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## Domestic violence education and risk mitigation for prelicensure nursing students

Frances Maria Dyckman

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DOMESTIC VIOLENCE EDUCATION AND RISK MITIGATION  
FOR PRELICENSURE NURSING STUDENTS

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science  
in  
Nursing

---

by  
Frances Maria Dyckman

June 2004

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Frances Maria Dyckman

June 2004

Approved by:

  
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Date

  
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## ABSTRACT

Domestic violence is a significant national and local problem with a particular relevance to the nursing profession. The ability of nurses to assess and intervene in situations of domestic violence is an underdeveloped skill. There is considerable stress associated with conflicting domestic roles and nursing school role requirements. Nursing students that are involved in significant relationships which have strongly imposed role requirements may be at risk for domestic violence.

The purpose of this project was to develop a domestic violence educational program to be coupled with a domestic violence risk self-assessment for comprehensive services. This education, assessment and service provision process was developed in response to a survey of nursing student which indicates a need for such a program. This program is designed to mitigate potential domestic violence risk in order to improve student success outcomes.

The program consists of a nursing education program supplemented with a faculty education overview of domestic violence. The Woman Abuse Screening Tool is included to be used by the student after the educational

complement to personally assess risk. A final important piece is the availability of easily accessible, discreet services. This program is available for use at the College of the Desert in Palm Desert, California.

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A special thank you is due to the members of my thesis committee, Dr. Shirley Bristol for her assistance and Dr. Ellen Daroszewski for her unwavering energy and support. I wish to especially thank Dr. Susan Lloyd as my advisor and mentor who provided to me the steady direction, honest advice and a cheerful attitude, without which this project would have not been completed.

I wish to acknowledge the College of the Desert faculty for their support in the development of this project.

Finally, I would like to acknowledge and thank my preceptor, DeeAnn Gerken for her advice, access, and "healing energy."

DEDICATION

To my loving family

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## CHAPTER ONE

### INTRODUCTION

The correlation between nursing students and personal experiences of domestic violence during their initial academic program has not been recognized or significantly addressed among nursing educators. What has been shown is that all nursing students experience a level of stress while in the nursing program, and the ability to cope with stress is associated with academic success (Adejumo & Brysiewicz, 1998). Not all nursing students in significant relationships experience domestic violence. However, all students experiencing the stress of nursing school while involved in a significant relationship may be potentially at risk for domestic violence exposure.

Domestic violence can have devastating implications for the victim. As a crisis level event, domestic violence is destructive to an individual's ability to succeed and to cope with any activity outside of the violent relationship. It is not known whether nursing students as a group are more prone to be in violent relationships. However, a recent survey indicates that

one community of nursing students in the Coachella Valley reports a higher than expected exposure to domestic violence. The failure of nursing school faculty to recognize this potential problem has implications for nursing education. At a time when nursing schools are attempting to enhance student success and fulfill the needs of a health care system in desperate need of nurses, it is important for nursing schools to provide support to students in all areas of need.

#### Purpose of the Project

The purpose of this project is to develop a domestic violence consciousness raising-education program and a self-administered risk assessment for a population of community college nursing students. It has long been speculated by the faculty of the College of the Desert Nursing Department that the obstacles to student success are more complex than the obvious cause of poor academic preparation.

When the faculty became aware that attrition rates were rising and that a high number of requests to drop out of nursing school were disproportionately linked to recent incidences of domestic violence, a potential

contributing cause of the high drop out rate was revealed. Because these students were part of one class cohort and all of the drops occurred within the short time frame of one semester, it was speculated by the faculty that this phenomenon could belie a larger problem within the entire student nursing population. Further, because all of the students that were known to have dropped relating to incidences of domestic violence were Hispanic females, it was further speculated that there may be a cultural link to domestic violence susceptibility.

These speculations directly drove the needs assessment and subsequent development of the project which is outlined in this paper. This project defines a method for systematically addressing domestic violence risk among all nursing students through a process of education and personal risk identification. The onset of that violence may be averted for nursing students at College of the Desert if an education program with risk self identification is available which is coupled with a self referral process and the availability of comprehensive support services.

Working with the nursing students at College of the Desert has stimulated interest in the problem of domestic violence and commitment to the goal of reducing the domestic violence occurrence within this group of students. The contribution of this project towards improving nursing student success and towards efforts to reduce student attrition is important to the students and faculty of College of the Desert.

#### Scope of the Project

The scope of this project includes the following:

1. The assessment of need relating to the incidence of domestic violence and the need for domestic violence education among a population of licensed vocational and registered nursing students including:
  - a. Census data analysis, case study analysis and key informant interviews.
  - b. Development of a survey tool designed to assess domestic violence prevalence and student attitudes towards domestic violence.

- c. Presentation of a pre assessment community services seminar designed to define domestic violence prior to prevalence and attitudes survey.
  - d. Administration of survey and compilation of results
2. Development of a Risk Mitigation Model
    - a. Model to be used as a program guide and attached to education materials.
    - b. Model to be used by students to guide need for self-referral to follow up services.
3. The development of an Educational Program Curriculum which will include:
    - a. 1) Legal and societal definitions of domestic violence, 2) Significance of the problem 3) Indicators of, types of and cycle of abuse, 4) Why women stay in abusive relationships, 5) Concept of power and control, and 6) Domestic violence referral services.
    - b. Method of evaluating effectiveness of education program including a pretest and posttest.



- c. Search of the literature for an appropriate self-administered risk assessment and include it for use.
4. Development of a voluntary and discrete self-referral process and support services network for those students at risk or experiencing domestic violence.
5. Program will be available to College of the Desert LVN and RN program for integration into the ongoing curriculum.

#### Significance of the Problem

##### Domestic Violence as a Nursing and Public Health Issue

Domestic violence is the leading largest cause of serious injury to women in the United States ages 15 to 44, surpassing the combined total of injuries to women due to automobile accidents, muggings and rape (Violence Against Women, 1992). In 1987, The United States Department of Justice commissioned a National Crime Victimization Survey which has provided extraordinary data on the victimization of women by domestic partners (Violence between Intimates, 1994). Analysis of the data provided by this survey reveals that females compared

with males experience ten times as many incidents of violence by an intimate (Violence Between Intimates, 1994). According to the National Crime Victimization Survey (NCVS), three percent of the women who were victimized by intimates received serious but non-fatal injuries. About 44% of the women victimized by intimates received minor injuries. Also according to the NCVS 80% of the women victimized by an intimate partner reported taking some sort of physical self protective action (Violence Between Intimates, 1994).

In 2002, 153 murders of women were the result of domestic violence in California. California law enforcement received 196,569 domestic violence calls in 2002, with 119,850 of those calls involving weapons including firearms and knives (State of California Department of Justice, Criminal Justice Statistic Center Report). No hospitalization or emergency room visit statistics relating to injuries sustained by domestic battery were available.

Domestic violence has a devastating impact on the health of its victims. Battered women present high levels of depression, suicidal ideation, suicide attempts, substance abuse and symptoms of posttraumatic stress

disorder (Meichenbaum, 1994). Children who see their mothers battered suffer profound and long-term emotional and psychological effects (Smith, Nickles, Mulmat, Davies, 2001). A recent women's health survey found that women exposed to violence or abuse are twice as likely as other women to smoke and nearly 40% more likely to drink alcohol regularly (Collin, Schoen, Joseph, Duchon, Simantov, & Yellowitz, 1999).

Because of the reluctance of victims to disclose details of domestic violence incidences and the discomfort of health team members to address these issues directly, this is a problem with ill-defined dimensions (Schroeder & Weber, 1998). Diagnosis is problematic, due to the reluctance by the informants to report the abuse for fear of escalating the problem (Gerbert, Johnston, Caspers, Blekker, Woods, & Rosenbaum, 1996). Because nurses are in a key position to detect and intervene in cases of domestic abuse, it is important to increase the awareness and knowledge of domestic violence within the profession of nursing. More specifically, future nurses must be given opportunities to address personal experiences and seek help prior to entry into professional practice in order to fully develop the

capacity to professionally intervene in situations of domestic violence (Schroeder & Weber, 1998).

### Domestic Violence as a National Problem

As one of the common terms used to describe intimate partner violence, domestic violence can be defined as "actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner (Center for Disease Control [CDC], 2003). It is viewed as primarily a crime against women, since its victims are disproportionately female. In 2000, for example, women accounted for eighty-five percent of domestic violence victims (Rennison & Welchans, 2000).

While street crime has dropped dramatically in recent years nationwide, over half of the female victims of domestic violence fail to report the crime to police (Rennison & Welchans, 2000). A 1998 Commonwealth Fund Survey found disturbingly high rates of violence and abuse of women crossing income, ethnic, and geographic lines. Thirty-nine percent of American women report violence or abuse in their lifetime, and often report physical or sexual abuse by a husband or boyfriend at

some point in their lives (Collins, Schoen, Joseph, Duchon, Simantov, & Yellowitz, 1999).

Clear links between poverty and violence victimization can be made. While the phenomenon cuts across all income and social levels, poor women are at higher risk. The Commonwealth Survey also found that 52% of women who reported trouble paying for basic needs such as food, phone, gas and electricity were victims of domestic abuse (Collins, Schoen, Joseph, Duchon, Simantov, & Yellwotiz, 1999).

#### Domestic Violence as a Local Problem

Local statistics are consistent with state statistics in Riverside County. Felony arrests for domestic violence in the state rose to 49% from 1988 to 1998 (Report on arrests for domestic violence in California, 1999). In isolated regions of the county, such as the Coachella Valley, (an 820-square-mile area of more than 300,000 people) domestic violence is especially severe. During 2002, Coachella Valley law enforcement agencies filed close to 3,000 domestic violence police reports. In the United Way's 2002 Community Profile of Health and Human Service Needs in Riverside County, over 50% of east and west Coachella Valley residents surveyed

identified domestic violence a major social issue affecting our community (United Way of the Inland Valleys, 2002).

### Domestic Violence within a Population of Nursing Students

The Associate Degree Registered Nursing and Vocational Nursing Programs at College of the Desert serve the Coachella Valley community within Riverside County. The students enrolled in these nursing programs are, for the most part, "non-traditional" students. Non-traditional students have been defined as non-resident, part-time, older, non-white, and working class students (Pascarella & Terenzini, 1998). Based upon a recent survey of need, there is recent evidence that nursing students at College of the Desert in Palm Desert are at a higher risk than the national average risk for domestic violence and its related health impacts. The national average indicates that 39% of American women report violence or abuse at some point in their lifetime (Collins, Schoen, Joseph, Duchon, Simantov, & Yellowitz, 1999).

The needs assessment survey of a local population of students at College of the Desert indicated that among

the 52 students who responded to an anonymous survey, nearly half (47%) self-identified as domestic violence victims and 87% reported knowing a victim of domestic violence. Therefore, this greater than national average risk points to the need to provide a combination of domestic violence education and intervention to nursing students and to provide discrete interventional services when risk is determined.

#### Limitations of the Project

Limitations of the project include a lack of resources and difficulty with student scheduling relating to time constraints. The need to protect the confidentiality of the participants, and the sensitive nature of the program contents created some limitations to the free exchange of information between the collaborating agencies. This need to protect confidentiality will also limit the ability to collect individually identified data.

A further limitation of the project was the unavailability of a valid risk assessment tool which has been used to assess the potential for the escalation of domestic violence in the future. The tool which was

negative, can cause significant physical and psychological impairment (Murphy & Archer, 1996).

Role conflict - The enduring perception of incompatible demands and expectations between two or more life functions, often caused by an inequitable position in organizational or interpersonal exchanges and relationships (Peiro, Gonzales-Roma, Tordera, & Manas, 2001).

Academic Success - Complex adaptive process experienced by a student which results in quantitative evidence of learning, timely academic promotion and the capability to apply knowledge to practice (Hair & Graziano, 2003).

Retention - The successful matriculation and graduation of a student during an accepted time frame (Bessent, 1997).

