PROTOCOLS FOR ACTION

This is designed to help develop knowledge and skills in designing, constructing, implementing and monitoring policy and protocol.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about the national and state governance related to Domestic Violence.
- Provide information about developing a coordinated community response including a multidisciplinary framework.
- Provide examples related to community services response, criminal justice system response.
- Provide information relating to the design, construction, and implementation and monitoring of protocols.
- Provide opportunity to develop demonstration protocols.
- Suggest frameworks to appraise example protocols.
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Discuss the structures governing responses to domestic violence.
- Discuss key aspects of designing, constructing, implementing and facilitating protocols.
- Apply knowledge gained in this to the development of demonstration protocols.
- Justify the decision made in the development process.
- Appraise example protocols and safety plans in a variety of contexts.
- Reflect upon their personal responses to issues raised in the.

INTRODUCTION

There is no doubt that domestic violence is everybody's business because the impact on our communities and society as a whole is enormous. Furthermore, it is essential to dispel the notion that domestic violence is a private problem that is not our business. As such this seeks to develop knowledge and skills in designing, constructing, implementing and monitoring policy and protocols for effectively respond to domestic violence. In 2004 a new government initiative was released and information in this must be read with this in mind.

NATIONAL AND STATE GOVERNANCE

Theresa Zubretsky (2003) suggests the goals that should guide the implementation of effective community coordinated responses are simple. They are:

- **SAFETY** for victims
- **ACCOUNTABILITY** for perpetrators.

Zubretsky continues to say that it is time for communities to stop blaming victims and assume some responsibility in the role for stopping violence and protecting our members. Her argument stems from the perspective that when community consensus about community goals for victim safety and perpetrator accountability is reached the necessary foundation for change will be in place.

A wide range of resources is being developed for the implementation of competency standards for people who come into professional contact with those affect by domestic violence.

The need to coordinate relevant Government services and community organizations to assist rapid and appropriate response has been recognized. The Government is pursuing a pro-active stance by addressing the issue of domestic violence through an integrated approach that focuses on the needs of the victims while simultaneously recognizing the responsibility of the perpetrators.

Criminal justice process is also addressing this issue through an interventionist approach whereby perpetrators are treated accordingly by law. All domestic violence incidents and reports attended by police are recorded by Government Agencies to enhance the integrated approach to domestic violence incidents. There is a marked emphasis on targeting offenders in an effort to reduce the incidence of repeat offences.

COORDINATED COMMUNITY RESPONSE

Domestic violence is not the sole responsibility of any one body. All organizations, both government and non-government, have an important part to play in response to, and in the prevention of, domestic violence in the community. A coordinated response to domestic violence is one such way both government and non-government organizations can work together to address domestic violence in the community.

A comprehensive community response requires a multidisciplinary response to broad social issues that contribute to domestic violence. As such a coordinated community response involves police, prosecutors, probation officers, domestic violence field workers, health professionals, counselors and judges in developing and implementing policies and protocols that improve inter-sect oral coordination to provide comprehensive responses to this social issue. A coordinated community response incorporates:

- Supportive criminal justice processes
- Follow-up support and advocacy for victims
- Referral and monitoring of perpetrator compliance with legal interventions
- Referral and monitoring of perpetrator participation in rehabilitation programs
- Monitoring of the system-wide response to domestic violence cases

Developing multidisciplinary protocols can result in:

- Agency accountability for coordinated and effective intervention
- Development of a shared vision for reducing domestic violence among justice system agencies and victim service providers
- Increased arrest, conviction, sanctioning, education, and monitoring of offenders
- Creation of formal and informal networks for communication and collaboration across systems
- Sharing practices that can affect policies as they are developed

The four primary goals in developing or strengthening a community's response to the problem of adult domestic violence are:

1. Victim Safety and Self-determination
2. Abuser Accountability

3. Systems' Responsibility
4. Promoting a Coordinated Response Grounded in the Principles of Zero Tolerance

There are three principle types of community domestic violence coordination, these include:

- Community services response
- Criminal justice system-based response
- Health care system-based response

COMMUNITY SERVICES RESPONSE

Services that fall under 'Community Services' are wide-ranging. They include areas such as:

- Accommodation and housing
- Emergency shelters
- Indigenous Welfare services
- Migrant and multicultural services
- Police

The variation in services increases the difficulty of achieving a coordinated response however there are a number of principles that all services can consider when responding to victims of domestic violence. These fall under the categories of *victim safety and self-determination*; *perpetrator accountability*, and the *'systems' response*. These three themes serve to guide each of the three principal areas of a coordinated community response to domestic violence, but are considered first in relation to community services. Once again the lists are not definitive but suggest areas that might be included.

