

[Text on screen] Lifecycle Productions

[Newspaper clippings displayed]

[Text on screen] Diagnosis: Domestic Violence

[Dr. Herbert] When you see someone with an injury and she's female, the diagnosis is domestic violence until proven otherwise.

[Text on screen] The Patients

[Doctor conferring with patient]

[Dr. Herbert] What happened initially was you fell?

[Female Speaker] Yeah, out a fourth floor window.

Dr. Herbert] You fell out of a fourth floor window?

[Female Speaker] Uh-huh.

[Narrator] Healthcare professionals are in the front lines of the fight against domestic violence. Their ability to recognize the signs and their skill at helping their patients cope will sometimes be the difference between life and death. People injured by domestic violence often seek treatment in emergency rooms first.

[Dr. Herbert answers phone]

[Dr. Herbert] This is Dr. Herbert. Can I help you?

[Narrator] Dr. Barbara Herbert has seen many in her work as an emergency room physician.

[Dr. Herbert instructs patient]

[Dr. Herbert] You should be able to go to the home pharmacy and they will give it to you for free here.

[Dr. Herbert] This is a patient who comes to us with an old history of having injured her head, having actually had and seizing probably from her trauma, but also seizing because she uses she drinks a lot of alcohol. She has a prior history of injection drug use. Now, all of those things alert us to the possibility that there may have been violence in her life.

[Text on screen] Barbara Herbert, M.D. Boston City Hospital

[Narrator] Dr. Elaine Alpert asks every patient regardless of sex, race, age, social status, or sexual orientation about domestic violence.

[Dr. Alpert] Well, I'm asking all my patients now if their lives have ever been touched by domestic violence. Have you ever been in a relationship where you've been hit, or hurt, or threatened, or made to feel afraid by a husband, or a boyfriend, or a partner, anybody in your life?

[Female Speaker] It isn't happening now but about 20 years ago I was in just that type of a relationship.

[Dr. Alpert] How long did this go on before you were able to get safe?

[Female Speaker] Three years.

[Dr. Alpert] Three years.

[Female Speaker] Mm-hmm.

[Dr. Alpert] And what finally happened that allowed you to get safe?

[Female Speaker] He tried to kill us. He ran us all into a tree.

[Dr. Alpert] Really?

[Female Speaker] Mm-hmm.

[Dr. Alpert] Okay. Is that the first time the children were ever threatened or injured by him?

[Female Speaker] No, he pulled a gun on us.

[Dr. Alpert] Gee.

[Female Speaker] And ran over to my father-in-law's house who lived beside us and with two babies under my arms barefoot and he told me, "You must have done something."

[Narrator] Sandy is 19. Her son, Michael, is 16 months. The boy's father is currently in jail for violating a restraining order. Sandy was identified as a battered woman during a routine physical given by Nurse Practitioner Annie Louis O'Connor.

[Sandy] It started off slow. It started off with, um, where was I going, who was I with? And it started going into my clothing. I wasn't allowed to wear certain things.

[Annie Louis O'Connor] Uh-huh.

[Sandy] You know, he would just constantly tell me what to do, who I could be with, when I could go out, when I could come home.

[Annie Louis O'Connor] Uh-huh.

[Sandy] So, constantly calling me, checking up on me, following me, having people watch me.

[Annie Louis O'Connor] Uh-huh.

[Sandy] There was a time I went down to the corner store, and I came home and I got a phone call from him, and he started yelling at me telling me what I had on, and he didn't even live near me. He had somebody watching me that went back and told him.

Well, it got worse when I was pregnant. He started hitting me. He knocked me over.

[Annie Louis O'Connor] During your pregnancy?

[Sandy] When I was pregnant. He tackled me down on the ground outside. I had a scar on my knee, you know, there was blood everywhere.

[Annie Louis O'Connor] Hm.

[Sandy] And um he tried to push me out of a window, also while I was pregnant. Luckily, a friend was there and helped me basically back in the window.

[Annie Louis O'Connor] Mm.

[Narrator] Sandy turned to the courts and the health care system when her family refused to help.