Attrition - The unsuccessful matriculation and graduation of a student relating to any cause (Bessent, 1997).

Professional role - Responsibility to demonstrate behaviors and characteristics of a professional which include; devotion, commitment, sense of purpose, sense of capability, accountability,



autonomy and ongoing collaboration with others in the role (Leddy & Pepper, 1998).

Consciousness and awareness raising - The process of achieving a greater knowledge and awareness of one's one needs (American Heritage Dictionary, 4<sup>th</sup> ed.).

## CHAPTER TWO

### REVIEW OF THE LITERATURE

Nursing school is an academically challenging program which requires a reflective process in order to personally integrate and assume the professional role of the nurse. The literature clearly supports that the academic environment may cause stress of various types, and management of this stress is critical to academic success. The role of the nurse as an independent decision maker and change agent working outside of the home may be in conflict with significant relationships as well as the norms of various cultural groups creating a possible role conflict.

As yet, there is nothing in the literature relating to the nursing student and culturally imposed roles and the conflict with professional role expectations. However, the literature discusses role identification stress which is experienced by Hispanic professional females (Padilla, 1980) and academic stress within which is experienced by African American college students (Neville, Heppner, Ji, & Thye, 2004).

An assumption must be made that there is a need for the nursing student to reconcile any culturally imposed roles with any potential conflict with professional role expectations. Nursing students that are unable to reconcile these conflicts may experience role stress which may lead to a destabilization of a significant relationship. Nursing students experiencing role stress in an already stressed significant relationship may be at risk for domestic violence. Nursing students that experience domestic violence may not be successful in nursing school. Therefore, the mitigation of this potential risk as part of an educational program which includes a reflective process of risk self evaluation is needed in this population of nursing students.

#### Domestic Violence as a Phenomenon

The literature supports the evolution of societal awareness of domestic violence and its consequences. Domestic violence and abuse are now no longer considered a private matter, but a criminal one. Diagnosis is problematic, due to the reluctance by the informants to report the abuse, for fear of escalating the problem; and the antecedents to the development of an abusive

relationship are poorly understood (Gerbert, Johnston, Casper, Blekker, & Woods, 1996). Domestic violence is exacerbated by role changes such changes in a job or starting to school (Domestic Violence Handbook, 2002).

Due to this reluctance to self identify and misperceptions of the nature and causes of domestic violence, risk can be more accurately determined by examining the characteristics of the community as an aggregate. Many scholarly studies have examined the link between ethnic identification, self esteem, and professional roles stress (Neville, Heppner, Ji & Thye, 2004). There are few studies that examine to potential link between cultural identity and vulnerability to domestic violence.

#### Post Traumatic Stress and Domestic Violence

There is evidence to indicate that accumulative abuse exposure may be linked to the development of maladaptive coping strategies in undergraduate women (Leitenberg, Gibson, & Novy, 2004). In particular, the maladaptive strategy of disengagement is linked with repeated abuse. It can concluded based upon the evidence that if nurse has been exposed to repeated incidences of

abuse, that nurse may be more likely to disengage rather than approach other victims of abuse in his or her professional role. This disengagement may result in failure to properly screen and intervene in situations involving domestic violence.

### Stress and Academia

The bulk of studies directed at academic stress and the associations between stress and failure have focused upon stresses relating to academic factors (Gazella, Masten, & Stacks, 1998). Predictors of stress relate to the student's acquisition of skills in several key areas including: learning strategies, test-taking skills, prioritization skills, and every day decision making abilities. Another important study which examined perceptions of stress in the academic setting showed a mismatch between the perception of student stress experiences and exposures by the faculty and the perception of stress by the students themselves (Misra, McKean, West, & Russo, 2000). A significant implication of this study is that faculty are unlikely to attempt to mitigate student stress if there is a failure to

recognize the existence of the factors contributing to the stress.

### Role Stress and Culture among Professional Females

Studies have suggested that Hispanic women face the dilemma of either adopting traditional gender roles or detaching from their ethnic identification in order to achieve professional status (Padilla, 1980). Professional Hispanic women in the United States face the additional challenge of finding a balance between the middle-class culture that stresses individual achievement outside the home and the Hispanic culture that traditionally has placed more emphasis on family and home (Ross, Mirowsky, & Ulbrich, 1983). These studies suggest that Hispanic females may be at greater risk for professional role stress and conflict in a pursuit of professional success, particularly within the context of domestic roles.

### Domestic Violence and Culture

The CDC does not report statistics relating to domestic violence prevalence with Hispanic ethnic groups. This may be because these groups are diverse and heterogeneous. Some studies have pointed to the cultural

issues surrounding domestic violence attitudes; however, there have been few studies which contribute to understanding these possible connections. When comparing the attitudes of Anglo women and Hispanic women, however, there is a pronounced discrepancy in the perceptions of the two groups as to what is considered abuse (Torres, 1991). Hispanic women appear to be more tolerant of non-physical abusive behaviors.

Studies suggest that domestic violence is found in all communities and crosses all cultural ethnic and socio-economic lines (Wagner, Mongan, Hamrick, & Hendrick, 1995). Studies have suggested that Hispanic women face the dilemma of either adopting traditional gender roles or detaching from their ethnic identification in order to achieve professional status (Padilla, 1980). Professional Hispanic women in the United States face the additional challenge of finding a balance between the middle-class culture that stresses individual achievement outside the home and the Hispanic culture that traditionally has placed more emphasis on family and home (Ross, Mirowsky, & Ulbrich, 1983).

## Domestic Violence Nursing Interventions

Several studies of nursing support the need for education of nurses in domestic violence intervention. A study of home care nurses revealed the tendency to view domestic violence as a private matter and a reluctance to ask probing questions for fear of damaging the nurse-client relationship (Frost, 1999). Although the British legal system views domestic violence as criminal, British home care nurses clearly fail to intervene and report encountered incidences due to misperceptions. There continue to be many barriers to the routine practice of screening for domestic violence by nurse practitioners (Bryant & Spencer, 2002). Although maternal child health practitioners initiate screening procedures more frequently than do practitioners in other specialties, in both groups there is a correlation between previous personal history with domestic violence and the tendency to under-report.

Both of these studies clearly point to the need to address education of nurses to their role in relation to encountered situations of domestic violence. There is a gap between knowledge, attitudes and actual screening behaviors by nurses. Knowledge of the problem and the



availability of screening tools are not enough to ensure that nurse will initiate screening behaviors when it is appropriate to do so.

#### Domestic Violence and College Students

A study in the United States examined university students that had sought counseling services on campus for problems relating to poor academic success and psychological stress (Freedy, Monnier, & Shaw, 2002). This study was able to correlate high degrees of post-traumatic stress relating to previous exposure to domestic violence and then associating a negative effect of that stress on academic success. This study also was able to point to a problem with diagnosis of the problem, relating to poor assessment skills of the clinicians, and low self-reporting rates of the students. This study strongly indicates the need to examine this problem on all college campuses, with a special emphasis on improving risk assessment and training of the faculty.

#### Importance of Risk Self Assessment

Because of the escalating, recurrent, and dangerous nature of domestic violence, it is critical that the person within a potentially violent relationship is

allowed to choose the time and place to seek help (Rand & Saltzman, 2003). As victimization is intensely personal with the threat of stigmatization and escalating violence, it is important that disclosure occurs within a safe environment which is capable of supporting and protecting the victim (Janssen, Holt, & Sugg, 2002).

### Theoretical Framework

An important causative factor contributing to domestic violence is an imbalance in power within a relationship (Chronister & McWhirter, 2003). In the psychology literature, theorists have conceptualized empowerment as a process in which a powerless person becomes aware of the power dynamics working within their life and is able to develop the skills and capacity for gaining reasonable control over their lives. Empowerment is defined as the process by which "people, organizations, or groups that are powerless or marginalized (a) become aware of the power dynamics in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) which they exercise, (d) without infringing upon the rights of others and, (e) which coincides with actively

supporting the empowerment of others in their community" (Chronister and McWhirter, 2003, p. 420). As described by Chronister and McWhirter, the process of empowerment must facilitate the ability of the person to recognize the dynamics of power and enhance the skills which build personal power.

This model suggests that interventions which address empowerment are most effective if they involve the facilitation of self discovery, capacity building, and actively supporting the empowerment of others. This project seeks to empower abused nursing students through a process of domestic violence awareness and conscious-raising through education and self risk assessment. This process will prepare the nursing students as future empowerment interventionists in practice, thereby extending empowerment to others in the community.

The use of Betty Neuman's Systems Model to guide nursing intervention is well documented in many client care situations and has been used in programs which seek to promote client stability through prevention interventions (August-Brady, 2000). Although first defined in the early 1970s as a model for individual

intervention in the psychiatric setting, Neuman conceptualizes the "client system" as potentially a person, dyad, family unit, group, population, entire community, or a society (Neuman, 1995). According to Neuman, this open system is composed of the five core elements: the socio-cultural, spiritual, physiological, psychological, spiritual and developmental. The goal of an intervention is to promote client system stability or state of wellness by mitigating the effects of interpersonal, intrapersonal, or extrapersonal stressors. The mitigation of effects is accomplished by strengthening the client's lines of defense.

Because Neuman's Systems Model supports prevention and recognizes the client as potentially a community system, it is well suited for application to community health prevention programs. This project seeks to strengthen the defenses against abuse in nursing students through an education program which addresses the socio-cultural, interpersonal, intrapersonal, and extrapersonal stressors as describe by Neuman.

## Theory Application

An existing theory that addresses domestic violence risk in nursing students does not exist. The theoretical framework used to develop this project integrated the elements of empowerment as defined by Chronister and WcWhirter (2003) and strengthening lines of defense as defined by Neuman (1995). These elements are natural partners in an interventional strategy. Empowerment is the process through which an abused nursing student can strengthen lines of defense against the cyclic buildup of emotional to physical abuse through education and personal risk assessment. Education and raising awareness levels are the mitigation variables which allow for the at-risk student to recognize cultural and role expectations which lead to a violence intimate relationship and potentially building danger, to seek support, and to potentially avert a crisis which may have consequences which threaten academic success.

The author developed an education and risk mitigation model based upon previously discussed theoretical frameworks which describe the process in which a nursing student under stress is guided through a consciousness and awareness raising education program to

realistically evaluate him/herself for risk. It is assumed that all nursing students are exposed to stressors relating to the role requirements of nursing school. In addition, it is speculated that all nursing students must maintain other social and cultural roles, and that these roles may be in conflict with the new role of nursing student. If these two dynamic stressors are in play and the student is in a potentially dysfunctional relationship characterized by unequal power, the potential for violence exists. If the student receives domestic violence education and is given the opportunity to self-assess for the potential of domestic violence risk, it is assumed that the student will be more inclined to access available services. Through the support provided by the services, the risk for full development of a domestic violence incident will be mitigated and the student's overall potential for academic success will be enhanced.

It is reasonable to assume that if the student can fully understand the dynamics and danger of an abusive relationship and finds him/herself to be at risk, s/he will seek institutional support if comprehensive services are available. Comprehensive services would include

psychological, legal and financial counseling, as well as shelter services and police protection if safety is an issue. The goal of this model is to guide and support the educator in implementing the domestic violence risk mitigation and education project.

#### Literature Review Summary

The literature has shown domestic violence is a serious problem and victims suffer profound and long-term emotional and psychological effects (Smith, Nickles, Mulmat & Davies, 2001). Because victims are reluctant to disclose (Schoeder & Weber, 1998) and the consequences of disclosure can potentially end in violence, self assessment of risk within an environment that is safe and supportive is important (Janssen, Holt, & Sugg, 2002). Domestic Violence is more likely to occur during a time of upheaval and stress, such as a job change or starting to school (Domestic Violence Handbook, 2002).

Although no clear association has been made between culture role expectations and a higher risk for domestic violence, it has been suggested in the literature that different cultures view domestic violence differently (Torres, 1991). Culture has been shown to impact levels

of role stress and conflict in professional women (Ross, Mirowsky, & Ulbrich, 1983).

