What You Can and Cannot Do: Domestic Violence Prevention and Intervention

National Guard, April 25, 2012

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National Center on Domestic and Sexual Violence

www.ncdsv.org
Personality Test

- Select a shape below that appeals to you the most.
- These represent the nine basic personality types.
Defining the Problem

“Domestic violence is one of the root causes of virtually every major social problem that we face in the nation today.”

– Janet Reno, Former Attorney General of the United States
National Guard Policy

- Emphasizing *Prevention* Activities
- Creating Partnerships for *Intervention*
Why Men Batter

Men batter women and use power and control tactics because:

1. They have Learned to.
2. It Works.
3. They Can.
Why Men Batter

In order for men to stop, they will have to:

1. Learn differently.
2. Not be able to get away with it.

– Men Stopping Violence, Atlanta, GA
Factors Associated with a Man’s Risk for Abusing His Partner

- Traditional gender norms
- Social norms supportive of violence
- Weak community sanctions against domestic violence
- Poverty
- Low social capital
- Marital conflict
- Marital instability
- Male dominance in the family
- Economic stress
- Poor family functioning
- Young age
- Heavy drinking
- Depression
- Personality disorders
- Low academic achievement
- Low income
- Witnessing or experiencing violence as a child

Adapted from the World Report on Violence and Health (World Health Organization, 2002)
FACTORS ASSOCIATED WITH MEN COMMITTING RAPE

Society
- Norms granting men control over female behavior
- Acceptance of violence as a way to resolve conflict
- Notion of masculinity linked to dominance, honor, or aggression
- Norms supportive of sexual violence
- Norms supportive of male superiority and sexual entitlement
- Weak laws and policies related to sexual violence and gender equality
- High levels of crime and other forms of violence

Community
- Poverty, low socioeconomic status, unemployment
- Associating with sexually aggressive or delinquent peers
- Lack of institutional support from police and judicial system
- General tolerance of sexual assault within the community
- Weak community sanctions against perpetrators of sexual violence

Relationship
- Associates with sexually aggressive or delinquent peers
- Family environment is characterized by physical violence and few resources
- Strongly patriarchal relationship or family environment
- Emotionally unsupportive family environment
- Family honor considered more important than the health and safety of the victim

Individual Perpetrator
- Alcohol and drug use
- Coercive sexual fantasies; attitudes supportive of sexual violence
- Impulsive and antisocial tendencies
- Preference for impersonal sex
- Hostility towards women
- History of sexual abuse as a child
- Witnessed family violence as a child

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Adapted from Guidelines for Medico-legal Care for Victims of Sexual Violence: World Health Organization, 2003
Responsibilities of the Movement to End VAW

- Collaborate with battered women, children and men and victims of sexual assault.
- Build organizations that learn and are responsive.
- Create cooperation, coordination and collaboration in the community.
- Create a society and world without violence.
MANIFESTATIONS OF VIOLENCE

Abuse can occur in different forms. It can be physical, emotional, sexual, spiritual, social and/or economic. The diagrams below describe some of the abuse tactics batterers use as they attempt to gain or maintain power and control over their intimate partners. Abuse does not always progress in the steps shown here. Sometimes the abuse may advance from pushing or hitting directly to more severe physical violence such as the use of a weapon. Although each relationship is unique, any type of abuse must be considered a serious cause for concern. Despite different circumstances, it is important to remember that abuse can escalate (especially if there is no intervention). A coordinated community response holding batterers accountable for their abusive behaviors is essential, as is a response acknowledging and respecting the rights of victims of domestic violence.

Exercise: It is helpful to be aware of the different manifestations of domestic violence. Circle the type[s] of abuse you are now experiencing (or that you have experienced). Notice if the violence is increasing in intensity, severity or frequency. Talk to a domestic violence advocate to develop or review your current safety plan or explore your options. Remember, domestic violence is never your fault, even if you were drinking or using drugs.

EMOTIONAL ABUSE

- insulting jokes
- ignoring feelings
- jealousy
- isolation
- humiliation
- harming of pets
- calling you “crazy,” a “drunk” or a “junkie”
- silent treatment
- insults
- blaming/accusations
- monitoring of activities
- threats
- degradation
- homicide/suicide

PHYSICAL ABUSE

- scratch
- slap
- push
- hit
- target hit
- kick
- strangle
- beat
- use of a weapon
- murder
- deny physical needs
- bite
- force drug use
- punch
- throw objects
- burn
- deprive of sleep
- poison
- disablement/disfigurement

continued...
Four theories: what causes domestic violence?