VICTIM-SAFETY AND SELF-DETERMINATION

- Domestic violence is the responsibility of the perpetrator and therefore victim blaming will not occur
- Processes involved in accessing services will not exacerbate danger for victims
- Confidentiality is strictly adhered in relation to victim information
- Acknowledgement that victims survival and safety strategies may conflict with needs of the service/s

- Advocacy and service programs be used to address safety-related concerns for victims
- Victim interviews will be conducted in private
- Victims have opportunity to inform the processes related to their safety and to the pursuit of criminal processes
- Streamlined processes of communication will be utilized
- Appropriate referrals will be made to associated agencies to streamline the way in which victims of domestic violence can gain assistance

PERPETRATOR ACCOUNTABILITY

- The Justice Act governs community justice workers
- Temporary custody orders for perpetrators are implemented
- Immediate arrest will be pursued for aggravating circumstances
- Timely arraignments of suspects
- Perpetrators who violate orders will be prosecuted
- Perpetrators' programs will support incarceration programs

THE 'SYSTEMS' RESPONSIBILITY

- Policies and protocols are documented and regularly updated
- Procedures and guidelines are developed to enable professionals to respond appropriately to victims of domestic violence
- Personnel who respond to domestic violence are accountable for their actions
- Mechanisms are in place to monitor and improve policies and protocols
- Communication plans are developed to ensure inter-sect oral collaboration

CRIMINAL JUSTICE SYSTEM-BASED RESPONSE

Many forms of domestic violence are criminal offences. Although the traditional point of view has been that any information relating to a criminal offence that is reported to the police will be followed up by them and the Crimes Act makes it an offence for any person to fail to do report a crime. The context of the crime is taken into account. Therefore, in the case of domestic violence the choice to act, in most instances, is the victim's.

The primary components of the criminal justice system response include:

VICTIM-SAFETY AND SELF-DETERMINATION

- Domestic violence is the responsibility of the perpetrator and therefore victim blaming will not occur
- Legal process will not exacerbate danger for victims
- Confidentiality is strictly adhered in relation to victim information material
- Acknowledgement that victims survival and safety strategies may conflict with needs of legal system
- Advocacy and service programs be used to address safety-related concerns for victims
- Criminal justice professionals will assist victims with risk assessment and safety planning
- Victim interviews will be conducted in private
- Violent weapons will be immediately confiscated
- Victims have opportunity to inform processes of criminal prosecution
- Victim protection programs will incorporate advance communication and security technology
- Streamlined processes of communication will be utilized
- Routine domestic violence screening should be incorporated in to all legal cases

PERPETRATOR ACCOUNTABILITY

- The Justice Act governs community justice workers
- Temporary custody orders for perpetrators are implemented
- Immediate arrest will be pursued for aggravating circumstances
- Timely arraignments of suspects
- Perpetrators who violate orders will be persecuted
- Perpetrators' programs will support incarceration programs.

THE 'SYSTEMS' RESPONSIBILITY

- Policies and protocols are documented and regularly updated
- Procedures and guidelines are developed to intervene in situations where criminal justice authorities are involved as victims or perpetrators of domestic violence situations

- Training to appropriately respond to and manage domestic violence situations
- Personnel who intervene in domestic violence are held accountable for their actions
- Mechanisms are in place to monitor and improve policies and protocols
- Communication plans are developed to ensure inter-sect oral collaboration

HEALTH CARE SYSTEM-BASED RESPONSE

The primary components of a health care system response include:

VICTIM-SAFETY AND SELF-DETERMINATION

- Private routine screening of all clients to detect domestic violence; Victims Rights Notice should be provided to suspected and confirmed victims
- Nurses working in maternity and newborn services should provide information about domestic violence to all clients
- Collaborate with victim to evaluate ability to implement strategies for safety and assistance
- Acknowledgement that victims' survival and safety strategies may conflict with the needs of the health care system
- Advise victims of available services for support and assistance
- Provide appropriate assistance for victims who have substance abuse issues
- Discharge planners should consider the environment victims are being returned to
- Referrals to mental health and substance abuse programs should include notification of domestic violence history
- Accurate documentation of domestic violence information in medical records
- Victim confidentiality is maintained at all times
- Health care facilities, as employers, that identify staff that are known perpetrators of domestic violence are investigated
- Referral of perpetrators to appropriate programs

PERPETRATOR ACCOUNTABILITY

- Appropriate referral of perpetrators
- Recognition of the limits of scope of practice

THE 'SYSTEM'S' RESPONSIBILITY

- Health professionals are appropriately educated to identify and respond to victims and perpetrators of domestic violence
- Victims' care should be internally and externally coordinated to develop and implement effective safety plans
- Health care organizations must develop and implement written policies for identifying and responding to domestic violence
- Ongoing mechanisms to maintain and improve the systems responses are in place
- Health care professionals should be held accountable for their actions
- Information on domestic violence as a health problem should be disseminated. Domestic Violence Protocols

WHAT IS A PROTOCOL?

A protocol is a document that sets down the rules and principles by which people engage with an issue, in this instance domestic violence. The Department of Health and Human Service DHHS has implemented the Domestic Violence Protocol: Responding to Victims of Domestic Violence. The protocol has been developed within the framework of the Federal Government domestic violence policy statement.

Protocols should be developed for all departments and should include:

- A definition of domestic violence
- Screening questions and a clarification of who will be asking them
- Safety assessment and planning guidelines
- Support and intervention services for the patient
- Legal reporting requirements
- Procedures for medical record documentation and for the collection and safeguarding of evidence

HOW DOES THIS HELP

- How does this protocol contribute to your decision making process for responding to victims?
- How does this protocol contribute to your decision making process for responding to perpetrators?

- What additional information do you require to facilitate your decision making process for dealing with victims and perpetrators of domestic violence?

Some key issues that Health professionals might consider when developing, implementing and evaluating protocols include:

- Compliance with existing legislation and policies
- Compliance with charter of human rights
- Addresses the safety and protection of victims
- Reflects a holistic, multidisciplinary approach
- Ensures staff safety
- Is achievable
- Is transferable to multiple settings
- Is effective
- Provides a systematic logical guide to health care professionals
- Is contemporary
- Responds to changes in legislation and policy

DISCUSSION QUESTIONS

Consider planning, implementing and evaluating a protocol in your workplace. What aspects, in addition to those above, would you consider important to include in your decision making process?

Opportunity to reflect upon personal reactions to issues raised in this.

Questions to Guide Reflections

- What have we done in this?
- How have we done it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?
- What were my beliefs and attitudes to domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I respond to people involved in domestic violence situations?

CHAPTER ELEVEN

DE-BRIEFING AND OTHER SUPPORT MECHANISMS

This is designed to develop knowledge about debriefing and other support mechanisms for professionals who are responding to domestic violence.

OBJECTIVES

The objectives of this chapter are to:

- Provide information about debriefing and other support mechanisms for professionals who are responding to domestic violence
- Encourage participants to relate ethical and legal issues, scopes of practice, codes of ethics and professional competencies to the need for debriefing and support
- Create a forum in which to discuss the type of support needs that could arise when responding to domestic violence
- Create a forum in which to discuss possible strategies for support
- Provide information on the key characteristics of effective debriefing
- Encourage participants to create a support network map and identify strengths and weaknesses in it
- Clarify the relationship between protocols, safety plans and support
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Identify the support available for professionals responding to domestic violence
- Relate ethical and legal issues, professional competence, code of ethics and scope of practice to the need for debriefing and support
- Make an informed contribution to a discussions on possible support needs and strategies for professionals who are responding to domestic violence
- Identify the key characteristics of an effective debriefing session

- Create a map of personal support-network and identify its strengths and weaknesses
- Discuss the relationship between protocols, safety plans and support
- Reflect upon personal responses to issues raised in this.

NOTE

Facilitators and participants are encouraged to identify the protocols and safety plans already existing in their workplaces and bring them to this session to facilitate discussion and activities.

