



Touchpoints

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“ One must be careful not to perpetuate the myth that financial strain automatically leads to violence in the home. ”

Is the Economy to Blame for an Increase in Family Violence?

I must admit that it makes me nervous each time the rise in family violence is linked to our failing economy. My anxiety is deeply-rooted in the fact that organizations such as ours have worked tirelessly for years to demonstrate that power and control, is the main cause of family violence. Specifically, family violence is the consistent use of assaultive and coercive behaviors that adults or adolescents use against someone with whom they have an intimate relationship. Anyone can be a victim! Family violence crosses all barriers of age, race, religion, income, culture, education and sexual orientation.

Do financial problems exacerbate violence that is already occurring in a family setting? Absolutely! However, one must be careful not to perpetuate the myth that financial strain automatically leads to violence in the home. In fact, it will take months, even years, for actual data to be compiled on how our current economic decline has impacted family violence. Any suggested or perceived increase is more anecdotal than scientific.

According to Michael L. Benson, Greer Litton Fox and other experts, below are ways in which an economic downturn has impacted family violence in our history:

- Domestic violence is more than three times as likely to occur when couples are experiencing high levels of financial strain as when they are experiencing low levels of financial strain.
- Women whose male partners experienced two or more periods of unemployment over a 5-year study were almost three times as likely to be victims of intimate violence as were women whose partners were in stable jobs.
- Children whose fathers are unemployed or work part-time are more likely to be abused compared with children of fathers with full-time jobs.

As one Massachusetts advocate recently stated, “The economic climate may give batterers additional leverage when using emotional and financial abuse to control their partners.” Again, control is the key.

Family Violence Tip: How to Help Others

Don't say to the person “Just get out” – it is not a safe piece of advice. The most dangerous time for a victim in an abusive relationship is right before, during and after they decide to leave. The violence from the abuser is more likely to occur or get worse.

Do acknowledge that they are in a very difficult and scary situation. Be supportive, listen to them, and let them know it is not their fault and you want to help. Provide them information on local domestic violence resources and help them recognize that what is happening is not “normal.” Everyone deserves to be in a healthy and non-violent relationship.

Although it is difficult to see someone you care about get hurt, ultimately it is up to the person who is being abused to decide when they are ready to leave. When they are ready to leave, experts and local domestic violence resources can help the victim put together a safety plan. Safety plans will help the victim prepare for leaving the abuser.

To discuss questions or concerns, please contact the National Domestic Violence Hotline 24 hours a day at 800-799-SAFE (7233) / TTY 800-787-3224 or visit www.ndvh.org.

Addressing the Legal System's Domestic Violence Response

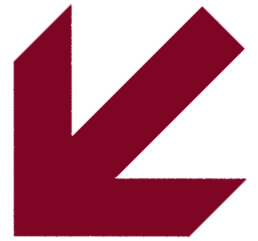
Just as family violence is an insidious problem in the U.S., it's also rampant in central Ohio. Annually in Franklin County, 8,400 -11,000 adults are physically abused by a current or former intimate partner and 2,800 people are arrested for domestic violence. Last year, Columbus Division of Police responded to over 7,000 domestic violence calls, over 4,000 domestic violence cases and almost 800 misdemeanor violation of protection order cases went through the City Prosecutor's office.

To encourage consistency and ease the challenges in domestic violence cases, the Coalition's Legal System Task Force has spent two years working closely with local legal professionals to create a unique training tool to best assist the legal system and to enhance the system's response to domestic violence. The *Domestic Violence Response and Instructional Guide* (DV RIG) can be used to train legal professionals in domestic violence issues, best practices, policy and procedure and local resources.

"All the available information will help protect officers and their agencies from liability," says Ret. Deputy Chief John Rockwell of the Columbus Division of Police. "Police departments have three main liabilities in our work and domestic violence is at the top. It will protect other legal professionals from costly mistakes in the cases and also prevent many missteps with victims."