1. Individual pathology
2. Relationship dysfunction
3. Learned response to stress and anger
4. Theory of dominance
Individual Pathology

- The person using violence has some kind of illness or condition (mental, PTSD, TBI)
- Batterer is problem – not society, leaves individual to bear all responsibility rather than exploring what is taught and absorbed
- Individual psychiatric care, treatment for addiction, or counseling is a typical response
Relationship Dysfunction

- ‘It takes two to tango’
- Couple is playing off of each other
- Either could stop the violence
- Both parties are responsible
- Couples counseling, or relationship counseling separately, is response
Learned Response to Stress and Anger

- Cycle of Violence” theory – Lenore Walker
  - tension-building phase
  - explosion of violence
  - honeymoon phase or respite
- Men were more often socialized to use violence, however we are too often seeing girls who believe violence is a reasonable response.
- Increases in frequency and severity
- Popular theory with anger management the typical response
Theory of Dominance

- System of power and control tactics includes:
  - Physical violence
  - Sexual violence
  - Other tactics on Power and Control Wheel

- Battering comes from social conditions, not individual pathology, most accepted view today, even though sometimes recognize there is an interplay of other “causes” at work.

- Response is to balance power differential by using power of the state

- Re-education and sanctions
Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the women's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.
Use of Violence has Different Intents

1. **Battering** – intends to control the relationship

2. **Resistive violence** – intends to stop the battering

3. **Situational violence** – intends to control a situation

4. **Pathological violence** – intent is controlled to some degree by pathology

5. **Anti-Social Violence** – abusive to many in public and private settings
Battering

- System of power and control

- Includes:
  - Fear
  - Threats
  - Intimidation
  - Coercion

- Belief in entitlement

- Social movement to end it
Resistive Violence

- Substantial numbers of victims of battering use force against the batterer
- May not legally qualify as self-defense
- Victim’s violence usually different
- Practitioners often question, prefer victims who don’t fight back
- Different impact – individual and social
Pathological Violence

- Violence is due to some kind of illness
  - Mental health
  - Alcohol
  - Drugs
  - Brain injury
  - PTSD

- Not typically part of system of controlling tactics

- Because a person’s violence is linked to a pathology does not completely preclude that its intent at times can also be to batter, to resist battering, or to control a situation
Anti-Social Violence

- Abusive in several settings: bars, work, home, sports, etc.

- No empathy, shame, or remorse, and little understanding of consequences

- Not gendered – appears to be caused by childhood abuse, neglect and chaos

- Not amenable to change through self-reflection or therapy, may not benefit from existing batterer’s programs (Gondolf, 1999)

- 25% of men court ordered to batterer’s programs could be ‘anti-social’ (Gondolf, 1999; Gondolf & White, 2001)

- Separate anti-social violence of individuals from group violence created by systematic oppression and domination
MILITARY POWER AND CONTROL WHEEL

POWER AND CONTROL

USING COERCION AND THREATS:
Telling her, "If you report me, you'll lose your income, base housing, the kids, be deported. Threatening her with firearms. Saying, "Do what I tell you or I'll get you."

USING EMOTIONAL ABUSE:
Ignoring her when you return from work or deployment. Trivializing her concerns. Telling her people think she's crazy. Telling her she's a bad wife, mother, lover. Putting her down publicly. Accusing her of ruining your career.

MINIMIZING, DENYING, AND BLAMING:
Saying she's lying to "get" you. Claiming she provoked it by playing around, getting drunk, not shouting up, or not doing what you told her. Blaming the violence on job stress or alcohol.

CLAIMING MILITARY/MALE PRIVILEGE:
Using her dependent wife status or cultural/religious traditions to keep her in line. Keeping all legal documents in her name. Saying you're the CO and the family is your troops. Taking over as head of the household post-deployment.

USING ECONOMIC ABUSE:
Leaving no allotments during deployment. Not sharing pay or financial records. Telling her what she can buy. Preventing her from getting a checking account, credit cards, a job, or schooling.

USING ISOLATION:
Controlling access to her military I.D. card, family, friends, information, base/command functions, telephone, transportation, or English lessons. Living off-base to lessen her contact with others.

USING CHILDREN:
Refusing to help with the child(ren). Threatening to get custody. Telling the child(ren) she's a bad mother. Getting the child(ren) to disrespect her. Threatening to hurt the child(ren) if she doesn't comply.