INTRODUCTION

This encourages the participants to review their work settings and the organizational and departmental structures to ascertain what support is available to them when responding to domestic violence. It is not designed to provide a large amount of theory, but to encourage participants to develop realistic plans and networks of support pertinent to the specific contexts in which they work.

Support available for those responding to domestic violence is diverse and varied. The potential emotional and physical impact that working in the area of domestic violence may have suggests that priority be given to meeting the support needs of the professionals involved. The complexity of the challenges suggests that a complex network of support need to be established.

DISCUSSION QUESTIONS

Review the ethical issues, professional competency standards, code of ethics and scope of practice:

- Where might support be required when addressing ethical issues?
- Where might support be required when addressing legal issues?
- Where might support be required when addressing issues relating to professional competence?
- Where might support be required when addressing the code of ethics?
- Where might support be required when addressing issues relating to the scope of professionalism?

- Where might support be required when addressing issues that arise from a personal reaction to responding to domestic violence?

Current support exists both formally and informally but there is no standardized, comprehensive approach.

Examples of support include:

- Formal counseling external to and organized by the organization
- Formal counseling internal to the organization (i.e. debriefing, individual counseling)
- Informal counseling within the organization i.e. informal debriefing
- Informal group discussion

DISCUSSION QUESTIONS:

- What support mechanisms are commonly used in your own place of work?
- What promotes the establishment and use of support structures?
- What inhibits the establishment and use of support structures?

CHARACTERISTICS OF EFFECTIVE DEBRIEFING:

Debriefing sessions, when well run, are an effective way of providing immediate support to professionals as well as a way to reflect upon actions and strengthen skills and knowledge.

The principles of debriefing sessions include:

- Confidentiality
- Non-judgmental
- Seek understanding and improvement not someone to blame
- Right to hold an opinion
- Valuing of each individual's opinions and needs
- Commitment to the process as a positive supporting mechanism
- Criticism of another's actions have no place in a debriefing session

The objectives of a debriefing session include but are not limited to:

- Providing a safe environment to express emotions openly
- Collectively discussing a situation and share information
- Encouraging positive reactions and discourage irrational and negative thoughts
- Screening those who might need further support
- Planning further support and related actions
- Informing of other support options

Characteristics of successful debriefing sessions:

- Held soon after an event/situation
- Held with appropriate people
- Emphasize the normalness of how people might be feeling
- Emphasize that recovery is possible

One possible structure of a debriefing session:

- Introduction and setting of ground rules
- Description of the situation and related actions/outcomes
- Discussion of emotional, cognitive and physical reactions
- Discussion around the way forward - may include review of what could have been done differently, resources needed
- Planning for further support if needed
- Identification of potential support strategies
- Review of what each member of the debriefing group will now do as a result of the debriefing session.

Debriefing sessions, while useful are not the only form of support available. Formal and informal counseling has already been noted as potential support strategies.

The next activity encourages participants to think about the type of support that they have access to and encourages them to consider ways of strengthening their personal support network.

ACTIVITY

Individually:

Consider the following:

- How do you know when you have experienced something at work that will not 'wash off'?
- How do you 'wash off' work stress and problems after hours?
- Who do you rely on to support you after work hours?

Draw a map of the people and strategies that you can use. Link the strong strategies and relationships with a thick line and the areas that you need to develop more with a dotted line. Areas that you have not developed but have identified can be inserted without a joining line. For example

DISCUSSION QUESTIONS

Review the protocols and safety plans brought by the participants to the session. If there are none available use the DHHS protocol and consider the following questions:

- What safety issues should be considered in light of the protocol?
- Does the protocol adequately address safety issues?
- What issues would a safety plan linked to the protocol include?
- What support strategies could be linked to the protocol?
- What support strategies could be linked to the safety plan?
- What could help streamline the protocol, safety plan and support strategies so that they interlinked?

Opportunity to reflect upon personal reactions to issues raised in this:

Questions to Guide Reflections

- What have we done in this and how did we do it?
- Why did we do it?
- How is it relevant to responding appropriately to domestic violence?