Throughout the development of this project, every precaution was taken to ensure that policy and procedures were exact and best practices were attainable for the local system. Focus groups and surveys were conducted with local law enforcement agencies, attorneys and court personnel to ensure that the tool addressed current education, practice needs and provided the assistance professionals stated would best assist them in their work. The success of the tool also depended on creating a program that was not only legally sound and educational, but quick, functional and easily accessible.

DV RIG has been available since November, 2009, and 18 local agencies in central Ohio are currently using the tool. To obtain DV RIG, legal professionals or advocates should contact Legal System Task Force Director, Kristi Timbrook at 614-8215 or via email at Kristi@ccafv.org.



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DV RIG Highlights

Specific training functions include:

- 6 to 8 hours of domestic violence curricula
- Video Demonstrations
- Glossary

Specific quick reference functions include:

- Can be downloaded onto PC's, intranets and mobile units in officer cruisers
- A search engine for instant access to any information needed immediately
- "F1 Help Key," a domestic violence situation checklist, containing everything for a successful on-scene domestic violence investigation

Defining the Crime: A Scenario

Domestic violence crimes generate complex investigations and cases. However, Ohio's domestic violence statute is considered by many legal professionals and advocates to be excellent. It requires a thorough investigation, while still allowing officer discretion, sets guidelines for assessing the primary aggressor to avoid dual arrest and does not mandate an officer to arrest if it is not deemed necessary.

Part of the statutory requirement for officers at the scene of an alleged domestic violence incident is to analyze the relationship between the parties. Determining the relationship type according to the statute requirements can sometimes present challenges to officers on the scene, particularly for non-traditional relationship types. Other challenges include types of relationships that may not exactly fit the statute requirements (roommates) or relationships that may be vague or confusing (partners identify as something other than romantic partners).

The following scenarios are examples of the challenges that officers face and a guide to applying the domestic violence statute.

Officers have responded to a call of two females involved in a domestic disturbance in their house. One of the women placed the call, saying she was afraid and injured. The officers learn at the scene that the women have been cohabitating partners for six years.

Question: Does this relationship meet the requirements of the domestic violence statute to justify an arrest?

Answer: Yes, the women have been "living as spouses" for six years. Same-sex partnerships are entitled to the same protections of the domestic violence statute as heterosexual couples.

Suppose the two women were roommates and had never been romantically involved.

Question: Does this relationship meet the requirements of the domestic violence statute to justify an arrest?

Answer: No, the women were not "living as spouses" and had no conjugal relations.

Finally, suppose the two women had been dating for six years but had never lived together.

Question: Does this relationship meet the requirements of the violence statute to justify an arrest?

Answer: No, they have no child in common and they are not members of a family or household.

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Therapeutic Jurisprudence

Part 2: Communicating with a Traumatized Victim

Trauma-informed communication tactics will help a police officer or other legal professionals gain the trust of a victim and empower the victim to speak as much of her story as she possibly can.

When interacting with a victim, police officers, prosecutors or other legal professionals must remain aware of how the victim is feeling and how those feelings can affect her responses. Identifying the victim’s emotions and responding appropriately to her, will help legal professionals develop rapport with the victim. This will in turn, build the case and assist the victim.

Follow the emotions below to see trauma-informed communication tactics that will assist the legal professional in gaining the victim’s trust and cooperation.