USING INTIMIDATION:
Telling her you're trained to kill and maim. Controlling her with stares, looks, and gestures. Playing with or cleaning your weapons around her. Hurting pets. Destroying her property.

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Other Considerations

Post Traumatic Stress Disorder

Traumatic Brain Injury
Post Traumatic Stress Disorder

- Anxiety disorder after a traumatic event
- During event, your life or others’ lives are in danger
- Feel afraid or that you have no control
- Anyone who has gone through a life-threatening event can develop PTSD
Post Traumatic Stress Disorder

- Events can include:
  - Combat or military experience
  - Child sexual or physical abuse
  - Terrorist attack
  - Sexual or physical assault
  - Serious accident, such as car wreck
  - Natural disasters, fire, tornado, etc.
## What to Look For?

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavioral</th>
<th>Emotional</th>
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</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Withdrawal</td>
<td>Anxiety or Panic</td>
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<tr>
<td>Chest Pain</td>
<td>Restlessness</td>
<td>Guilt</td>
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<tr>
<td>Weakness</td>
<td>Emotional Outbursts</td>
<td>Fear</td>
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<tr>
<td>Sleep Problems</td>
<td>Suspension</td>
<td>Denial</td>
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<tr>
<td>Nightmares</td>
<td>Paranoidial</td>
<td>Irritability</td>
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<tr>
<td>Breathing Difficulty</td>
<td>Loss of Interest</td>
<td>Depression</td>
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<tr>
<td>Muscle Tremors</td>
<td>Alcohol Consumption</td>
<td>Intense Anger</td>
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<tr>
<td>Profuse Sweating</td>
<td>Substance Abuse</td>
<td>Agitation</td>
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<tr>
<td>Pounding Heart</td>
<td></td>
<td>Apprehension</td>
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<tr>
<td>Headaches</td>
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</tbody>
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List not all inclusive
Traumatic Brain Injury

- Occurs if the head is hit or violently shaken (such as from a blast or explosion)
- Results in a concussion or closed head injury, not life-threatening but may have serious symptoms, worse if exposed more than once, behavior and personality changes possible
Common Symptoms of Brain Injury

- Difficulty organizing daily tasks
- Blurred vision or eyes tire easily
- Headaches or ringing in ears
- Feeling sad, anxious or listless
- Easily irritated or angered
- Feeling tired all the time
Common Symptoms of Brain Injury

- Trouble with memory, attention or concentration
- More sensitive to sounds, lights, or distractions
- Impaired decision-making or problem-solving
- Difficulty inhibiting behavior, impulsive
Common Symptoms of Brain Injury

- Slowed thinking, moving, speaking or reading
- Easily confused, feeling easily overwhelmed
- Change in sexual interest or behavior
Consider the Source of the Conduct

- Regardless of source, offender must be held accountable and victim protected
- Accountability strategy must take into account the source and how to intervene appropriately
- In other words, untreated TBI sufferer unlikely to be helped by battering intervention
Consider the Source of the Conduct

- Nor should a batterer escape appropriate consequences for conduct by alleging TBI or PTSD when those are NOT the cause.
- We must be thoughtful and vigilant to ensure the intervention fits the offense.
How do we determine the source?

- Is the conduct new?
- Have there been other incidents of violence directed to non-family?
- What other factors require attention?
- Does the offender avoid situations that remind him or her of the original trauma?
- Are power and control tactics more pronounced?
Understanding Intent or “Cause” is Important

Why?

- Help us to differentiate among acts of violence
- Help us to determine most appropriate response
- Not getting it right could be dangerous
Impact of Trauma

1. After 1980, when the efforts of combat veterans had legitimated the concept of post-traumatic stress disorder, it became clear that the psychological syndrome seen in survivors of rape, domestic battery, and incest was essentially the same as the syndrome seen in survivors of war.

2. Traumatic events violate the autonomy of the person at the level of basic bodily integrity. The body is invaded, injured, defiled.

3. Helplessness and isolation are the core experiences of psychological trauma.
Impact of Trauma

4. Traumatic reactions occur when neither resistance nor escape is possible. The human system of self-defense becomes overwhelmed and disorganized and impacts the ordinary human adaptations to life that give people a sense of control, connection, and meaning.