The literature has shown that even though nurses are in a particularly unique position to effectively intervene in domestic violence situations nurses are reluctant to screen and intervene (Frost, 1999; Bryant & Spencer, 2002). There is a need to address the education of nurses to their role in relation to encountered situations of domestic violence.

Exposure to domestic violence has a relationship to poor academic success and psychological stress (Freedy, Monnier, & Shaw, 2002). If students are experiencing stress that affects academic performance, the literature indicates that faculty are unlikely to attempt to mitigate student stress if there is a fair to recognize the origin of the stress (Misra, McKean, West, & Russo, 2002). Therefore, a comprehensive education and risk assessment program targeted at nursing students is warranted.



## CHAPTER THREE

### METHODOLOGY

#### Assessment of Need

The first step in assessing the need for an intervention within the population of nursing students at College of the Desert was to explore the perceptions of the faculty and to understand any factors that link to the problem. Several data collection methods were used and data sources were organized. This assessment process included: 1) key informant interviews, 2) specific case analysis, 3) a stakeholders meeting, 4) the development of a survey tool and, 5) an awareness raising event followed by the distribution of a needs assessment survey.

The population to be assessed was a cohort of licensed vocational nursing (LVN) and registered nursing (RN) students. There were a total of 14 LVN and 38 registered nursing students. The racial breakdown of this group was 51% Caucasian, 33.5% Hispanic, 7% Filipino, 7% Asian American, and 1.5% percent American Indian. There were no African Americans in this cohort. Twenty percent

of the total group was male students and the mean age of the entire group was thirty-two years old.

### Key Informant Interviews

Faculty members within the nursing department had targeted the goal of improving student success rates within this community as a priority for attention. Attrition within the second semester registered nursing class and licensed vocational nursing class cohorts was particularly high, ranging from 25 to 30% in previous semesters. Attempts at initiating support programs to improve student success outcomes had failed in many individual cases due to a lack of understanding and acknowledgement of the effect of personal pressures and problems on an individual's success. There was evidence to suggest that these personal pressures and problems are more detrimental to academic success than poor academic preparation, which historically had been blamed for failure. Faculty speculated that there may be an association between increasing levels of stress that nursing students experience as they advance through the program and their risk for domestic violence victimization. They suspect that domestic problems arise in the context of the nursing students' workload, new

role definitions at home, and career goals. In several specific instances, it was known that crisis level problems, such as domestic abuse and violence or rape, had interrupted several students' course through the nursing program.

All key informants were anxious and willing to participate, and were able to substantiate through their perceptions the existence of several constants within the population of interest. The school nurse was interviewed, as well as the faculty from the LVN program and the RN program. The general consensus of opinion was that the community of students was at greater risk of personal exposure to a domestic violent event. The greater risk was related to several factors: 1) the students are primarily female, 2) the dominant culture condones, or at least turns a blind eye, to domestic abuse, 3) stresses imposed by the nursing program increase stresses at home, 4) there is little information available to the students regarding the problem, 5) there is little information regarding the availability and access to support and, 6) there is little feeling of personal empowerment among the students. Linking these factors with the inadequate knowledge possessed by the faculty of available

interventional services, this population is at high risk for incidences of domestic role stress and potential for violence which can affect program success and attrition rates.

#### Specific Case Analysis

In addition to the key informant interviews, specific cases of student failure were attributed to crisis events involving domestic violence. These cases were analyzed based upon anecdotal identification by the faculty of the nursing program. In the semester prior to the semester in which the problem was investigated, twenty-five percent (n: 10) of the second semester registered nursing students failed with 40% of those failures directly relating to domestic violence crisis events (n: 4).

#### Stakeholders Meeting

After the key informant interviews and specific case analysis, a meeting of the key stakeholders was convened. These participants included the Dean of the Department and the lead faculty members of the LVN and RN nursing programs. A consensus was reached that a problem may exist which involved a link between domestic role stress, domestic violence and a high failure rate which was social and non academic. Because it was perceived by the

faculty that dominant cultural norms of the community of students might not recognize domestic violence and domestic violence risk, it was decided that the most accurate assessment of need should be undertaken after an awareness raising event. The event would then be followed by a survey of student perceptions about domestic violence and the student's exposure to domestic violence.

#### Assessment Theoretical Framework

The Web of Causation framework was used to guide the development of the assessment survey tool. The Web of Causation was developed by MacMahon and Pugh in 1970, and presented in their work called *Epidemiologic Principles and Methods* (as cited in Ervin, pp.90-91, 2002). The Web of Causation is a concept that proposes that a complex web of antecedents is the cause of many epidemiologic problems. Literature review and observation of the problem within the community under study suggest that the cause of domestic violence cannot be tied to a single cause. The causes of domestic violence are intricate and complex, and therefore the problem must be assessed accounting for all potential causes.

### Development of the Needs Assessment Survey Tool

Guided by the literature and the Web of Causation Framework, several categories of data were determined to be of importance to the survey. Prevalence of the problem became the more important category of determination. The students' perceptions of the barriers related to access to services was identified as the second categorical determinant. The students' perception of the effect of a personal crisis event on success in nursing school was to be the final categorical determinant. A five point Likert scale was used to measure the perceptions of the students.

### Permission to Collect Data

The original intent of this survey of a community of nursing students was to satisfy the objectives of a graduate community nursing course. The community college which was the site of the survey did not maintain an Institutional Review Board (IRB). In lieu of an IRB, permission was obtained from the Dean of the Department (see Appendix A).

### Awareness Raising Event

The awareness raising event included community speakers from law enforcement, domestic legal defense

agencies, a rape crisis center, public health chemical dependence program, and domestic violence shelter. After the event, a voluntary survey assessment tool was passed out and collected.

## Assessment of Need Results

### Survey Results

Table 1 contains a more detailed account of the results of the post seminar survey of student perception relating to domestic violence. The most significant result of the survey was the clear determination of the high prevalence of the problem. Forty-seven percent of respondents reported having been victims of domestic violence. Eighty-seven percent of the respondents reported having had personal experience with domestic violence or substance abuse with someone they know. Compared to the reported national average of 39% of all women reporting abuse victimization during their lifetime, this is an unexpectedly high rate of abuse exposure.

Concerning the perception of barriers to access to services, 80% of the respondents agree that insurance coverage is a factor in accessing support services. This

is a misperception, as public services are readily available. This indicates that the students are not aware of the services that are available. Eighty-five percent of respondents agree that embarrassment is a factor in accessing services. When planning interventional strategies, this response indicates the importance of discretion and confidentiality, and the need for these protections to be a guiding ethical principle in the project. Eighty percent agree that cultural beliefs affect willingness to seek help.

Regarding the respondents perception of the effect of a crisis event on success, the agreement percentage was 63%. However, 88% agree that prompt intervention is important to offset any negative effects of a crisis event. This impacts the interventional strategy as well, as this indicates the importance of a rapid response plan.

#### Development of a Community Diagnosis

It is clear that based on the results of the survey, the development of an intervention program was warranted. Using the Community as a Partner format for development of a community diagnosis which was developed by Anderson and MacFarlane in 2000, (as cited in Ervin, 2002, p. 8)



the community diagnosis arrived upon was: Nursing students within a community college nursing program are an at risk population, and are vulnerable to experiencing domestic violence or a personal crisis event which will negatively impact their success in nursing school. This risk is related to 1) Predominant cultural values, 2) Barriers to accessing information and support and 3) Lack of an on campus crisis intervention plan.

#### Institutional Review Board Approval

The results of the assessment of need survey were so unexpected and profound that the development of an interventional program was indicated. California State University San Bernardino Institutional Review Board Approval was obtained post collection of the data, based on the indications that the data would be important to future research (see appendix A).

#### Development of Program

##### Development of Educational Materials

Based upon the review of the literature and known governmental and private domestic violence informational sources, an education program was developed (see Appendix B). The educational materials were collected based on the

recommendations of the collaborating domestic violence service and shelter agency. Integral topics were determined based upon two categorical determinants: 1) whether the information might be personally relevant if the student were at risk or a victim of domestic violence and 2) whether the information had professional relevance based upon the student's future role as a health interventionist with a high probability of coming in contact with domestic violence victims. In addition, faculty education materials have been included to alleviate the expressed discomfort of the faculty having little exposure or knowledge of domestic violence management.

All of the educational materials have been adapted from governmental sources or private agencies receiving governmental funding with fair use policies. The faculty material was reprinted with permission from the Indiana University Protective Order Project.

The major categories of information include:

- 1) legal and societal definition of domestic violence introduction,
- 2) significance of the problem,
- 3) indicators of abuse,
- 3) types of abuse,
- 4) cycle of abuse,
- 5) Power and Control Wheel,
- 6) Cycle of Violence

tool, 7) why women stay in abusive relationships handout, 8) domestic violence referral services and, 9) faculty notes and recommendations for program implementation.

#### Risk Self-Assessment Tool

A woman's own appraisal of her safety is critical in the timing of access to services and support (Alpert & Albright, 2000). The concept of self-assessment is a process by which a victim can determine her own level of risk and control the timing of when she feels safe to seek help. The Woman Abuse Screening tool has been found to be valid and reliable tool for screening and predicting (diagnosing) spousal abuse in a family practice setting with a p value of .01 (Brown & Lent, 2000). It is a simple and easy to use tool based upon eight questions which rates the potential for abuse to deteriorate into physical battery. Although men are abused, domestic violence is defined as a women's health issue. Therefore, gender neutrality was not a determinant in the choice of the risk assessment tool, although there is no actual gender bias in the language of the tool.

#### Establishment of Service Referral Network

In collaboration with the private and governmental agencies in the Coachella Valley, a service referral list

was developed. This reference information is to be included in the educational packet and should be evaluated yearly for currency.

#### Method of Program Evaluation

An evaluation test to be given before the start of the educational program and after the conclusion was developed for use for the purpose of evaluating knowledge acquisition. It is expected that the post-test scores may be higher, indicating that program learning objectives have been achieved.

Protection of the confidentiality of each student will prevent tracking of individual students for success or attrition. A reduction in attrition attributable to personal crisis events may be associated with success of the program.

Table 1. Survey Results

Number	Question	Result
1	Do you know anyone that has been a victim of domestic violence, or has had to deal with substance abuse problems?	Yes: 87%
2	Have you ever been a victim of domestic violence?	Yes: 47%
3	Do you think the information presented in this program is relevant to your professional growth?	Yes: 52%
4	Do you think that insurance coverage affects the ability of people in need to access support services?	Agree/strongly Agree: 80%
5	Do you think that embarrassment may cause a person needing crisis intervention not to seek help?	Agree/strongly Agree: 85%
6	Do you think a crisis event can negatively affect a person's success?	Agree/strongly Agree: 63%
7	Do you think prompt intervention services can help a person overcome the negative impact of a crisis event?	Agree/strongly Agree: 88%
8	Do you think a person's cultural background affects his or her willingness to get crisis help?	Agree/strongly Agree: 80%

## CHAPTER FOUR

### CONCLUSIONS AND RECOMMENDATIONS

#### Conclusions

The project assumes that the current education of the nursing student does not include a method through which a student that is at personal risk for the onset of domestic violence is led to self-discovery of the personal need for services and intervention. The assessment of the population showed a higher than expected exposure to domestic violence and clear indications of the need for education and services which go beyond those which are currently offered in the nursing curricula.

It is not known why this population of nursing students shows a higher than expected exposure rate, but it is speculated that there are social and cultural role expectations which place the students at greater risk for domestic violence exposure. This speculation was based upon the high rating to the survey question relating to cultural barriers in accessing help for domestic violence. It is clear that this domestic violence and

risk mitigation program meets a specific need within this community of nursing students.

### Recommendations

The educational program presented in this project is available for use at the College of the Desert in Palm Desert, California. It is recommended that the nursing curriculum be revised to accommodate this program to ensure that all students are exposed to the course content.