- What were my beliefs and attitudes to responding to domestic violence before I engaged in this?
- Were any of my beliefs and attitudes challenged by the material in this?
- If so, what beliefs/attitudes were challenged and why?
- How might this impact upon the way in which I seek support when I respond to people involved in domestic violence situations?

NOTES

CHAPTER TWELVE

ACCESSING INFORMATION

This was designed to develop knowledge about accessing information for health professionals to provide further support to victims of domestic violence.

OBJECTIVES

The objectives of this are to:

- Encourage participants to relate ethical and legal issues, scopes of practice, codes of ethics and professional competencies to the need for information for appropriate referral
- Provide information about the need to refer victims for further support
- Provide information about ways to access information for those who wish to refer victims for further support
- Create a forum in which to discuss the type of information needed when responding to domestic violence and making referrals
- Create a forum in which to discuss possible strategies for accessing information
- Provide a framework to assess the validity and reliability of information obtained
- Encourage participants to read example information and identify strengths and weaknesses in it
- Provide opportunity to reflect upon their personal responses to issues raised in the.

LEARNING OUTCOMES

On completion of this chapter participants will be able to:

- Relate ethical and legal issues, professional competence, code of ethics and scope of practice to the need for information on which to make referrals
- Recognize the need to refer victims of domestic violence for further support
- Identify the information available for responding to domestic violence and making referrals
- Make an informed contribution to a discussions on possible information needs and strategies to access it for those who are responding to domestic violence and making referrals

- Identify and apply a framework to assess the validity and reliability of information obtained
- Reflect upon personal responses to issues raised in this.

INTRODUCTION

This presents the participant with information, activities and discussion designed to develop appropriate and well-supported referral. It is important to note that while a list of resources is provided at the end of these may change over time and it is recommended that both the participants and the facilitator update the list regularly to ensure currency.

PRACTICE & PROFESSIONAL COMPETENCE

State and national governing bodies determine the Standards of Practice. These standards are in place to assure society that a basic level of safe care will be provided to people affected by domestic violence. Statements about what various can and cannot be done are documented in legislative Acts that govern the law pertaining to domestic violence.

Much of what professionals are able to do is individually determined by practitioners based on their level of expertise in that particular area. Despite the governance of legislative Acts, professional Standards of Practice and organizational policies and procedures dealing with domestic violence demands specific knowledge, skills and attitudes.

ACQUIRING KNOWLEDGE TO REFER APPROPRIATELY

There is a great deal of attention concerning how experts differ in their thinking and doing. Beginner counselors commonly engage literature to acquire knowledge necessary to effectively deal with new situations. There are many other ways of acquiring knowledge to advance beyond the beginner stage and it is important to explore this concept further to understand individual mechanisms for gaining knowledge. Without appropriate knowledge, the process of referring victims and perpetrators for support and assistance will be ineffective.

SMALL GROUP ACTIVITY

Spend a couple of moments to think about the many support services available for victims of domestic violence.

In your group list the various types of victim services you can think of.

Consider that you have been allocated a person that has identified themselves as a victim of domestic violence. The woman informs you that her partner is extremely aggressive and currently enraged. She is unable to return home and has asked for your help.

- How are you going to identify the right services for this client?
- Construct a brief flowchart that outlines your strategy for gathering the appropriate information to deal with this situation.
- What makes you think this information is most appropriate for your client?
- What role do you think the client plays in planning this information retrieval?
- How does your performance relate to your professional competency standards?

Be prepared to discuss your answers with the other groups in the session.

ACCESSING INFORMATION

The process of collecting and critically analyzing information is imperative for making accurate decisions. The most successful approaches to finding and interpreting appropriate information are systematic. Six questions underpin this process. These are:

- Who are the sources of data?
- What are the types of data?
- Where are the data?
- When are data collected?
- How are data collected?
- Why collect data?

INDIVIDUAL ACTIVITY

Consider the following:

In terms of gathering information to effectively respond to domestic violence situations that are primary sources of data?

- What contributions can these individuals make to increase your knowledge?

- What types of data are available to assist with making decisions about responding to victims and perpetrators of domestic violence?
- Where can data that increases your knowledge about appropriate response be found?
- What is the importance of continually collecting information about domestic violence?