5. Traumatic events destroy the belief that one can “be oneself” in relation to others. The individual’s point of view counts for nothing, and shame, doubt, and guilt appear in the aftermath of the traumatic events.
Impact of Trauma

6. Observers who have never experienced prolonged terror or traumatic events and who have no understanding of coercive methods of control presume that they would show greater courage and resistance than the victim in similar circumstances.

7. Therefore, the common tendency is to account for the victim’s behavior by seeking flaws in her personality or moral charter.
Coping Abuse

- Substance Abuse
- Gambling
- Eating Disorders
- Compulsive Spending
- Excessive Working
- Sexually Acting Out
- Compulsive
- Shopping/Shop-Lifting

— Patricia J. Bland, Screening for Domestic Violence and Substance Abuse, 2001
Principles of Intervention

- Victim Safety and Well-being
- Offender Accountability
- Changing the Climate of Tolerance to Violence in the Community
Maze Map

A few processes domestic violence victims may encounter when involved with child protection, civil and criminal justice systems, AND the military response.
DOMESTIC VIOLENCE/ ARREST INCIDENT
ORDER FOR PROTECTION – CIVIL COURT PROCESS

Advocacy Program → Files OFP

Seeks Shelter

Judge Reviews

Ex Parte Denied → Sheriff Serves Respondent
Ex Parte Granted → Civil Court Hearing

OFP Granted
OFP Denied

OFP Filed

Supervised Exchange/Visitation
Reliefs Granted

Praxis – Rural Technical Assistance on Violence Against Women
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Military Domestic Violence Incident Response
Report of incident may enter the system at several points
Advocacy

Helping Battered Women and other Victims:

- Consider options
- Devise strategy
- Make decisions
- Implement justice
- Speak/advocate for self/children
Advocacy Wheel

Empowerment

Respect Confidentiality...
All discussion must occur in private, without other family members present. This is essential to building trust and ensuring her safety.

Respect Her Autonomy...
Respect her right to make decisions in her own life, when she is ready. She is the expert on her own life.

Believe and Validate Her Experiences...
Listen to her and believe her. Acknowledge her feelings and let her know she is not alone. Many women have similar experiences.

Acknowledge the Injustice...
The violence perpetrated against her is not her fault. No one deserves to be abused.

Help Her Plan for Future Safety...
What has she tried in the past to keep herself safe? Is it working? Does she have a place to go if she needs to escape?

Promote Access to Community Services...
Know the resources in your community. Is there a hotline or a shelter for battered women?

Advocacy

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Empowerment Advocacy

“Empowerment advocacy believes that battering is not something that happens to a woman because of her characteristics, her family background, her psychological “profile”, her family origin, dysfunction, or her unconscious search for a certain type of man.

“Battering can happen to anyone who has the misfortune to become involved with a person who wants power and control enough to be violent to get it.”

— Barbara J. Hart, JD, Seeking Justice: Legal Advocacy Principles and Practice, Pennsylvania Coalition Against Domestic Violence, Harrisburg, PA
Where do victims of domestic violence seek help?

- Domestic Violence Specialists, Shelters, 911, Women’s Groups, Batterer Programs
- Counselors, Therapists
- Employers, Schools
- Informal Support Networks
- Social Service Agencies
- Health Providers, Faith Communities
- Friends, Family, Neighbors
Where You **Stand** Depends on Where You **Sit**

- **Community-based Advocates** work in local shelters, domestic violence programs, rape crisis centers, coalitions and *can* be located inside the system.
- **System Advocates** typically work in police/sheriff departments, DA’s offices, hospitals and also the military.
Developing Partners in Intervention

- Reaching out to local domestic and sexual violence agencies to develop MOUs governing referrals for assistance
- Reaching out to the law enforcement and other agencies likely to come into contact with National Guard families to ensure they are aware of the services and referrals to you when appropriate and to local resources

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• Quick Break, Discussion
• Name two orgs with which you have good cooperation already!
"Norman won't collaborate."
Developing Partners

Purposeful people face conflict with others because:

- Some people have no sense of purpose.
- Some people have different purposes.
- Some people have similar purposes, but have different definitions.
- Some people have similar purposes and similar definitions, but have different plans of action.
COMMUNITY ACCOUNTABILITY WHEEL

This wheel begins to demonstrate the ideal community response to the issue of domestic violence. Community opinion, which is unacceptable, leads all of our social institutions to expect full accountability from the batterer by applying appropriate consequences. This wheel was developed by Mike Jackson and David Garvin of the Domestic Violence Institute of Michigan (P.O. Box 130107, Ann Arbor, MI 48113, tel: 313.769.6334).