There is a significant limitation inherent in the use of this program as a focus of further research into the issue of domestic violence risk and risk mitigation in populations of students. This relates to the inability to directly validate the use of the WAST tool as a domestic violence risk predictor due to data collection barriers created by the need to maintain student confidentiality. A study limiting the use of the WAST tool as a predictor of future development of the need for domestic violence intervention is recommended.

Domestic violence is an area of national and local concern. There is little in the literature that specifically examines the prevalence of domestic violence

risk within populations of nursing students. More research is recommended relating to this issue and nursing students in order to advance the practice of nursing.

It is recommended that this program be disseminated to other nursing curricula. A recommendation is that all nursing programs initiate a needs assessment to substantiate the reliability of the needs assessment which has been presented in this project. In this setting, a greater than expected prevalence of domestic violence exposure was uncovered, as well as significant misunderstandings about the causes of domestic violence and perceived barriers to receiving services. Further examination of other contributing variables including cultural and social role issues is warranted. Through increased education and awareness, needed services can be provided to our future nurses to ensure academic success and professional practice.



APPENDIX A  
APPROVAL LETTERS

# College of the Desert

43-500 Monterey Avenue

Palm Desert, CA 92260-2499

Sandi Emerson, RN, MSN  
Dean, Department of Health Science/ECE  
College of the Desert  
43-500 Monterey Avenue  
Palm Desert, California  
(760) 773-2580  
semerson@collegeofthedesert.edu

RE: Student Domestic Violence Seminar Data Collection

December 3, 2003

To whom it may concern,

In lieu of the absence of an Institutional Review Board on our campus, this letter may serve as confirmation that Frances Dyckman, Health Science/ECE Instructor had my permission to collect survey data from students as a part of an educational seminar on domestic violence issues. This seminar took place on October 9, 2002 in the Health Science/ECE Department and involved Health Science/ECE students. The tool used for the collection of this data was a Likert-type survey. Completion of the survey took place after the education seminar, and was voluntary as well as anonymous. It is my understanding that no elements of coercion were used to compel the students to complete this form.

In my opinion, completion of the Domestic Violence Survey posed little or no risk to the students. In the event that a student were to have become upset during the course of completing the form, faculty were available to assist the student and appropriate on-campus counseling referrals could have been made. It is my understanding that no students required such intervention as a result of completing this survey.

Sincerely,

*Sandi Emerson RN MSN*

Sandi Emerson  
Dean, Health Science/ECE





**CALIFORNIA STATE UNIVERSITY  
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397

January 23, 2004

Ms. Frances M. Dyckman  
c/o: Prof. Susan Lloyd  
Department of Nursing  
California State University  
5500 University Parkway  
San Bernardino, California 92407

**CSUSB  
INSTITUTIONAL  
REVIEW BOARD**  
Exempt Review  
IRB# 03056  
Status  
**APPROVED**

Dear Ms. Dyckman:

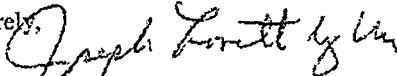
Your application to use human subjects, titled, "Domestic Violence Risk and Intervention Among A Community of Associate Degree and Vocational Nursing Students" has been reviewed and approved by the Institutional Review Board (IRB) of California State University, San Bernardino

- Chair Note to Researcher: If protocol had been submitted prior to data collection, the researcher would have been asked to take specific measures to ensure that no respondent was under the age of 18 years age.

You are required to notify the IRB if any substantive changes are made in your research prospectus/protocol, if any unanticipated adverse events are experienced by subjects during your research, and when your project has ended. If your project lasts longer than one year, you (the investigator/researcher) are required to notify the IRB by email or correspondence of *Notice of Project Ending or Request for Continuation* at the end of each year. Failure to notify the IRB of the above may result in disciplinary action. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Secretary. Mr. Gillespie can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,  


Joseph Lovett, Chair  
Institutional Review Board

JL/mg

cc: Prof. Susan Lloyd, Department of Nursing

APPENDIX B  
DOMESTIC VIOLENCE RISK MITIGATION PROGRAM

Understanding Domestic Violence:  
A Significant Nursing Concern



## DOMESTIC VIOLENCE PROGRAM

### Introduction and Notes to Presenter

Introduction: This educational program was developed based upon a survey of nursing students designed to determine domestic violence awareness and exposure. The results of this survey indicated a clear need for an educational program with the goal of raising the awareness of students about domestic violence issues.

This program was designed to raise the awareness of nursing students to their own personal risk and exposure to domestic violence through an educational program. This program is designed to illicit personal reflection on the part of the student. This new awareness of the issues surrounding domestic violence is of professional value to all nurses, or future nurses.

After the educational component of the program, the students should be asked to confidentially complete a personal risk assessment using the WAST tool. This process is designed to prompt the student to quantify their risk and need for services. A critical component to the success of this program is a relationship with a domestic violence shelter agency which can provide services to the students, should the need arise. Comprehensive services, including counseling, legal, financial and shelter availability are critical in the event that a student should seek such services.

An Education and Risk Mitigation model has been included to guide the program and to assist the faculty presenter.

Due to the nature of abusive relationships and the escalating and cyclic nature of abuse behaviors, it is important to allow the students to self evaluate for risk and to confidentially seek services on their own schedule.

It is strongly suggested that all faculty participating in this program read the enclosed material entitled *Domestic Violence Overview* in preparation for the program presentation.

Included in this education program are:

- Course Outline
- Power Point presentation
- Audio and support links
- Student Handouts
- Faculty Lecturer pre-education materials
- Program Practice Model
- Pre-Post Test
- Woman Abuse Screening Tool (WAST) used to self assess risk

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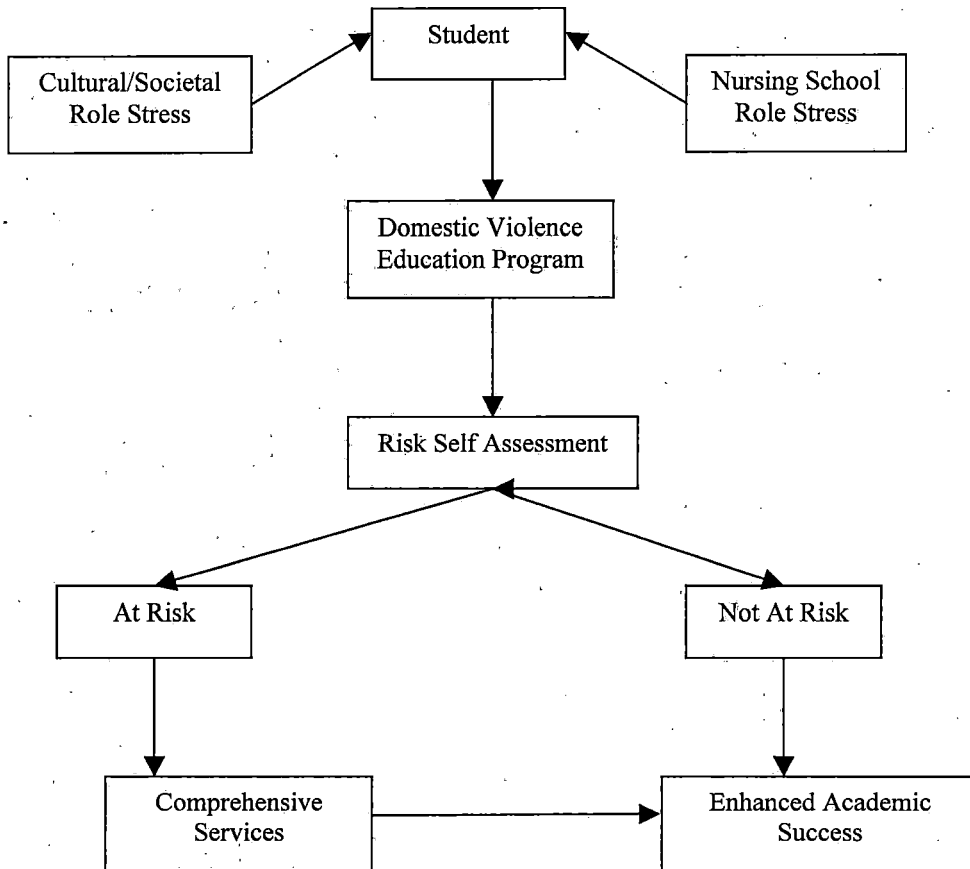
**COLLEGE OF THE DESERT**  
**Course Outline of Record**

1. Course Code: DV Ed Seminar
2. Course Title: Understanding Domestic Violence
3. Course Description: This Seminar introduces students to organizational theories and framework which explain the phenomenon of domestic violence and to the issues surrounding domestic violence in a personal and professional context. The focus is to raise awareness to the problem of domestic violence and to introduce the concepts of personal risk assessment. Basic concepts with emphasis on recognition and available services are stressed. Included in the educational program is a tool to be used by the student to confidentially assess personal domestic violence risk.
4. Total Seminar Hours: 4.0
5. Target groups: LVN and RN nursing students
6. Course Objectives: Upon completion of this course, students will be able to:
  - A. Recognize domestic violence as a national and local concern.
  - B. Describe examples of three types of abuse.
  - C. Identify indicators of abuse
  - D. Identify theoretical models of abuse.
  - E. Identify personal risk for domestic violence
7. Course Content and Scope:
  - A. Introduction to the Concept of Domestic Violence
    - a. Domestic Violence Facts
    - b. Legal Definition of Abuse
    - c. Types of Abuse
  - B. Power and Control as a Concept in Domestic Violence
    - a. Power and Control Wheel
    - b. How power is maintained
  - C. Recurrent nature of violence
    - a. Cycle of Violence
    - b. Concept of recurrent risk and danger
    - c. Warning Signs of impending risk and danger
  - D. Impact of recurrent abuse upon health
    - a. Physical hallmarks
    - b. Role of the Nurse as compassionate interventionalist



- E. Available Services
  - a. Myths about access
  - b. Access process
  - c. Confidentiality and Self-Assessment
  
- 8. Methods of Presentation
  - A. Lecture
  - B. Audio Visual
  - C. Written Materials
  
- 9. Methods of Evaluating Student Progress
  - A. Pre and Post Test
  - B. Ongoing Attrition Analysis
  
- 10. Reading Materials: Educational Handouts  
Suggested Audiovisual: Polaris LLC Production: Mothers Sisters, Daughters.

## Domestic Violence Risk Mitigation Model



## PowerPoint Outline with Presenter Notes

**UNDERSTANDING  
Domestic Violence**

A Significant Nursing Concern

pretest

**Domestic Violence Facts**

- A women is battered every 15 sec in US
- Battery is the single major cause of injury to women from every type of background
- Over half of the marriages in the US involve at least one incident of beating
- 6,000 women die each year from battery

1:3 homicides of women killed by spouse or partner; in 70% of homes where woman is abused, children are also abused; over 60% of men age 18-22 in jail for homicide killed their mother's abusers.

**Mothers, Sisters, Daughters  
A Video**

- If not for you, for your daughter...

