


Welcome



# **Domestic Violence 101 & The Hidden Victims**

- If you'd like a copy of the presentation slides today, you can access them in the chat box.
- Please look out for an email later this afternoon that will explain how you can complete the evaluation form and receive your certificate.
- This presentation is eligible for continuing legal education credits in the states of NE, TX, & WA.
- If you have any questions during the presentation, please submit them in the Q & A Box (rather than in the chat box or by raising your hand).

November 21st, 2024   
1-2pm CST

## Safeguarding Victim Rights: The Role of Advocacy

This presentation delves into the essential role of victim advocacy within the criminal justice system, highlighting its purpose and the critical importance of safeguarding victims' rights.



**Kristen Sanders**  
Victim Services Specialist  
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REAL  
EVIDENCE  
PODCAST

Guardify

× × × ×

Presented  
by

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**THE HAVEN**  
*wellness center*





# Domestic Violence 101 and The Hidden Victims

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# Domestic Violence Defined

- **Domestic violence** (also referred to as intimate partner violence (IPV), dating abuse, or relationship abuse) **is a pattern of behaviors used by one partner to establish and maintain power and control over another partner in an intimate relationship.** That includes behaviors that physically harm, intimidate, manipulate or control a partner, or otherwise force them to behave in ways they don't want to, including through physical violence, threats, emotional abuse, or financial control.
- Domestic violence doesn't discriminate:
  - race
  - age
  - gender
  - sexuality
  - religion
  - education level
  - economic status