- **COMMUNITY OPINION**

  **MEN WILL:**
  Acknowledge that all men benefit from men's violence. Actively oppose men's violence. Use peer pressure to stop violence against women and children. Make peace, justice, and equality in workplace and marriage. Confront men who indulge in discriminatory behavior. Seek out and accept the leadership of women.

  **MEDIA WILL:**
  Educate the community about the epidemic of violence against women. Prioritize safety, equal opportunities, and justice for women and children over prestige, popularity, and advantage. Expose and condemn patriarchal privilege, abuse, sexism, and chauvinism. Cease the glorification of violence against women and children.

  **CLERGY WILL:**
  Conduct outreach within the congregation regarding domestic violence and provide a safe environment for women to discuss their experiences. Develop internal policies for responding to domestic violence. Speak out against domestic violence from the pulpit. Organize multi-faith coalitions to educate the religious community. Integrate the existing domestic violence intervention community.

  **EDUCATIONAL SYSTEM WILL:**
  Dialogue with students about violence in their homes, the dynamics of domestic violence, and how it is rooted in the oppression of women and the worship of men. Treat a leadership role in research and theoretical development that prioritizes gender equality, justice, opportunity, and peace. Intervene in harassment, abuse, violence, and intimidation of girls and women in the educational system.

  **JUSTICE SYSTEM WILL:**
  Adapt mandatory arrest policy for men who batter. Refer batterers to accountable intervention programs that meet their needs. Never offer delayed or deferred sentence options to batterers. Provide easily accessible protection orders and, if needed, counseling. Batterers for noncompliance with any arrest for their adjudication.

  **SOcial service providers WILL:**
  Become social change advocates for battered women. Refer batterers to accountable intervention programs. Stop blaming batterers' behavior on myths such as drugs and alcohol, family history, anger, provocation, loss of control, etc. Design and deliver services that are sensitive to women and children's safety needs. Monitor how batterers use them to continue battering their families.

  **GOVERNMENT WILL:**
  Pass laws that define battering by men as criminal behavior without exception. Vigorously and progressively sanction men's battering behavior. Create standards for accountable intervention programs. Require coordinated systems of intervention in domestic violence. Provide ample funding to accomplish the goal of eradicating domestic violence.

  **EMPLOYERS WILL:**
  Condition batterers' continuing employment on remaining nonviolent. A closely monitored plan for men's stalking in the workplace. Support, financially and otherwise, advocacy and services for battered women and children. Continually educate and dialogue about domestic violence issues through personnel services.

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5 Things to Say to a Victim

1. I am afraid for your safety.
2. I am afraid for the safety of your children.
3. It will only get worse.
4. I am here for you when you are ready for change.
5. You don’t deserve to be abused.

Sarah M. Buel, Co-founder, NCDSV
Five Things to Say to an Abuser

1. I’m afraid you’ll really hurt her badly or kill her next time.

2. I’m afraid you’ll hurt your children.

3. It can get worse if nothing changes.

4. I’m here for you when you’re ready to change.

5. No one, including you, has the right to abuse/hurt another person.
What Can Systems Do?

- Create and maintain a staffing pattern that reflects the diversity of the population served
- Develop and implement culturally competent policies and guidelines
- Provide cultural self-assessment at the organizational and individual levels
- Institutionalize cultural knowledge
- Make adaptations to service delivery reflecting an understanding of diversity
What Can Systems and YOU Do?

Create *Deliberate Partnerships* in their Communities

- Cooperation
- Coordination
- Collaboration
Cooperation

- Relationships usually formed around one area of information exchange.
- Resources and organizations kept separate.
- May be short-term or project-oriented.
- There will be little planning or evaluation, but will be some problem-solving.
Coordination

- Relationships may be broader in scope and more in-depth communications occur.
- Resources are specifically allocated by the partnering organizations and individuals will be designated as responsible for the effort.
- Usually longer-term, more of a program rather than a project and involve some planning and evaluation.
Collaboration

- Relationships are very intertwined with open communications designed to problem-solve and create new approaches.
- Resources are avidly shared and may be sought jointly.
- Responsibilities and roles in the effort are clear, with leadership coming from both/several organizations.
- The venture has an articulated vision and is planned, with evaluation and redesign based on performance.
Local Organizations