Emotion of a Victim:	Hurts to Say to a Victim:	Helps to Say to a Victim:	Reason Why:
RAGE	“Don’t be angry...Calm down...You’ll get over it... Time heals all wounds...It is God’s will.”	“Tell me about your anger...What is the worst part of feeling so angry?...It is a normal reaction to feel angry...Who can you talk to when you feel this angry?... It is okay to feel this way.”	Many victims have pent-up anger from past abusive incidents. Learning about the reasons for her anger will build the case and possibly lead to other witnesses.
OVERWHELMED	“Relax...Calm down...Be thankful for ____...I know how you feel.”	“What do you need now?...What can I do to assist you?...You’ve taken a big and important step in contacting us.”	A victim will likely answer more questions if she feels safe and understands what will be happening to her and her family.
FEAR	“It won’t happen again...God won’t give you more than you can handle...Try to forget it... Think about something else... It is time to move on...You need to leave him.”	“Tell me about your fears... What you’re feeling is a normal reaction...Let’s discuss some ways we can make you more safe...You’re not alone...You were very brave to ask for help... It’s okay to feel this way.”	The answers to these questions will help the professional safety plan with the victim. This information may also be used at the arraignment to get a higher bond for the defendant.
GUILT	“You’re acting suspiciously, what aren’t you telling me?... Are you provoking him?... You keep bringing this on yourself...If we see you again, we’ll arrest both of you.”	“This isn’t your fault... We don’t blame you...How can I help you talk about this?...His actions are criminal and that’s why we’re involved...I believe you.”	Using interviewing tactics instead of interrogation tactics ensures that the victim’s rights are observed and that the victim will willingly speak with legal professionals.
SELF-BLAME	“Why were you doing ____?...If I had been in your situation ... You should have...Don’t feel that way.”	“Who can you count on for support?...Tell me your story...You are not to blame for this violent act...I hear you blaming yourself for... It is okay to feel this way... What can I do to help you?”	Immediately determining where the true blame lies is helpful to a domestic violence case. If a victim feels she is not to blame for the abuser’s actions, she can better explain and cooperate with the investigation.

From Saving to Supporting: Overcoming Internal Barriers to Screening for IPV

Imagine you are a family violence advocate's dream health care provider:

You recognize family violence as a prevalent public health issue with serious implications for the health and safety of your patients. You actively educate yourself on the dynamics and health effects of violence and abuse by attending trainings, reading current literature, and talking with advocates in your community. You have prepared your practice to be a safe environment for assessment and disclosure by educating your staff and making resource materials available. Finally, you have implemented appropriate protocols for routine inquiry, assessment, intervention and documentation. Despite all of this, as you ask your patients whether they have experienced abusive behaviors in their relationships you may find yourself thinking, "Please don't say yes..."

"Often, providers feel like if they ask the question they have to have all the answers," says Dr. Olivia Thomas, Chair of the Coalition's Health Care Task Force and Chief of Ambulatory Pediatrics at Nationwide Children's Hospital. "It's as if knowing it is happening makes them responsible for making it stop."

Working with patients who have disclosed experiences of current or past violence and abuse, remember that neither you nor your patient are responsible for the violence or for making it stop. The abuser is responsible for his controlling behaviors, intimidation and hurting his partner.

By routinely screening patients, you are already promoting prevention and early intervention. When a patient says "yes," remember that you do not have to 'fix' things, or 'save' them. Rather, your role is to:

- Let them know the violence is not their fault, and that they deserve to be safe in their relationship;
- Discuss your concerns for their health and safety and assess any immediate risks; and
- Provide them with resources and appropriate referrals.

No one person can break the cycle of violence in our homes and our communities. But together we can create a coordinated community response to provide effective assistance to victims and create a culture that does not tolerate family violence.

For more information on the screening protocols, please contact the Coalition at 614-722-5985.