Pause for video

## What is Domestic Violence

- Social definition
- Cultural barriers
- Legal definition
- Types of abuse

## Social and Cultural Norms are Slow to Change

- "When you see your wife commit an offense, don't rush at her with insults and violent blows...Scold her sharply, bully and terrify her. And if this doesn't work...take up a stick and beat her soundly, for it is better to punish the body and correct the soul than to damage the soul and spare the body...Then readily beat, not in rage but out of charity and concern for her soul, so that the beating will resound to your merit and her good" 15th century "Rules of Marriage"

## Characteristics of Victims

- No group is immune
- 85% are women
- Domestic violence can occur when roles change
- Alcohol and drugs are not the cause, but can be associated
- Attitudes and beliefs on part of abuser rationalize abuse ("show her who is boss")

### Past view of domestic violence

- Family matter
- No one's business
- Not a matter for police
- Few resources

### New view of domestic violence

- All battery is a crime
- Abuse tends to escalate from non physical to physical
- New law enforcement codes and attitudes
- Resources available

### Categories of Abuse

- Physical
- Sexual
- Emotional

Refer to handout discuss physical and sexual

## Types of Emotional Abuse

- Domination
- Verbal assaults
- Abusive expectations
- Emotional blackmail
- Unpredictable Responses
- Constant criticism

Refer to handout “types of emotional abuse”

## Emotional Abuse

- Character Assassination
- Gas lighting
- Constant Chaos
- Sexual Harassment

## Emotional abuse...

- Devalues you
- Is constant
- Is not constructive
- Intent to dominate
- Overall attitude of disrespect

## Verbal Abuse Tactics

- Withholding
- Countering
- Discounting
- Abuse Disguised as Jokes
- Blocking and Diverting
- Accusing and Blaming
- Judging and Criticizing
- Trivializing
- Undermining and Sabotaging

## Power and Control

- Isolation
- Emotional abuse
- Economic abuse
- Sexual abuse
- Using children
- Threats
- Male privilege
- Intimidation

Refer to power and control wheel

## Cycle of Abuse

- Tension building
- Explosion
- Honeymoon

Refer to handout cycles of battering

## Why do women stay?

- Economic
- Security
- Religion, family, culture, duty
- Shame
- Fear
- Guilt, responsibility
- Children
- Survival
- children

## Resources

- Legal
- Counseling
- Financial
- Shelters
- Mental health

Refer to resources guide

## Do you need help?

- Confidential screening: no names please
- Give one point to every answer in the first column
- If you score 4 or above, consider contacting Shelter from the Storm for confidential counseling



## Post Test

- Questions?

# SHELTER FROM THE STORM

## Pre-Test

TRUE FALSE

DATE \_\_\_\_\_

- \_\_\_\_\_ 1. Violence happens more frequently between people who are poor or members of a minority.
- \_\_\_\_\_ 2. Emotional, verbal and other non-physical forms of abuse are not as serious as physical abuse.
- \_\_\_\_\_ 3. Abusers yell and hit to show how much they care about their partner.
- \_\_\_\_\_ 4. Children who grow up in a violent environment learn to accept violence as a means of conflict resolution.
- \_\_\_\_\_ 5. Women who have learned that violence is part of a loving relationship.
- \_\_\_\_\_ 6. If an abuser attends a drug/alcohol program for their addiction, the abuse will stop.
- \_\_\_\_\_ 7. Domestic violence is the greatest cause of injury to women in the U.S.
- \_\_\_\_\_ 8. Abuse only happens between adults.
- \_\_\_\_\_ 9. What happens between couples is "none of my business."
- \_\_\_\_\_ 10. Once the abuse stops, there is no residual effect.
- \_\_\_\_\_ 11. Violence in a relationship can negatively influence work or performance.

## College of the Desert

### **Domestic Violence Facts**

- A woman is battered every 15 seconds in the United States
- Battering is the single major cause of injury to women in the United States. Violent relationships are found in every income category, ethnic background, racial group, educational level, and profession.
- 3 to 4 million American women are battered every year.
- In almost three quarters of reported spouse assault cases the victim was divorced or separated at the time of the beating.
- Over one half of the marriages in the United States involve at least one incident of beating.
- 95% of all spousal abuse cases are women hurt by men.
- One out of every three female homicide victims is killed by their husbands or boyfriends.
- 6,000 women die each year as a result of domestic violence.
- In 70 % of the families where wife abuse occurs there is also physical abuse of the children.
- Between 30% and 50% of female high school students report having already experienced teen dating violence.
- Battering may start or become worse during pregnancy. 25-45% of all women who are battered are battered during pregnancy.
- More children are served in battered women's shelters than are adults.
- Boys who grow up in violent homes are more likely to grow up to be batterers.
- Over 60% of young men age 18-22 who are incarcerated for homicide are convicted of killing their mother's abusers.

This information was gathered from the National Coalition Against Domestic Violence, the United States Department of Justice, Bureau of Statistics..

College of the Desert Domestic Violence Handout  
**TYPES OF EMOTIONAL ABUSE**

Domination

The abuser tries to control your every action. They NEED TO BE IN CHARGE. They have to have their own way. They may resort to threats to get it. They will control all of the money matters. They control your social life. They may also try to control your contacts with your family.

Verbal Assaults

The abuser criticizes, belittles & berates their partner. They may name-call, scream, threaten, blame and use sarcasm and humiliation to damage your self-esteem and self-image. Victims frequently feel afraid physical abuse will erupt any minute.

Abusive Expectations

The abuser places unreasonable demands on you. You are expected to put aside everything to satisfy his needs. The abuser exhibits a constant need for your undivided attention. He demands that you spend all of your free time with him. He may demand frequent sex. You are constantly criticized. There is always something more you could or should have done to meet his needs.

Emotional Blackmail

An emotional blackmailer coerces another person into doing what he wants by playing on (using) your fear, guilt, or compassion. He will threaten to leave you if you don't give in to what he wants. He will distance himself, or give "the silent treatment," until you give in to his demands. The abuser may use fear tactics to get you under control.

Unpredictable Responses

This type of abuser has drastic mood swings or sudden emotional outbursts for no apparent reason, or he will give inconsistent responses to the same actions (behavior) from you. He tells you one thing one day and the opposite the next (frequently denies he's changed his mind). He'll like something you do one day, and hate it the next. (This may be a symptom of drug or alcohol abuse).

Constant Criticism

The abuser is unrelentingly critical of you. He always finds fault and can never be pleased. You may begin to feel that nothing you do is ever right or worthwhile.

Character Assassination

This person blows your mistakes out of proportion. He gossips about your past mistakes and/or failures. He tells lies about you. He humiliates you in private and public by criticizing you and discounting, minimizing, or making fun of your achievements.

Gas lighting

The abuser uses various techniques to make you doubt your understanding of things, your memory, or even your sanity. He will lie about whether or not something occurred, or that he said something. He will accuse you of exaggerating or lying. (He is attempting to avoid responsibility for his own actions).

Constant Chaos

This abuser creates continual upheavals and discord. He may deliberately start arguments & be in constant conflict with others. He is likely to be "addicted to drama." He may seem to be unable to enjoy harmony and peace. He must burst out with constant disruptions and negative moods.

Sexual Harassment

A range of people, including her husband, can sexually harass a woman. Sexual Harassment is defined as unwelcome sexual advances or physical or verbal conduct of a sexual nature. Whenever a woman is pressured into becoming sexual against her will, whether it is because she doesn't choose that person as a sexual partner or because she does not feel like being sexual at that time, it is considered sexual harassment.

**TRUE EMOTIONAL ABUSE IS DISTINGUISHED BY THE FOLLOWING**

It is constant, as opposed to occasional.

The intent is to devalue and put down rather than to simply state a complaint.

The intent is to dominate and control rather than to provide constructive criticism.

The person has an overall attitude of disrespect toward you, rather than just not liking something specific that you are doing.

## College of the Desert Handout

### **ARE YOU IN AN ABUSIVE RELATIONSHIP OR HEADED TOWARD ONE?**

Violence can take many forms; physical, sexual, emotional. Sometimes when we have grown up in a violent home or are in an abusive relationship we begin to accept violence as a "normal" way of life. But no one has the right to abuse us and there are alternatives to violence. To determine whether you are in an abusive relationship or headed toward one, ask yourself if the person you are involved with has ever done any of the following things to you:

#### **PHYSICAL ABUSE**

- *Pushed or shoved you*
- *Held you to keep you from leaving*
- *Slapped or bit you*
- *Kicked or choked you*
- *Hit or punched you*
- *Thrown objects at you*
- *Locked you out of the house*
- *Thrown objects at you*
- *Abandoned you in a dangerous place*
- *Refused to help you when you were sick or injured*
- *Subjected you to reckless driving*
- *Forced you off the road or kept you from driving*

#### **SEXUAL ABUSE**

- *Told anti-women jokes or made demeaning remarks about women*
- *Treated women as sex objects*
- *Been jealous or angry. For example: accused you of having sex with any available man*
- *Insisted you dress in a more sexual way than you wanted*
- *Minimized the importance of your feelings about sex*
- *Criticized you sexually*
- *Insisted on unwanted and uncomfortable touching*
- *Withheld sex and affection*
- *Called you names like "whore" and "frigid"*
- *Publicly showed sexual interest in other women*
- *Had affairs with other women after agreeing to a monogamous relationship*
- *Forced sex with him or others or forced you to watch others*
- *Forces particular unwanted sexual acts*
- *Forced sex after beating you*
- *Forced sex when you were sick*
- *Forced sex for the purpose of hurting you with objects or weapons*
- *Committed sadistic sexual acts.*

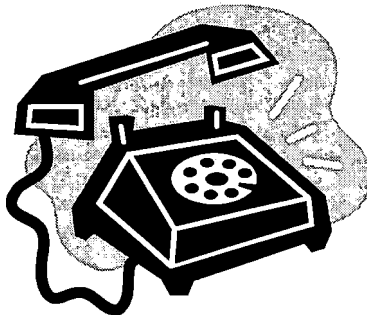
## College of the Desert Handout

### **EMOTIONAL ABUSE**

- *Ignored your feelings*
- *Ridiculed or insulted women as a group*
- *Ridiculed or insulted your most valued beliefs, your religion, race, class*
- *Withheld approval, appreciation, or affection as punishment*
- *Continually criticized you, called you names, shouted at you*
- *Insulted or drove away your friends or family*
- *Humiliated you in private or public*
- *Refused to socialize with you*
- *Kept you from working, controlled your money, made all the decision*
- *Refused to work or share money*
- *Took car keys or money or access to money away*
- *Regularly threatened to leave or told you to leave*
- *Destroyed your personal belongings*
- *Told you about his affairs*
- *Called at odd hours or followed you to make sure you were not going out on him*
- *Opened and read your personal mail or listened in on your personal phone calls*
- *Forbid or discourage you from seeing friends or family*
- *Manipulated you with lies and contradictions*
- *Harassed you about affairs he imagined you were having*

*If you answered YES to a number of these questions and feel you are in an abusive relationship or headed toward one, **GET THE HELP YOU NEED!** Violence does not go away. It just gets worse until you do something about it.*