Based on Roland L. Warren’s *Studying Your Community*, New York, Russell Sage Foundation, 1955
Economic Groups

- Service clubs
- Chamber of Commerce
- Vocational Groups
- Unions
- Retail Merchant Associations
- Farmers Association
- Boards of Banks, corporations
- Professional Associations
Government Groups

- Political party organizations
- Good government leagues
- Patriotic and veteran associations
- Taxpayer associations
Planning Groups

• Neighborhood Associations
• Community planning associations
• Community councils
Education Groups

- Better school groups
- Parent-teacher organizations
- Adult education groups
Fraternal Groups

- National fraternal associations
- Lodges, secret societies
Recreation Groups

- Athletic teams
- Athletic clubs
- Hobby clubs
- Social enjoyment groups
Religious Groups

- Churches and synagogues
- Associated groups
  - Bible study groups
  - Worship groups
  - Clubs
  - Teams
  - Social groups
Cultural Groups

- Concert societies
- Study and forum groups
- Art societies
- Dramatic groups
- Literary societies
Welfare Groups

- Charitable organizations
- Boards of social agencies
- Welfare or humane associations
- Groups seeking to serve one particular population
Groups for Children and Youth

- Child welfare organizations
- Big Brother/Big Sisters
- Police groups
- Youth organizations
Health Groups

- General community health groups
- Professional associations
- Groups on specific diseases (cancer society, etc.)
- Safety council
Community Organizations Groups

- Chests
- Foundations
- Councils
- Federations of clubs
- Organizations based on ethnicity or group
CONTINUUM OF CARING:
COMMUNITY-BASED RESOURCES FOR BATTERED WOMEN
DTFDV Reports

www.ncdsvo.org

- Military Tab
  - DTFDV
  - DTFDV Implementation
  - Other Tools
  - TFCVSA Implementation
- News Accounts
- Stats/Research
- Sexual Violence Issues
- Congressional Testimony and more
Domestic Violence Intervention Process Model

**DV Incident**
Report may come from one/more sources (victim, FAP, chaplain, medical, civilian law enforcement, 3rd party, etc.) and may enter model through one/more protocol(s) below.

- **Law Enforcement Protocol**
- **Command Protocol**
- **Victim Advocate Protocol**

**Victim (Safety-related/Immediate Needs)**
- FAP Assessment and Clinical Services
  - Individual Advocacy
  - Ongoing Safety Planning
  - System Advocacy
  - Assistance with Resources

**Command Immediate Action Options**
- DV/AT Assessment and Recommendations
- Investigation and Information Gathering

**Ongoing Action Options**
- MPO, Confine, etc.*

**Definitive Decision and Action**
- UCMJ Action/No UCMJ Action
- Admin Action/No Admin Action
- Offender Intervention Protocol

**Victim**
- Offender**

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* Take into consideration information and assessment from FAP, law enforcement, SJA, victim advocate, medical, clergy, etc., as appropriate

** Multiple options may be chosen and some/all actions may occur simultaneously

--- Dotted line connotes transfer of information only if nondisclosure is waived

**Color Key**
- Victim
- Command
- Offender

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Domestic Violence Prevention Conceptual Model

**Groups at Risk**
- Substance Abuse
- Couples with Problems
- Child Abuse History
- Pregnant Women
- History of Violence Against Anyone

**High Risk**
- Separate from Military and/or Disciplinary Action As Appropriate
- Urgent Danger Assessment & Safety Planning

**Moderate Risk**
- Risk & Danger Assessment
- Safety Planning
- Victim Advocacy
- FAP Assessment
- Offender Intervention Program
- Administrative and/or Disciplinary Action As Appropriate
- Child Witness Program
- First Offense Programs

**Low Risk**
- Couples Counseling
- Targeted Programs
- New Parent Support
- Child Witness Programs
- Health Care Screening

**Primary Prevention**
- Everyone

**Secondary Prevention**
- Everyone

**Tertiary Prevention**
- Everyone

---
*Not all inclusive
**Risk for reoccurrence and danger/lethality

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Ten Commitments of Leadership

PRACTICES

Challenging the process.

COMMITMENTS

1. Search out challenging opportunities to change, grow, innovate and improve.

2. Experiment, take risks, and learn from the accompanying mistakes.
Ten Commitments of Leadership

PRACTICES

Inspiring a shared vision.