National Domestic Violence Hotline

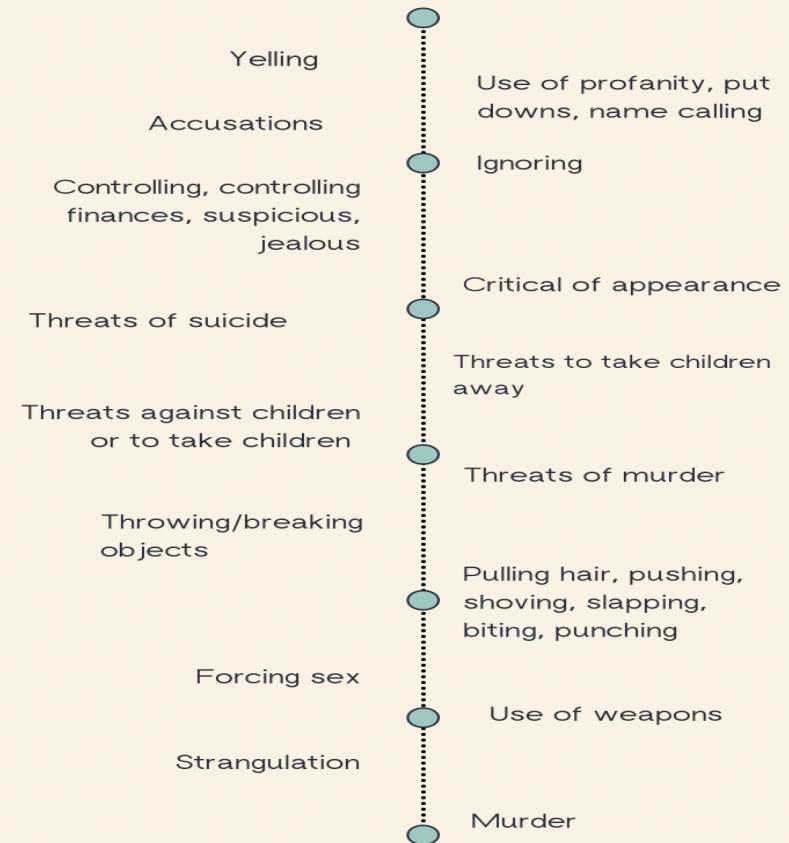




# Types of Violence:

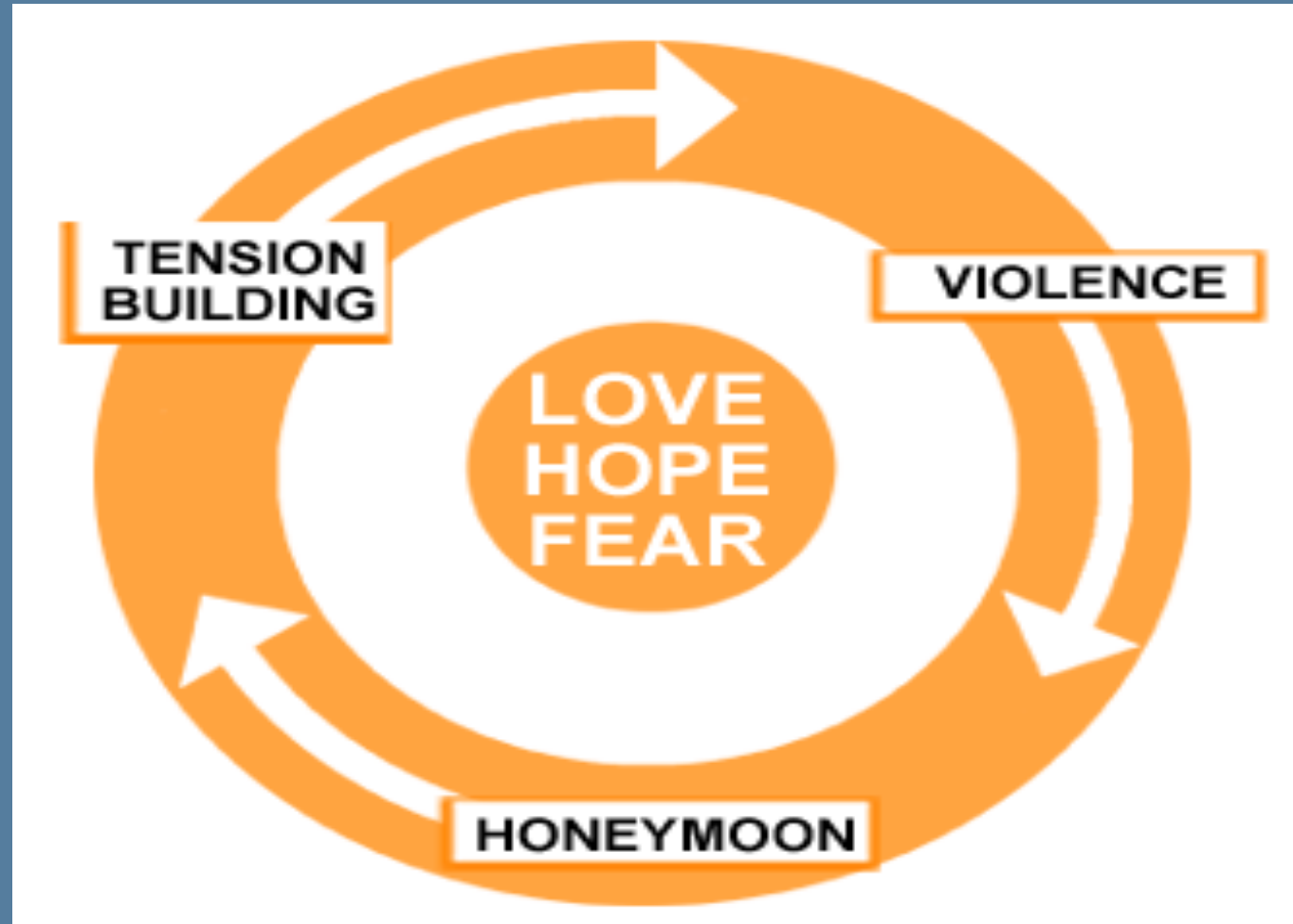
- Verbal
- Emotional
- Physical
- Sexual

## SPECTRUM OF VIOLENT *Behaviors*





# Cycle of Violence







# Why Does Someone Stay?

- Kids
- Love
- Religious reasons
- Fear
- Minimization
- Gender roles
- Self-esteem
- Lack of resources and/or support



# The Systematic Diminishment of a Person....

“1<sup>st</sup> date” “Oh, you are wearing that!”

“Date 15” – We are talking about moving in together. “That’s a short skirt.”

“Date 30” – We live together and have combined finances. He talked me into quitting my job because I am pregnant. “Who are you trying to get to notice you.”

“Date 100” – baby is born. He is the only source of income. I am pregnant with a 6 month old. “Go change your clothes, bitch.”

Physical  
Assault

“Date 300” – We have multiple kids and I have no income or skills.



# Stages of Change

## JUST LEAVE!!

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse





So, of course, leaving an abusive relationship is a

**process,**

not an event.





# Stage 1: Pre-Contemplation

- She does not recognize her partner's behavior as abusive.
- She does not know to be interested in change and/or she takes responsibility for causing him to be abusive and/or she is looking for an answer for how SHE can be responsible for the change.
- Often, she is unable to establish goals towards safety and change.





## Stage 2: Contemplation

- She does recognize her partner's behavior as abusive.
- She has an increased awareness of the pros and cons of the changes she can make.
- She may not fully identify ways to stay safe.





## Stage 3: Preparation

- She recognizes the behaviors as abusive.
- She intends to create change.
- She is developed a plan for change.
- Able to better problem solve road blocks.





## Stage 4: Action

- Client is actively engaged in making changes by working toward client determined goals of safety.
- She is utilizing resources at this point.
- She is in Action!