**Shelter from the Storm**  
**24-hour Crisis Hot Line: (760) 328-SAFE or (800) 775-6055**

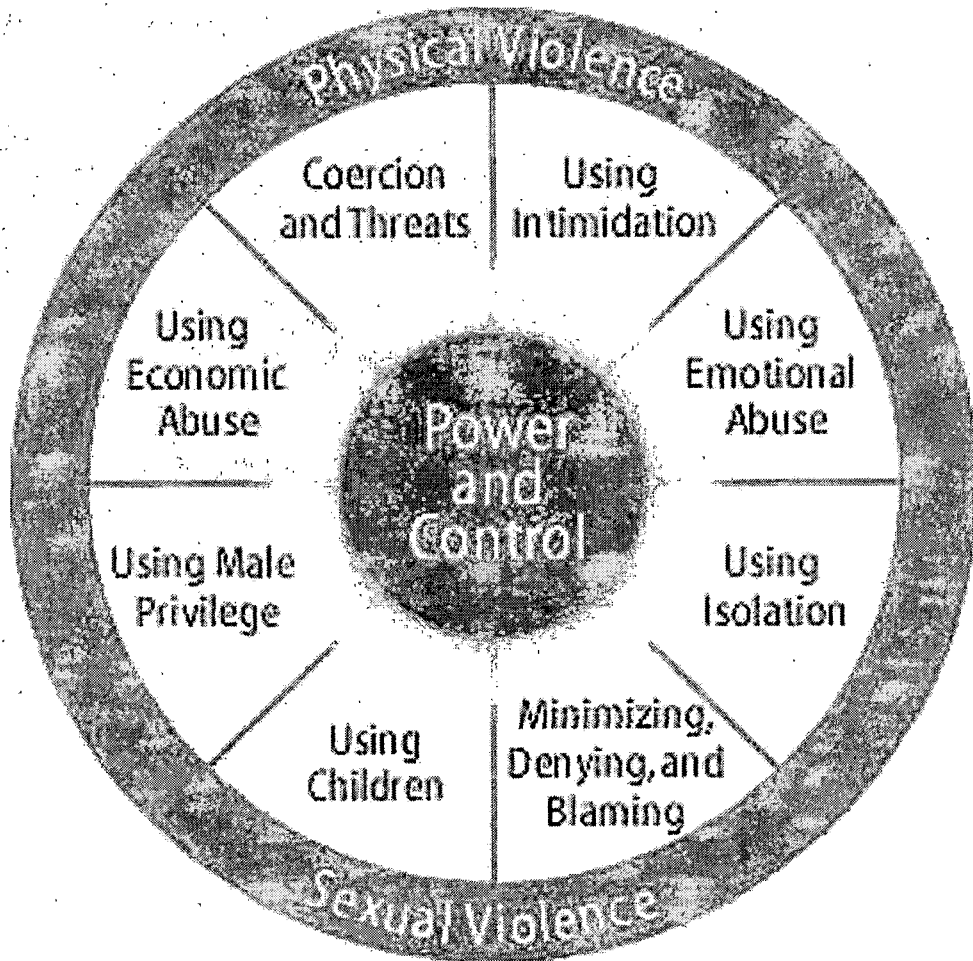


College of the Desert Domestic Violence Handout  
**Categories of Verbal Abuse**

1. Withholding: The abuser chooses to keep all thoughts, feelings, hopes, and dreams private and to remain silent and aloof towards a partner. Examples; “There’s nothing to talk about,” or “You never let me talk,” or “You wouldn’t be interested anyway,” or “You never listen anyway.”
2. Countering: The abuser sees a partner as an adversary. This style prevents all possibility of discussion. It denies the victim’s reality. It prevents the partner from knowing what the abuser thinks about anything. The abuser always takes the opposite point of view. Examples: “You’re wrong,” or “That’s not the way it is” or “You don’t know what you’re taking about,” or “You can’t prove that.”
3. Discounting: The abuser denies the reality and experience of the partner. It denies and distorts the partner’s actual perception of the abuse. The abuser treats the partner’s feelings and experiences as if they were worth nothing (discounts them). Examples: “You’re too sensitive,” or “You can’t take a joke,” or “You twist everything,” or “You’re imagining things,” or “You make a big deal out of nothing.”
4. Verbal Abuse Disguised As Jokes: Insults and put downs disguised as jokes often refer to the feminine nature of the partner, to her intellectual abilities, or to her competency. Examples: “What else can you expect from a woman?” or “You couldn’t find your head if it wasn’t attached,” or “You need a babysitter.” The abuser may also deliberately startle or frighten a partner frequently, and will laugh as if it were a joke.
5. Blocking and Diverting: The abuser refuses to communicate or controls all levels of communication. The goal is to prevent discussions, end the conversation, withhold information, or change the subject. Examples: “Just drop it,” or “You always have to be right,” or “Did I ask you?” or “You heard me....”
6. Accusing & Blaming: The abuser accuses a partner of some wrongdoing or of breaking an agreement. The abuser blames a partner for personal anger, irritation, or insecurity.
7. Judging and Criticizing: The abuser will make critical statements to a partner, and then say he’s just trying to help.
8. Trivializing: The abuser makes a partner feel what the partner has accomplished is insignificant. When this is done in a sincere and frank vocal tone it can be difficult to detect.
9. Undermining: The abuser withholds emotional support and erodes confidence and determination.

**Types of Abuse: Adapted from the National Coalition against Domestic Violence website, <http://ncadv.org>**

## Power and Control Wheel



Domestic Abuse Intervention Project  
206 West Fourth Street  
Duluth, Minnesota 55806  
(218) 722 - 2781  
Duluth Model



College of the Desert Domestic Violence Handout  
**THE CYCLES OF BATTERING**

The three cycles of battering are: *tension building*, *explosion* and *love*. They vary in time and intensity. We cannot predict the length of each cycle. Both situational events and stages of life affect the length of each stage and timing.

Tension Building

1. The women can sense the man's edginess.
2. Little issues are smoothed over.
3. The woman feels that she can and must control the situation.
4. The woman denies her building anger.
5. The woman feelings that she "deserves it."
6. In order to cope, she denies that the second stage will occur and believes she has control.
7. Although she is often unaware of it, after each incident her anger grows.
8. He knows his behavior is wrong and fears she'll leave him.
9. She reinforces his fear by withdrawing herself in order not to set him off.
10. His jealousy and smothering brutality increases.
11. Tension rises.
12. Sometimes the woman knows that Stage 2 must come and provokes an attack in order to get it over with and to have it on her terms. She can then feel she has had some control.

Explosion

1. In Stage 1, the man usually justifies his rage by stating he was out of control. Most causers choose when, where, and who they will abuse.
2. A woman can often retell this stage in detail. He cannot.
3. In this stage only, the woman often feels that it is safe to release her anger and fight back.
4. This is the shortest stage and generally lasts from a few hours to 24 -48 hours.
5. We do not know why he stops. He seems to know how to prolong the battering without killing her.
6. It is not uncommon for a man to awaken the woman and begin to beat her.
7. A woman will often deny the seriousness of her injuries, sometimes to soothe the batterer and to be assured that Stage 2 is over.

Honeymoon

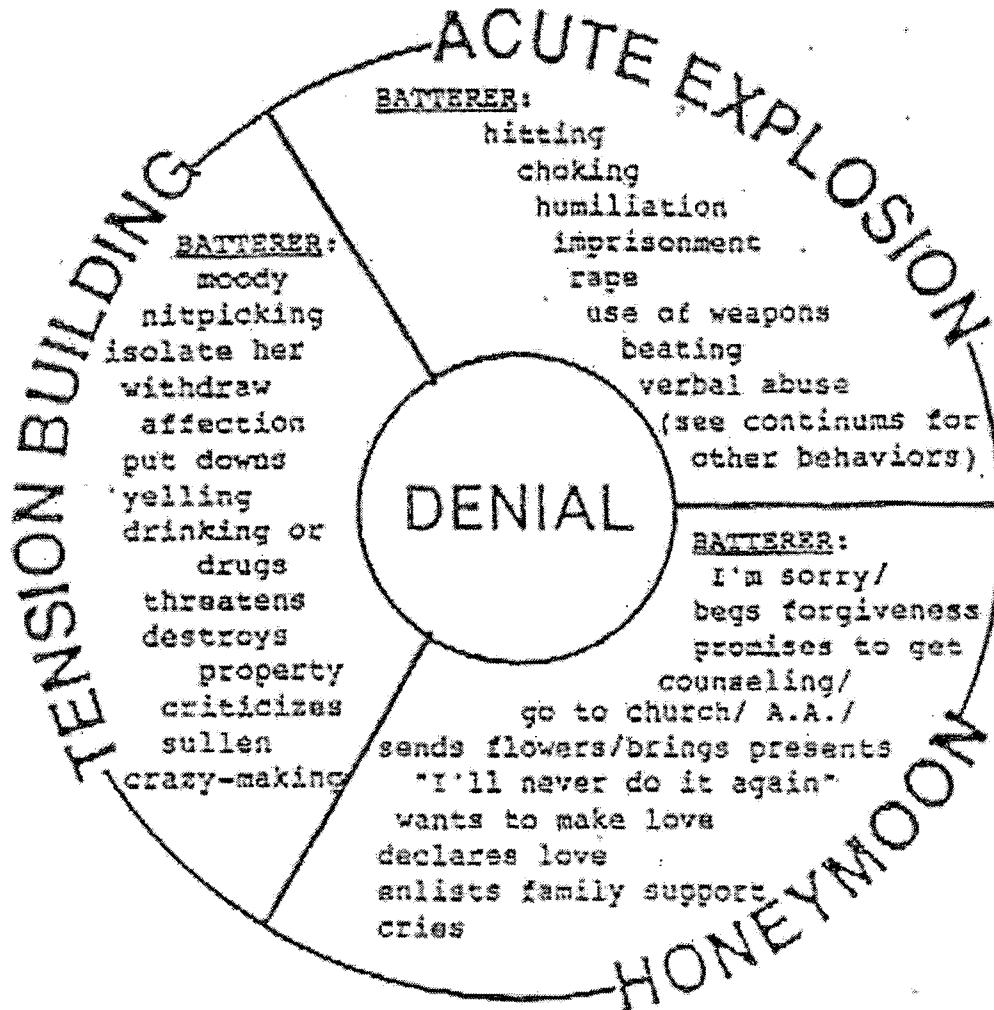
1. The man and the woman welcome this stage.
2. The man tries to make up.
3. He fears she'll leave him.
4. He's charming and manipulative.
5. He believes that he can control himself and will never again hurt the woman he loves.
6. He convinces everyone.
7. The woman wants to believe him and convinces herself.
8. She has a glimpse of her original view of how nice love is.
9. This is a very idealized stage-the "little girl" is loved by her husband or lover.
10. He plays dependant-he will fall apart without her.
11. She ends up feeling responsible for him as well as for her own victimization.
12. She is given whatever she wants such as flowers and candy.
13. This stage is usually longer than Stage 2 but shorter than Stage 1. Stage 3 often shortens over time and may eventually disappear.

*BATTERING GENERAL: Cycle of Violence*

Prepared by the Los Angeles Commission On Assaults Against Women website, <http://lacaaw.org>.,

Cycle of Violence Model

# CYCLE OF VIOLENCE



## **WHY SHE STAYS**

1. **Economic Dependence** - "Who will support me and the children?"
2. **Parenting** - "A crazy father is better than no father at all."
3. **Religious and family pressures** to keep the family intact
4. **Security** - Fear of being alone and that she can't cope with the children and home by herself.
5. **Loyalty** - "He is sick. If he had a broken leg or cancer I would stay with him, this is no different."
6. **Pity** - "He's much worse off than I am."
7. **Savior Complex** - "He says he will kill himself if I leave him."
8. **Fear of his suicide** - "he says he will kill himself if I leave him."
9. **Denial** - "I love him. When he's not abusive he is quite loving and lovable.
11. **Duty** - "I said I would stay married to him till death do us part."
12. **Guilt** - He says the marital problems are her fault and that she caused his problems. She believes him.
13. **Responsibility** - Many people feel it's the wife's responsibility to keep the marriage together emotionally and the husband's responsibility is only financial. She believes this.
14. **Shame, embarrassment, and humiliation** - "I don't want anyone to know."
15. **Identity** - The woman feels she needs a man to be complete.
16. **Optimism** - Hope that things will get better.
17. **Low self esteem** - "It must be my fault, if only I could be a better wife. I'll never find anyone better. I must deserve this."
18. **Survival** - He has threatened to follow her if she ever leaves and kill her and/or the children.
19. **Learned helplessness** - the feelings of passivity and paralysis that begin when a woman is battered are reinforced by the response of family, friends and helping professionals who ignore the problem, don't believe what is really happening and/or blame the woman.
20. **Stockholm Phenomenon** - When a hostage is held for a period of time a captor, he or she begins to identify with the captor. This syndrome is manifest by many battered women who are literally held hostage by the husband/boyfriend.
21. When a person lives in unending terror/stress the ability to resist the effects of the stress wear away. A person can become confused, exhausted, and lack energy needed to make decisions or changes.

SHELTER FROM THE STORM

Crisis Hotline: 1 800 775-6055

**Adapted from the National Coalition against Domestic Violence Website,  
<http://ncadv.org>**

## GETTING HELP

If you have decided that you need help, you can get confidential counseling immediately or sometime in the future when you feel safe to do so. You do not need to notify your instructor or identify yourself as a College of the Desert nursing student in order to get free help. Now you know that help is available if you need it for you and your children.