INFORMATION VALIDITY AND RELIABILITY

The amount of information concerning domestic violence is vast and diverse and ever-growing. Many types of resources including books, articles and websites will yield information about domestic violence; unfortunately not all material is credible or useful. While it is important to remain informed about new developments in this field it is equally important to evaluate the quality of the information that is accessed.

This is particularly pertinent for information that is accessed through the Internet, as it is possible for virtually anyone to post information on a web page. For this reason all information cannot be taken at face value, but must be judged for accuracy. This section will explore how to make sense of information and evaluate its authority and appropriateness for use.

Some points to consider when accessing domestic violence information include:

- Authority
- Relevance
- Objectivity
- Verification

AUTHORITY

Guiding questions include:

- Who developed the material?
- Is an author clearly identified?
- Are the credentials of the author listed?

It is safe to be guided by information that is sourced from a known quantity.

As such it is imperative that information about the author or the organization providing the information is determined. Consulting other resources to get background information on the author can also be useful.

RELEVANCE

Guiding questions:

- When was this material produced?
- Is this information up to date and relevant to today's climate?
- Does the material reflect current policy and legislation?

In today's world new information is being discovered daily, therefore yesterdays breakthroughs are quickly replaced. It is essential that in this fast paced world information that is being utilized reflects contemporary issues and trends.

In determining the appropriateness of a resource, it may be helpful to determine whether it is a primary source or a secondary source. Primary sources present original research for the first time whereas secondary sources provide a compilation or evaluation of previously presented material.

OBJECTIVITY

Guiding questions:

- What is the purpose of the information?
- What point of view does the author represent?
- Is there clear bias?
- Is the funding/sponsoring body (if one exists) clearly identified?
- Is there key material/theory that is clearly missing from the article?

Understanding the reason underlying the dissemination of the information will often highlight some concerns about its credibility. Funding bodies should always be determined to ensure the material is not subject to bias and the language of the article examined to detect a tone of persuasiveness.

VERIFICATION

Guiding questions:

- Can the information be verified through other credible sources?
- Is this material scholarly?

If the material is not well documented, it is important to verify the information you find through other sources. Scholarly material is published by and for experts. The material is often subject to a peer review process in which a group of experts in the field reviews the material for content, scholarly soundness and academic value. Credible scholarly material will include a bibliography or references, and the author's name and academic credentials

SMALL GROUP ACTIVITY

Read the journal article selected by the facilitator and discuss the following questions:

- Identify the key messages of the article
- What are the strengths of this article?
- What are the weaknesses of this article?
- Does the material demonstrate:
 - Authority
 - Relevance
 - Objectivity
 - Verification

SUPPORTING VICTIMS THROUGH REFERRAL

ASSESS FIRST

Once a person has disclosed she or he is a victim of domestic violence there is an important process that should immediately be followed. The following actions might be used when supporting victims of domestic violence:

LISTEN

- Being listened to can be an empowering experience for a woman who has been abused

COMMUNICATE BELIEF

- "That must have been very frightening for you"

VALIDATE THE DECISION TO DISCLOSE

- "It must have been difficult for you to talk about this"
- "I am glad you were able to tell me about this today"

EMPHASISE THE UNACCEPTABILITY OF VIOLENCE

- "You do not deserve to be treated this way"

WHAT NOT TO SAY

- "Why do you stay with a person like that?"
- "What could you have done to avoid this situation?"
- "Why did he hit you?"

ASSISTING VICTIMS TO ASSESS THEIR SAFETY

- Speak to the victim alone (Within the view of a witness)
- Do they feel safe going home after the appointment?
- Are the children safe?
- Do they need an immediate place of safety?
- Do they need to consider an alternative exit from your building?
- If immediate safety is not an issue, what about their future safety? Do they have a future plan of action if they are at risk?
- Do they have emergency telephone numbers?
- Help make an emergency plan
- Document these plans for future reference

This process will provide information that will guide your decision making process and enable the client to make informed choices about the services and resources that are required to address their needs. This will support your ability make an appropriate referral.

A number of resources for the victims for domestic violence and for the perpetrator exist within most communities. These resources include shelters, medical and legal assistance, counseling and crisis intervention services.

CONGRATULATIONS
YOU ARE NOW YOUR WAY TO
BECOMING A
DOMESTIC VIOLENCE FACILITATOR

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