[Sandy] My parents don't really believe it. I mean, they weren't there when he did anything to me, you know. And the way he comes off to them is he's an angel. He loves me. He wants to marry me, and that's all that they see.

[Annie Louis O'Connor] Mm-hmm.

[Sandy] So, they basically see it as oh, he just cares for you. You just got a little temper, you know. Basically, they kind of say it's my fault.

[Narrator] The most common question experts hear from both healthcare workers and the public is why don't these women just leave?

[Text on screen] Low Self-Esteem

[Female Speaker] I don't know why I went back. I mean, I had a very stable home life when I lived here. I don't know why I went back. I was overweight, I felt unloved. You know, I wanted my kids to have a father.

[Text on screen] Isolation

He didn't allow me to have any friends. I got a weekly phone call from my family, and even then he cut that short.

[Text on screen] Lack of Resources

[Female Speaker] I used to have to ask him for \$2 for cigarettes, or \$2 for milk. Can I have, daddy? Can I have some money to go to the store to get some candy? That's how it would make me feel.

[Text on screen] Promises to Change

[Female Speaker] He begged me to stay, begged me to stay, promised he'll be good. And he I stayed. Another time I left for six whole months, six months, and I went back.

["Fear" placard displayed]

[Female Speaker] At one point he was following me around stalking me, you know. I would jump on a bus, when I got off the bus he was there.

And I would go to wherever I was going, once I got there, he was there. You know, it was scary for a while.

[Narrator] Experts agree that the most dangerous time is when a victim decides to leave. Lack of resources and fear are the biggest obstacles they face. And leaving doesn't necessarily mean safety.

[Dr. Alpert] Very often, batterers control access to money, control access to the house keys, to food, to every to the phone, basically imprisoning these women in their homes and making it impossible for them to leave. One of the things that I've started doing is taking and helping people imagine if they had \$20 in their pocket and that's it, and they were being pursued by a personal terrorist who knew everything about them, knew where their friends were, knew what their medical diseases were, knew how old their kids were, knew where they knew how to go and where they didn't know how to go, knew whether their mother was and all the people they cared about. And you had \$20, and you were afraid that this terrorist is going to come after you and kill you, and you have three kids under the age of 6. How are you going to go anywhere?

[Text on screen] The Batterers

[Narrator] For seven years, Lundy Bancroft worked at Emerge, a counseling and education program for men who abuse women.

[Lundy Bancroft] Boys specifically learn from pretty early in the going that when they grow up and have an intimate partner that they get to be the boss in various ways, and that they get to have their way, and that they get to be the center of attention, and they get to have their own needs be always the center of the family agenda.

[Text on screen] Characteristics displayed are: Sense of Entitlement, Controlling, Manipulative, Often charming, Uninvolved parent and show contempt for others.

[Narrator] Bancroft says batterers have a strong sense of entitlement. They are controlling, manipulative, and frequently charming. They are usually minimally involved in raising their children, although they sometimes use the children to manipulate their partner. They show contempt for their partner, and their partner's friends and family.

[Lundy Bancroft] Battering is a serious problem in every society where there is inequality. Inequality causes violence because it sets up situations where people can get away with that kind of level of intimidation over other people, but inequality also requires violence. In other words, you have to use violence in order to enforce inequality; otherwise, people don't agree to inequality. Nobody says well, sure, I'll do all the work and you have all the stuff.

[Narrator] Bancroft says popular culture gives many men the message that it's okay to batter.

[Lundy Bancroft] It turns up in popular songs. A couple of things and videos. A couple of things that come particularly to my mind was the Sting song, "I'll Be Watching You." It's a stalker song, that's all it is. It's stalking. Every step I forget exactly the words but "every move you make, every step you take." It's basically saying you can't leave me; your life belongs to me. I'm going to hound you until the very end.

[Narrator] Bancroft says it's not advisable to confront suspected batterers except when dealing with incidents that the batterer has revealed directly.