## Stage 5: Maintenance

- She no longer takes responsibility for abuser's actions nor participates in the cycle of abuse.
- She is able to maintain her goals.
- She is taking steps to engage in healthy relationships.



**ATTENDANCE CODE**

**3669**



# The Stakes Are High

## The ACE (Adverse Childhood Experience) Study

Conducted by the US Center for Disease Control & Kaiser Permanente

**17,000 PARTICIPANTS SURVEYED**

### Female Participants:

13% emotional abuse  
27% physical abuse  
24.7% sexual abuse

### Male Participants:

7.6% emotional abuse  
29.9% physical abuse  
16% sexual abuse



### The ACE Study Findings

suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences.

Realizing these connections is likely to improve efforts towards prevention and recovery.





# What Are Considered ACEs?

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical

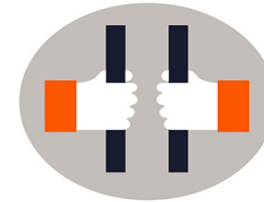


Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce





**‘Adverse Childhood Experiences are  
the single greatest unaddressed  
public health crisis facing our nation  
today.’**

*Dr. Robert W. Block  
Former President, American Academy of Pediatrics*



# Domestic Violence is a Pediatric Issue

- 6 times more likely to commit suicide
- 24 times more likely to commit sexual assault crimes
- 74 times more likely to commit crimes against people
- 50 times more likely to abuse drugs or alcohol



# Hidden Victims of Domestic Violence

- Children in DV homes are 1500 times more likely to be abused in homes where dv occurs.
- 70% of men who abuse their wives also abuse their children.
- The number 1 predictor in child abuse is woman abuse.
- One in three teens will be physically abused in a dating relationship.



# Emotional Effects

- Guilt, feeling responsible for the violence
- Shame, thinking that it does not happen anywhere else
- Fear of expressing feelings, of divorce or separation or injury
- Confusion of “Do I love him or hate him?”
- Anger about violence and lack of safety
- Grief over family loss issues
- Burdened over appropriate role as caretaker



# Behavioral Effects

- Act Out
- Underachieve
- Refusal to Go to School
- Aggression
- Attention Seeking
- Bed Wetting
- Chaotic
- Internalize
- Overachieve
- Making Great Grades
- Passive
- Aloof/Isolating
- Nightmares
- Perfectionistic



# Who Does What?

## Dissociation:

- Females
- Younger kids
- Was tortured or in pain
- The trauma was inescapable, the child was helpless

## Arousal:

- Males
- Older kids
- Observer
- Child was able to be action oriented or escape somewhat



# Physical Effects

- Somatic complaints such as headaches, stomach aches and asthma
- Nervous, anxious, short attention span “ADHD diagnosis”
- Tired and lethargic
- Sick often with colds, flu, etc.
- Personal hygiene neglected
- Regression in developmental areas





# Domestic Violence is a Pediatric Issue

- Co-occurrence of child abuse and DV: 30-60% of families where one is occurring, the other will be found
- DV often precedes child maltreatment—so intervention at the time DV is identified may prevent future child abuse
- Less than 1/3 of CACs are asking about DV—and they are the **MOST** likely of most health care providers to ask

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**THE HAVEN**

*wellness center*

National Domestic Violence Hotline

<https://www.thehotline.org/>



# Domestic Violence Lethality Screen For First Responders



Officer:

Date:

Case:

Victim:

Offender:

Check here if victim did not answer any of the questions.

▶ **A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.**

- 1. Has he/she ever used a weapon against you or threatened you with a weapon?  Yes  No  Not Ans.
- 2. Has he/she threatened to kill you or your children?  Yes  No  Not Ans.
- 3. Do you think he/she might try to kill you?  Yes  No  Not Ans.

▶ **Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.**

- 4. Does he/she have a gun or can he/she get one easily?  Yes  No  Not Ans.
- 5. Has he/she ever tried to choke you?  Yes  No  Not Ans.
- 6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?  Yes  No  Not Ans.
- 7. Have you left him/her or separated after living together or being married?  Yes  No  Not Ans.
- 8. Is he/she unemployed?  Yes  No  Not Ans.
- 9. Has he/she ever tried to kill himself/herself?  Yes  No  Not Ans.
- 10. Do you have a child that he/she knows is not his/hers?  Yes  No  Not Ans.
- 11. Does he/she follow or spy on you or leave threatening messages?  Yes  No  Not Ans.

▶ **An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.**

Is there anything else that worries you about your safety? (If "yes") What worries you?

- Check one:**
- Victim screened in according to the protocol
  - Victim screened in based on the belief of officer
  - Victim did not screen in

**If victim screened in:** After advising her/him of a high danger assessment, did the victim speak with the hotline counselor?

- Yes
- No

**Note:** The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.