### Referral List for the Desert Arena

#### Counseling Services

Shelter from the Storm Community Counseling Center	760-674-0400
Shelter from the Storm 24 hr. Crisis Hotline	760-328-7233
National Domestic Violence Hotline	1-800-775-6055
Family Services	760-347-2398
Caritas Counseling	760-674-9066
Betty Ford Center	760-773-4100
Barbara Sinatra Center for Children	760-340-2336
Inland County Psychotherapy	760-323-8016
Village Counseling	760-323-0669

#### Housing and Emergency Shelter

Shelter from the Storm Emergency Domestic Violence Shelter	760-328-7233
Martha's Kitchen and Village	760-347-3781
Housing Authority	760-863-2828

#### Domestic Violence Outreach Centers

Shelter from the Storm	
Palm Springs	760-318-0141
Indio	760-863-7871
Desert Hot Springs	760-251-3445
Coachella	760-398-7811

#### Legal Services

Inland Counties Legal Services	760-342-1519
Family Law (court filing)	760-863-8209
Family Law (mediators)	760-863-8205
Child Support	760-863-2600

#### Additional Support Services

Victims Witness:	760-863-8404	Wellcare Clinic	760-674-4976
Dept. Social Services	760-770-2361	WIC	1-800-455-4942
Child Protective Services	1-800-442-4918	Price Parenting	760-863-3345

Many wonderful organizations are available through the internet and can be accessed at the college library or nursing lab:

National Domestic Violence Hotline	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Coalition Against Domestic Violence	<a href="http://www.ncadv.org">www.ncadv.org</a>
Family Violence Prevention Fund	<a href="http://www.endabuse.org">www.endabuse.org</a>

**SHELTER FROM THE STORM**  
**Post-Test**

TRUE FALSE

DATE \_\_\_\_\_

- \_\_\_\_\_ \_\_\_\_\_ 1. Violence happens more frequently between people who are poor or members of a minority.
- \_\_\_\_\_ \_\_\_\_\_ 2. Emotional, verbal and other non-physical forms of abuse are not as serious as physical abuse.
- \_\_\_\_\_ \_\_\_\_\_ 3. Abusers yell and hit to show how much they care about their partner.
- \_\_\_\_\_ \_\_\_\_\_ 4. Children who grow up in a violent environment learn to accept violence as a means of conflict resolution.
- \_\_\_\_\_ \_\_\_\_\_ 5. Women who have learned that violence is part of a loving relationship.
- \_\_\_\_\_ \_\_\_\_\_ 6. If an abuser attends a drug/alcohol program for their addiction, the abuse will stop.
- \_\_\_\_\_ \_\_\_\_\_ 7. Domestic violence is the greatest cause of injury to women in the U.S.
- \_\_\_\_\_ \_\_\_\_\_ 8. Abuse only happens between adults.
- \_\_\_\_\_ \_\_\_\_\_ 9. What happens between a couple is "none of my business."
- \_\_\_\_\_ \_\_\_\_\_ 10. Once the abuse stops, there is no residual effect.
- \_\_\_\_\_ \_\_\_\_\_ 11. Violence in a relationship can negatively influence work or performance.

### Woman Abuse Screening Tool (WAST)

1. **In general, how would you describe your relationship?**  
A lot of tension                      Some tension                      No tension
  
2. **Do you and your partner work out arguments with:**  
Great difficulty?                      Some difficulty?                      No difficulty?
  
3. **Do arguments ever result in you feeling down or bad about yourself?**  
Often                                      Sometimes                                      Never
  
4. **Do arguments ever result in hitting, kicking or pushing?**  
Often                                      Sometimes                                      Never
  
5. **Do you ever feel frightened by what your partner says or does?**  
Often                                      Sometimes                                      Never
  
6. **Has your partner ever abused you physically?**  
Often                                      Sometimes                                      Never
  
7. **Has your partner ever abused you emotionally?**  
Often                                      Sometimes                                      Never

Give yourself one point for every answer in the first column. If you closer your score is to 7, the more in danger you may be.

If your score is 4 or above, we suggest that you seek confidential counseling through **Shelter from the Storm: 800 775-6055**

(London Middlesex, developed by Dr. B. Lent, 1986)

## **Faculty Information: Domestic Violence Overview**

### **1. What Is Domestic Violence?**

Domestic violence occurs when one intimate partner uses physical violence, coercion, threats, intimidation, isolation, and/or emotional, sexual or economic abuse to maintain power and control over the other intimate partner. There is no one physical act which characterizes domestic violence.; it encompasses a continuum of behaviors ranging punches and kicks to false imprisonment, sexual abuse, suffocating or maiming, and homicide. Most victims suffer multiple forms of abuse. Verbal and emotional abuse, such as continuous degrading, belittling, or fault-finding behavior, may be more subtle than physical harm, but is no less destructive to victims.

The first assault inflicted by an abuser usually shocks the victim. Thereafter, episodes may be frequent or infrequent, prolonged or short, severe or mild. However, violent assaults usually increase in frequency and severity over time. As the abuser's violence progresses, s/he may begin to abuse the children of the couple or direct violence or threats of violence against friends or extended family. Even those abusers who use violence infrequently may regularly remind their battered partners that non-compliance with their demands will precipitate violent assaults.

Non-violent tactics are nearly always coupled with violent conduct in order to control the victim. For example, the abuser may use dominating, intimidating, isolating, rule-making, stalking, tab-keeping, or harassing behaviors to control and manipulate the victim. The abuser may use the children to manipulate the victim, by making the victim feel guilty about the children, by using the children to relay unpleasant messages to the victim, by using custody or visitation disputes to harass the victim, or by threatening to take the children away.

Abusers may also attempt to use the legal system to punish their partners. Extremely litigious behavior sometimes follows attempts by victims to extricate themselves from the abusive relationship. Abusers may use custody and visitation litigation to re-establish control over their victims or to punish them. They may continue to harass victims, knowing that the victim will seek a legal remedy, to create an excuse for further contact. Abusers may bring cross or counter claims against the victim in an attempt to 'cancel out' the victim's claims.

Abusers frequently claim that their victims provoke the violence that they perpetrate. It is important to remember that the only 'provocation' that justifies the use of physical force against another is an initial act of violence that puts the person attacked in reasonable fear of immanent danger—in other words, an action requiring self-defense. 'Nagging,' burning dinner, or failing to keep the children quiet is not provocation. Even adultery is not a justification for domestic violence. The abuser alone is responsible for the violence that s/he perpetrates.

### **2. Who Are the Victims and the Perpetrators?**

The overwhelming majority of adult victims of domestic violence (about 95%) are women. Although the norm for domestic violence is a male perpetrator and a female victim, people in other relationships may also be victims of abuse. Domestic violence occurs where one person seeks to control the life of another person through violence or threats of violence. Gays and lesbians, as well as disabled persons, the elderly, and dating partners may also be victims of domestic violence. Abuse victims may also be abusers themselves, of their children, for example, but most are not.

Domestic violence occurs regardless of race, age, socioeconomic status, sexual orientation, mental or physical ability, or religious background. Abused women are like all other women. They are not psychologically impaired. Neither do they suffer from personality disorders. Their behavior does not distinguish them from other women.

Abusers are not easily identifiable. They range across the demographic spectrum. They are not likely to suffer from severe mental disorders. They may even appear to be charming. The only predictor of abuse

is that men who abuse are more likely to have witnessed their fathers beating their mothers and to have been severely abused during childhood.

### **3. The Long Term Effects of Domestic Violence**

Aside from the immediate physical injuries caused by the abuser, abuse victims suffer other injuries as a result of domestic violence. The emotional and psychological injuries may be more difficult to treat than physical injuries. In addition, physical injuries sustained by victims of domestic violence can cause related medical difficulties to them later in life as they grow older.

Another consequence of domestic violence is unemployment and financial insecurity. Victims of domestic violence often lose their jobs because of absenteeism and other reasons directly related to the violence at home. Domestic violence has a significant adverse impact on workplace productivity every year. Domestic violence victims may have to move many more times than the average person in order to avoid continued violence. Moving is costly and can interfere with continuity of employment. Half of America's homeless women and children are homeless because of domestic violence. Many abuse victims forgo financial security during divorce proceedings to avoid further abuse.

Victims of domestic violence also suffer from social isolation. The abuser may isolate the victim from family and friends, and the victim may withdraw from others to avoid the embarrassment caused by the abuse.

### **4. The Impact of Domestic Violence on Children**

Battering often starts or increases in severity during pregnancy. Pregnancy abuse may cause miscarriages, birth defects, or mental retardation.

In over half of domestic violence cases, the man beats the children as well as the mother. Child abuse is fifteen times more likely in families where domestic violence occurs. Many children are injured by the abuser in attempts to protect their battered mother. If the parents separate, the father may begin to direct his violence at the children. If the abuser beats his wife and children before separation and is denied access to the wife after separation, his abuse of the children may escalate thereafter. The abuser may use the children in this way in an attempt to recapture or hurt the victim.

Even if children are not direct victims of domestic violence, they are indirect victims when they witness the abuse of their mother. Most domestic violence is witnessed by children. Almost all children living in the homes where domestic violence occurs are aware of the physical attacks on their mothers. A child who witnesses his/her mother being beaten or otherwise abused by their father or mother's partner will experience a severe adverse impact on their emotional development. Children who witness the abuse of their mothers are at an increased risk for emotional and behavioral disturbances, such as withdrawal, low self-esteem, nightmares, self-blame, depression, feelings of helplessness, and aggression against peers, family members, and property. They may also suffer from physical problems, such as asthma, recurrent headaches, and stomach aches.

Furthermore, studies indicate that boys who witness the abuse of their mothers are three times more likely to grow up to be abusive than boys who have not witnessed domestic violence. By age five or six, boys begin to lose respect for their abused mothers and begin to side with the abuser, sometimes even hitting their mothers. Some data suggest that girls who witness abuse may tolerate abuse as adults more than girls who do not.

Even very young babies are affected by violence in the home, demonstrating increased restlessness and nervousness when awake, also being more likely to cry easily, loudly, and continuously. Toddlers show that they are terrorized by violence in the home by excessive crying, hiding, and showing unusual fear of strangers.

### **5. Separation Violence**

Most people believe that abuse victims will be safe once they separate from the abuser. They also believe that victims are free to leave their abusers at any time. However, leaving the abuser sometimes



does not put an end to the violence. Abusers may, in fact, escalate the violence as way of coercing the victim into a reconciliation or as a way of retaliating for the victim's perceived abandonment or rejection of the abuser. Men who believe they are entitled to a relationship with the woman they abuse or that they own their female partners will view the woman's departure as the ultimate betrayal which justifies retaliation.

- Up to 3/4 of domestic assaults reported to law enforcement agencies are inflicted after the separation of the couple.
- About 75% of the abused women seeking emergency medical services sustained their injuries after leaving the abuser.
- Almost 1/4 of women killed by their male partners were separated or divorced from the men who killed them. Another 1/4 of the women killed were attempting to end the relationship when they were killed.
- Women are most likely to be murdered by the abuser when attempting to report abuse or leave the abusive relationship.

The fact that leaving can be dangerous does not mean that the victims should stay. Continued cohabitation is highly dangerous because violence usually increases in frequency and severity over time. The abuser may engage in preemptive strikes against the victim, fearing or anticipating separation even before the victim arrives at the decision to leave. Although leaving may pose additional hazards to the victim in the short run, ultimately the victim can best secure his/her safety apart from the abuser.

Leaving the abuser requires strategic planning and legal intervention to avert separation violence and to safeguard victims and their children. Obtaining a protective order is one step in this process.

## **6. Why Does Domestic Violence Occur?**

Domestic violence knows no socioeconomic, racial, geographic or religious boundaries. It occurs in countries where patriarchy is the norm and women's equality is unrealized. Domestic violence is about power and control. It is most often about men's power and control of women. Victims neither cause nor are they to blame in any way for the violence inflicted upon them. Only when men, both individually and as a class, take responsibility for violence and controlling behavior will domestic violence end. Until then, the primary role of participants in the domestic violence movement is to work with abuse victims to ensure their safety and protection and help them to identify ways to live safely apart from their abusers.