[Lundy Bancroft] You have to remember that there are people who are still in danger from this person, and this person is probably not going to make you pay for your confrontation, though you have to take your own safety into account, also. There's this myth about batterers that they need help getting in touch with their feelings. It's not true. They know a lot about their feelings. They'll talk to you about their feelings all day long until you never want to hear about them again. What they need help with is getting in touch with their partner's feelings, and their children's feelings. Those are the feelings they're out of touch with. Those are the feelings they know nothing about.

[Text on screen] The Children

[Slide show of children's drawings]

[Female Speaker] This is a drawing done by a 5-year old boy who lived with chronic domestic violence, and it's his portrayal of his house. And as you see, the door has teeth, and the eyes the windows have eyes. And he goes on to describe that there's hot oil coming out of the chimney, and he and his sister are running to safety. Children feel incompetent, inadequate, and I think they feel extremely vulnerable. They come to see the world around them as a dangerous place, and that it's pretty much dangerous everywhere.

[Narrator] Betsy Groves is Director of the Child Witness to Violence Project at Boston City Hospital.

[Woman addressing an audience]

[Text on screen] Betsy Groves, LICSW Boston City Hospital

[Betsy Groves] The majority of the referrals that we have gotten are for children who have witnessed domestic violence, not street violence. And I think that it was a powerful lesson to us that the earliest exposure that children may have to violence comes from within the home, not on the street. And that the earliest lessons that children learn about violence they learn at the feet of their adult care givers in the home.

[Police emergency audio tape played]

[Operator] What is the emergency?

[Crying Child] Mommy and Daddy are having a fight.

[Narrator] This police tape of an emergency call from a 6-year old girl dramatically illustrates the trauma children experience when they witness domestic violence.

[Crying Child] Stop it! Mommy!

This girl got help from the police, but the psychological damage was already done. Health care workers should look for signs of post-traumatic stress disorder in children when they suspect domestic violence within the family.

[Betsy Groves] We've seen in all the children that we've evaluated some evidences of changes in behavior. And we've seen that they take two they can take two paths. One is the path of increased distractibility, activity. Sometimes we think these children are mislabeled as hyperactive, or mislabeled with attention deficit disorder. They're very distractible, but it comes from the overwhelming anxiety that accompanies being the bystander to trauma or violence.

But then we also see in some children the opposite reaction, which is that some children simply withdraw. They're passive. They don't play with any joy or spontaneity. They don't seem to be interested in learning. They simply sit and watch as the world goes by.

[Text on screen] Safety Plan

[Narrator] Healthcare professionals can help make a safety plan. Posters and other written information should always be available to patients in hospitals and medical offices, and everyone can use RADAR.

[Posters and other written information are shown on the screen]

[Outline of RADAR components displayed]

[Narrator] Remember to ask about violence and victimization in the course of the routine patient encounter. Ask directly, "At any time in the last year have you been hit, hurt, threatened, or frightened by someone with whom you're in a relationship?" Document your findings in the medical record. Assess the patient's safety. For emergency help call 911. Review the patient's options and make appropriate referrals to battered women's services and to other community supports. And remember the right words spoken at the right time can make all the difference.

[Betsy Groves] Remember to ask the question and remember this, re-frame that violent behavior as unacceptable. No one deserves to be hit, especially by someone they love. You didn't deserve this no matter what you did to the dinner, how unkempt the kids were, what happened at work with him, no one, and you, did not deserve this to happen. This may be the first time she's heard that from anybody in her whole life, and that's your safety port for her.

Text on screen] Attorney General Scott Harshbarger Comm. Of Massachusetts

[Atty. Gen. Harshbarger] There is no simple answer to this tragedy of family violence. There are no laws we can pass that will make this problem disappear, but you can play a critical role in preventing family violence and protecting victims.

You can ask victims of abuse if they need help, not just to heal their wounds, but to seek an end to the abuse. You can help batterers recognize that they must have help to stop battering. You can find out if the mothers of child abuse victims are being battered, or if the children of domestic violence victims are also being abused.

For too long, victims of family violence have suffered in silence. As caring and compassionate healers, you can make a critical difference in the lives of your patients. Your involvement in this campaign to end the violence is crucial.

[Credits on screen]

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