COMMITMENTS

3. Envision an uplifting and enabling future.

4. Enlist others in a common vision by appealing to their values, interests, hopes, and dreams.
Ten Commitments of Leadership

PRACTICES

Enabling others to act.

COMMITMENTS

5. Foster collaboration by promoting cooperative goals and building trust.

6. Strengthen people by giving power away, providing choice, developing competence, assigning critical tasks, and offering visible support.
Ten Commitments of Leadership

PRACTICES

Modeling the way.

COMMITMENTS

7. Set the example by behaving in ways that are consistent with shared values.

8. Achieve small wins that promote consistent progress and build.
Ten Commitments of Leadership

<table>
<thead>
<tr>
<th>PRACTICES</th>
<th>COMMITMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging the heart.</td>
<td>9. Recognize individual contributions to the success of every project.</td>
</tr>
<tr>
<td></td>
<td>10. Celebrate team accomplishments, regularly.</td>
</tr>
</tbody>
</table>

— Felicia Collins-Correia, Domestic Violence Intervention Services, Inc., Tulsa, OK
We are here to listen…not work miracles.
We are here to help a woman discover what she is feeling…not to make the feelings go away.
We are here to help a woman identify her options…not to decide for her what she should do.
We are here to discuss steps with a woman…not to take steps for her.
We are here to help a woman discover her own strength…not to rescue her and leave her still vulnerable.
We are here to help a woman discover she can help herself…not to take responsibility for her.
We are here to help a woman learn to choose…not to keep her from making difficult choices.
We are here to provide support for change.

—Anonymous

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National Center on Domestic and Sexual Violence,
April 25, 2012 ATL www.ncdsv.org
Review

- **DO:** Educate and expect to be asked to help
- **DO:** Create partnerships for effective referrals
- **DO:** Make that referral close and tight with specifics
- **DON’T:** Get “open” up things you cannot close
- **DON’T:** Forget the community agencies are waiting to hear from you and victims
- **DON’T:** Forget that victims value supportive, respectful people who provide helpful information and linkage to others who can also help
Supplemental Information

- At the end of this PowerPoint regarding Culture
- All over the website, www.ncdsv.org!
- This: http://www.ncdsv.org/ncd_military_NGtraining_4-25-2012.html
Finding the Information

- NCDSV website, [www.ncdsv.org](http://www.ncdsv.org)
- Military TAB
- Other Tools Drop Down
- Scroll to the end in alpha order to **W for**:

Questions

Deborah D. Tucker
dtucker@ncdsv.org and www.ncdsv.org
Culture

- Set of values, beliefs, norms, acceptable practices, traditions
- Knowledge shared among a group of people, used to generate meaning and to survive
- Cultural traditions create a level of safety in uncertain times. They illustrate history and hope.
Cultural Competence Continuum

- **Cultural Destructiveness**
  - Making people fit the same cultural pattern

- **Cultural Blindness**
  - Not seeing or believing there are cultural differences

- **Cultural Awareness**
  - Being aware that we live and function within cultures

- **Cultural Sensitivity**
  - Knowing, understanding and accepting cultural differences

— Developed by Christina Lopez, National Council of La Raza

National Center on Domestic and Sexual Violence, April 25, 2012 ATL www.ncdsv.org
Levels of Prejudice and Discrimination

1. Institutional
2. Social / cultural
3. Individual
Levels of Prejudice and Discrimination

Institutional

Business, government agencies, schools, media, health care, legal system, religious organizations and other institutions may discriminate on the basis of race, ethnicity, sexual orientation, gender, and so on.
Levels of Prejudice and Discrimination

Social / Cultural acceptable cultural norms and values of society are reflective of experiences of dominant groups.

Individual personal attitudes and beliefs of prejudice when one interacts personally with a person or group of people from a different group from oneself.
Culture and Domestic Violence

Is Victim Part of a Group that Believes...

- Domestic violence is a secretive family matter?
- The male partner is the head of household?
- Domestic violence only happens to poor people?
- The victim may have cause the violence?
- Stress or alcohol may cause violence?
Ways We Can Become Allies

- Develop an understanding of how culture influences the healing process
- Unlearn our own prejudices
- Develops positive self-identity
- Believe we are making a difference
- Speak out
Allies speak out against institutional, social / cultural and individual prejudice and discrimination.

  – Counseling the Culturally Different: Theory and Practice [1981]
  Supporting Survivors of Sexual Assault: A Journey to Justice and Healing, published by the Massachusetts Department of Health