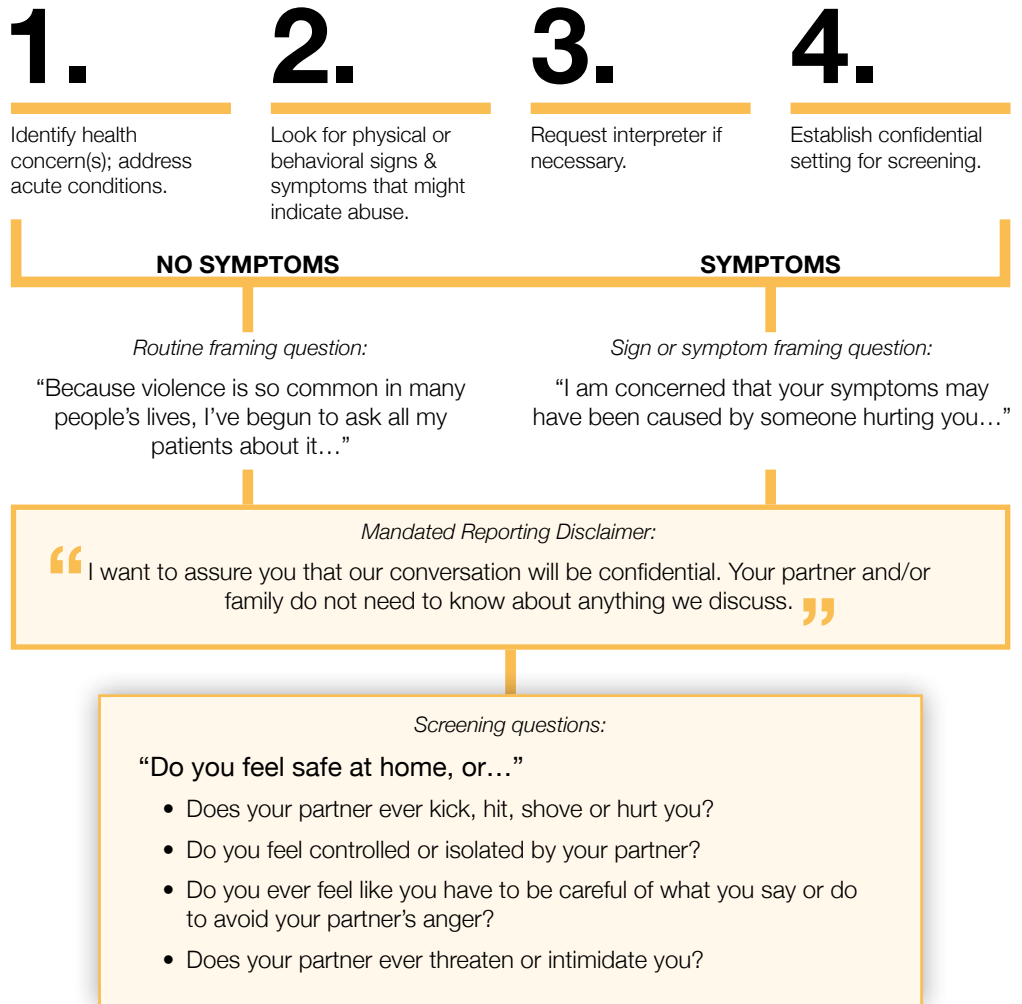


Healthcare Providers: Inside Track

Finding the Words

Intimate partner violence (IPV) is a prevalent health issue that negatively impacts patients' physical and mental health in a variety of acute and chronic ways. Today, many health professional organizations, including the American Medical Association (AMA), American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), and the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO), have suggested that providers should address IPV with their patients in clinical settings.

Talking with patients about IPV is important, but sometimes it is hard to find the right words. To the right is a conversational flow chart that demonstrates screening for an adult patient.



Reports Abuse

1. Thank them for telling you.
2. Let them know it's not their fault; they never deserve abuse.
3. Express concern for their health and safety.
4. Provide referrals and information on resources.
5. Ask what they would like to do.
6. Ask how the abuse has impacted their health.
7. Provide treatment for related health concerns.
8. Schedule a follow-up appointment if possible.

Reports No Abuse

1. "I'm glad to hear that's not happening for you. One in four women (1 in 9 men) report experiencing an abusive relationship at some point in their lives, so we've begun asking routinely and offering resource information to our patients. (Provide resource card and/or brochure.)"
2. "If you ever do find yourself with a partner who isn't treating you right, or if you have a friend or family member you're concerned about, you can always talk with me."
3. If they report no abuse, but you suspect abuse is occurring, remember you are not there to force them to disclose. Your role is to create a safe space and to provide resource information.