## Faculty Overview Why s/he stays

### Why S/he Stays

Many people who have not been abused by an intimate partner often say that if their partner ever abused them they certainly would leave. Remaining in or returning to an abusive relationship may be a rational survival mechanism. Domestic violence victims are not always passive. They may attempt to protect themselves through a variety of mechanisms short of leaving. Below are some of the reasons victims choose to stay or return to an abusive relationship.

**Commitment to the relationship.** There are serious factors which weigh on a victim's decision to leave. The abuser is the person the victim loves. This makes leaving the abuser especially difficult where violent episodes are followed by periods of affection and positive attention. The abuser may be the father/mother of the victim's children. The victim may want to end the violence, but also preserve the family relationship.

**Lack of self-confidence.** Ending an intimate relationship is almost always difficult, but even more so when the victim's self-confidence has been destroyed by abuse.

**Believes the myths about domestic violence.** Victims of domestic violence may assume that violence is an unavoidable part of life. Victims may also blame themselves for the violence.

**No place to go.** There are more animal shelters in the U.S. than shelters for battered women and children. Domestic violence is the cause of half of the homelessness in America's women and children.

**Hope of change.** Many abusers are remorseful after abusing the victim. This contrite behavior may include promising never to hit again, agreeing to seek counseling if the victim promises not to leave, reminding the victim of how hard the perpetrator works, pointing out the incredible stresses under which s/he is operating, acknowledging the wrongfulness of his/her violence to the children and asking their help in stopping it, and demonstrating his/her love for the victim in meaningful ways. Since victims have often built their lives around the relationship, they hope for change. When the abuser acknowledges the error of his/her ways, when s/he breaks down and cries and concedes the need for dramatic change, hope is often born anew for the victim.

**Isolation.** Many victims of domestic violence do not have a support system. The abuser has isolated them. For example, the abuser may prohibit the victim from using the phone, may humiliate him/her at family gatherings, may insist on transporting him/her to and from work, or may censor his/her mail. Abusers are often highly possessive and excessively jealous. They believe that they own the victim and are entitled to his/her exclusive attention and absolute obedience. The abuser knows that if the truth is known about his/her conduct, support persons will encourage the victim to leave the abuser. Therefore, abusers isolate victims in order to sustain the power of violence.

**Societal denial.** Victims of domestic violence fear that no one will believe that their partners abuse them. Abusers are often ingratiating and popular and keep their terrorizing and controlling behaviors within the family behind closed doors. The victim knows this and it compounds his/her fear that no one will believe them. Victims of domestic violence also discover that many people and agencies in the community trivialize the impact of domestic violence. For example, doctors may prescribe Valium for coping, ministers may recommend more accommodating behaviors, and therapists may advise better communication with the abuser. Victims conclude that if others do not understand the seriousness of the violence, they will condemn the disruption caused by leaving the relationship.

**Abuser's threats.** Even when the victim decides to leave, the abuser may threaten to seek custody of their children, to withhold financial support, to interfere with the victim's employment or housing, to kill other family members, to commit retaliatory suicide, or to escalate the violence in an attempt to keep the victim in the relationship.

**Dangers in leaving.** Many victims believe that leaving is not going to make his/her life and their children's lives safer. Many victims of domestic violence are killed by their partners *after* they have left the abuser. Leaving, itself, can be a dangerous process. Many abusers escalate their violence in order to coerce the victim into a reconciliation or to retaliate for the victim's departure. Leaving requires strategic planning and legal intervention to safeguard victims and their children.

**Economic dependency.** The most likely indicator of whether a victim of domestic violence will permanently separate from his/her abuser is whether s/he has the economic resources to survive without the abuser. Therefore, it is incredibly important that victims obtain support awards in protection orders and are referred to abused women's programs where they can learn about other economic supports, job training, and employment opportunities.

**Leaving is a process.** Most victims of domestic violence leave and return several times before permanently separating from the abuser. The first time a victim leaves may be a test to see whether the abuser will obtain help or stop his/her abuse. The victim may leave temporarily in order to gain more information about the resources available to her before leaving the abuser permanently. Most victims of domestic violence do leave eventually. When victims stay, friends, family, and agencies in the community need to look to see what they are doing to hinder the process of leaving and make changes to facilitate leaving.

Faculty information reprinted with permission from the Indiana University Protective Order Project,  
[http://www.law.indiana.edu/pop/domestic\\_violence](http://www.law.indiana.edu/pop/domestic_violence)

## College of the Desert Handout

### **INDICATORS OF ABUSE POTENTIAL DOMESTIC VIOLENCE VICTIMS**

For Adults:

- Failure to keep medical appointments, or comply with medical protocols
- Secrecy or obvious discomfort when interviewed about relationship
- The presence of a partner who comes into the examining room with the patient and controls or dominates the interview, is overly solicitous and will not leave the patient alone with her/his provider
- The patient returns repeatedly with vague complaints
- A patient who presents with health problems associated with abuse
- Unexplained injuries or injuries inconsistent with the history given
- Somatic complaints
- Delay between an injury and seeking medical treatment
- Injury to the head, neck, chest, breasts, abdomen, or genitals
- Bilateral or multiple injuries, especially if in different stages of healing
- Physical injury during pregnancy, especially on the breasts and abdomen
- Chronic pain without apparent etiology
- An unusually high number of visits to health care providers
- High number of STD's, pregnancies, miscarriages, and abortions repeat vaginal and urinary tract infections

## College of the Desert – Faculty Notes Domestic Violence Warning Signs

Many victims of domestic violence will talk about their experiences if asked in a sensitive and empathetic way. However, others may be reluctant to open up. They may be embarrassed, ashamed or afraid that if they tell anyone they may be at risk for more severe abuse. Here are some of the signs, symptoms or observations that may lead you to suspect that domestic violence is an issue.

### *Most Obvious:*

- Comes to school repeatedly with injuries
- Unusual number of calls from home and strong reaction to these calls
- Comes to school late, needs to leave early
- Secretive about home life
- Frequent absenteeism due to medical problems or concern about children
- Excessive emotionalism, tearful, angry, depressed, nervous, confuse
- High number of STD's pregnancies, repeat vaginal or urinary infections.

### *Not so Obvious:*

- Partner exerts unusual amount of control over her life
- Partner may have demands about her work schedule, may have a gripe with her supervisor
- Partner may attempt to limit her work or social contacts, and may forbid her from attending company functions and/or working overtime
- Partner may ridicule her in public, treat her as a child
- Failure to keep medical appointments, or to comply with medical protocols
- May be changes in her behavior that are unexplainable and she is easily upset or distracted
- She may be extremely passive or aggressive
- She may isolate herself at work
- She may seem chronically depressed or depressed in cycles

### *Remember:*

- Domestic Violence is fundamentally a process of psychological intimidation. The threats and humiliations perpetrated by the batterer are often more significant than the beatings.
- It is extremely helpful to assist the victim to question the messages that isolate her.  
These include

“You are exaggerating the abuse.”

“You are not able to care for your children.”

“You won’t be able to support your children.”

“You will not get custody.”

“No one will believe you if you tell them.”

“You make me hurt you. You deserve this.”

“No one besides me will ever love you.

Offering basic information about services is very helpful whether it is used or not. Pressuring him/her to leave immediately is NOT helpful. Violence usually escalates after a bungled attempt to leave. Leaving the situation is a step that should be carefully planned after support systems are mapped out.

## **Faculty Notes: Recommended Strategies**

### **College of the Desert – Instructor Lecture Notes**

#### **Recommended Strategies if You are Approached During or After the Seminar**

It is helpful to create an open and non-judgmental environment within which a student can discuss an embarrassing subject. With victims of domestic violence, using framing *questions* will create a supportive environment and will enable the health provider to gather information. Access to services should not be predicated upon a faculty referral. However, you may be approached by students during or after the presentation, and you may find it helpful to use some of the following approaches:

Student Safety is always of the upmost concern.

#### **Framing Questions**

“Because violence is so common in many people’s lives, I’ve begun to ask all my patients about it”  
“I am concerned that your symptoms may have been caused by someone hurting you”  
“I don’t know if this is or ever has been a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely”

#### **Direct Verbal Questions:**

“Are you in a relationship with a person who physically hurts or threatens you?”  
“Did someone cause these injuries? Was it your partner/husband?”  
“Has your partner or ex-partner ever hit you or physically hurt you?”  
“Do you ever feel afraid of your partner? Do you feel you are in danger?”  
“Is it safe for you to go home?”

#### **Assess the impact of the DV on the patient’s health**

“Does your partner control your access to health care?”  
Assess how the victimization relates to any associated health issues

#### **Respond to safety concerns**

- \* The student’s safety from immediate harm is critical. If it is determined that the patient is not in immediate danger, talk about developing a safety plan.
- \* Review ideas about keeping information private and safe from the abuser.
- \* Offer the student immediate and private access to an advocate in person or via phone.
- \* Offer to have the provider or advocate discuss safety then or at a later appointment.
- \* If the student wants immediate police assistance, offer to place the call.
- \* Reinforce the student’s autonomy in making decisions regarding her or his safety.

#### **When should the assessment occur?**

The *initial assessment* by a trained counselor should occur immediately after disclosure. Repeat and/or expanded assessment should occur during follow-up appointment. At least one follow-up appointment (or referral) should be offered after disclosure of current or past abuse. This follow-up appointment should be with a trained domestic violence advocate.

### **What should the assessment include?**

- \* “Are you in immediate danger?”
- \* “Is our partner at the health facility now?”
- \* “Do you want to (or have to) go home with your partner?”
- \* “Have there been threats or direct abuse of the children (if children are involved)?”
- \* “Are you afraid your life may be in danger?”
- \* “Has the violence gotten worse or is it getting scarier? Is it happening more often?”
- \* “Has your partner ever held you or your children against your will?”
- \* “Does your partner ever watch you closely, follow you or stalk you?”
- \* “Has your partner ever threatened to kill you, him/herself or your children?”

A yes answer to any of the above may mean that there is an immediate threat or danger to the student and or her children. Protection of the student, in this case, is paramount.

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Offering basic information about services is very helpful whether it is used or not. Pressuring her to leave immediately is NOT helpful. Violence usually escalates after a bungled attempt to leave. Leaving the situation is a step that should be carefully planned after support systems are mapped out.

Adapted from the National Coalition Against Domestic Violence Website, <http://ncadv.org>

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## Fair Use Power and Control Wheel

### Wheel Gallery

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The Power and Control Wheel was developed by battered women in Duluth who had been abused by their male partners and were attending women's education groups sponsored by the women's shelter. The Wheel used in our curriculum for men who have used violence against their female partners. While we recognize that there are women who use violence against men, and that there are men and women in same-sex relationships who use violence, this wheel is meant specifically to illustrate men's abusive behaviors toward women. The Equality Wheel was also developed for use with the same curriculum.

You may copy the Power and Control and Equality Wheels for use in your men's educational classes, groups for battered women, or community education presentations as long as they are credited to the Domestic Abuse Intervention Project as noted on the wheels.

We believe that illustrations of abusive behaviors are most valid when they arise directly from the experiences of those abused. Although some experiences of battered women may be similar to those of other groups, they aren't the same. Substituting gender-neutral language does not acknowledge the specific tactics used to control other groups of people, including men abused by women and people abused by their same sex-partner. For these reasons, we do not grant permission to substitute gender neutral language on the Power and Control Wheel.

Programs wishing to use the Wheels in other ways, or change or adapt them should submit a written request and explain the desired use and purpose. Requests are considered on a case by case basis. If you have questions about our copyright policy or use of our educational materials, please contact the National Training Project staff.

#### Available Wheels:

- » **Power & Control**
- » **Poder Y Control**
- » **Equality**
- » **Igualdad**
- » **Creator**
- » **Abuse of Children**
- » **Nurturing Children**

Retrieved March 10, 2004 <http://duluth-model.org>

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