

# Protocol of Care for the Battered Woman

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Prevention of Battering During Pregnancy

March of Dimes Preventing Birth Defects

*“The curriculum of all relevant professional schools should include courses that offer instructions on the causes, consequences, and prevention of family violence and the appropriate methods of intervention; Special curricula should be developed especially for doctors, nurses, lawyers, social workers, teachers, ministers and psychologists.”<sup>(1)</sup>*

<sup>(1)</sup>From: Recommendations for Education and Training; Attorney Generals Task Force on Family Violence, Final Report; September, 1984.

Protocol of Care  
for the  
Battered Woman

For the health of  
women everywhere...

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Some of the information in this book is based on the Texas Family Code. Your own state, local laws and arrest policies should be consulted.

## INTRODUCTION

*Battering* of women is a major health problem. It occurs in families of all racial, economic, education, and religious backgrounds. It is reported that violence against wives will occur at least once in % of all marriages, and once the battering begins, escalation in severity is almost guaranteed.

### **Facts On Battering**

- A Battering incident is rarely an isolated event
- Men commit 95% of battering assaults
- Men who batter pregnant women are 3 times more violent outside the home
- At least 30% of female homicide victims are killed by their husbands or boyfriends
- Children frequently are injured in battering incidents
- Of women who attempt suicide, 20% do so as a result of psychological trauma resulting from battering

This protocol is intended for all health care providers who care for women. The protocol begins with definitions of battering followed by an explanation of the Cycle of Violence and the effects of battering over time on women, children and men. An abuse assessment tool is presented with interview techniques and approaches to assessing women for battering. Finally, legal definitions are presented with guidelines for documenting battering. Community resources, handouts and reference material for health care providers and the battered woman are provided.

The unique position of health care providers affords them the opportunity to join with the legal profession, police departments, women’s advocacy groups and counseling services to end violence against women.

## DEFINITIONS

*“Recognizing that abuse and battery in the family is a critical problem which has serious physical and psychological effects on individual family members, especially the young, and which jeopardizes the health and survival of the family unit... ”*

From resolution adopted by The Seventh United Nations Congress on the Prevention of Crime and the Treatment of Offenders (1985)

**Domestic Violence** (also known as family violence), is defined in Section 71.01 of the Texas Family Code as, “The intentional use or threat of physical force by a member of a family or household against another member of the same family or household”. The terms “family violence”, “family”, “household”, and “member of household”, have meanings assigned to them by section 71.01 of the Texas Family Code.

**Battering:** Repeatedly subjecting a woman to forceful physical, social and psychological behavior in order to coerce her, without regard to her rights.

Battering of women includes five types of interpersonal violence:

- physical
- psychological
- sexual
- social
- property

**Physical violence** includes slapping, choking, punching, kicking, pushing, and the use of

objects as weapons. Forced sexual activity constitutes sexual violence. Property violence denotes threatened or actual destruction of property. Psychological and social violence include threats of harm, physical isolation of the woman, extreme jealousy, mental degradation, and threats of harm to children.

## EFFECTS OF BATTERING OVER TIME ON:

### *Women:*

- Isolation from others
- Low self-esteem, depression
- Increased alcohol or drug abuse
- Emotional problems, illness
- Apparent denial of terror, anger
- Pain and injuries
- Permanent physical damage
- Death

### *Children:*

- Emotional problems, illness
- Increased fears, anger
- Increased risk of abuse, injuries, and death
- Repetition of abuse behavior.

### *Men:*

- Increased belief that power and control are achieved by violence
- Increase in violent behavior
- Increased contact with law enforcement
- Increased emotional problems
- Decreased self-esteem.

### *Society:*

- Increase in crime
- Increase in legal, police, medical and counseling costs. Cost of prison
- Lost work time, increased insurance costs
- Perpetuation of myths of inequality of women and men
- Perpetuation of Cycle of Violence
- Decrease in quality of life

## Cycle Of Violence

Most batterers exhibit a behavioral pattern that has been described as a cycle of violence. The cycle of violence has three phases. PHASE ONE: The need for power and control, a history of family violence, and learned behavior are some factors underlying battering behavior. For some men, phase one begins with anger, blaming, and increased tension. It is followed by phase two, the battering incident. PHASE TWO: This may be a one time slap, push or punch, or it may be hours of repeated beatings, and ritualistic terror, with objects or weapons used to further injure or threaten the woman's health. Sometimes sexual abuse also is present. In some situations, phase three follows. PHASE THREE: The man may deny or minimize the battering, promise to never hit again or blame the woman for 'causing' him to 'lose his temper'.

Most battered women (and their children) recognize the behavioral pattern of the male partner and attempt various coping mechanisms to prevent or decrease the severity of impending battering. Usually no matter what the woman attempts to do to prevent the battering, she is still battered. Many battered women fear retaliation, feel guilty or worry about economic pressures when attempting to leave a violent male partner.

Phase 1: Increased tension anger, blaming and arguing.

Phase 2: Battering—hitting, slapping, kicking, choking, use of objects or weapons. Sexual abuse. Verbal threats and abuse.

Phase 3: Calm Stage (this stage may decrease or disappear)

Man may deny violence, say he was drunk, say he's sorry and promise it will never happen

## Common Thoughts On Battering

### Battering:

• *is a private matter and not appropriate for health care providers to assess or intervene. This is false.*

Family violence belongs to the community at large. The community suffers because those who are affected become socially, emotionally, and physically disabled and often lose the ability to produce. Battered women frequently suffer acute and chronic injuries from abuse, as well as psychological trauma. The more people involved in helping battered women and children, the more comprehensive the community's understanding and approach to the problem.

• *affects a small number of women. This is false.*

Battering is an underreported crime. Statistics vary, but from 25 to 50% of all women have been hit, slapped, kicked or beaten by a male partner.

• *is a set behavioral pattern not amenable to change. This is false.*

Violent families can benefit from professional and paraprofessional intervention. If a batterer internalizes that battering is a behavioral problem, and wants to stop, he may be helped to stop his abusive patterns.

• *may begin or increase during pregnancy. This is true.*

An alarming fact is that 25 to 45% of battered women are battered during pregnancy. For some men pregnancy represents more loss of control and power over the woman, thus battering begins, continues or escalates when she becomes pregnant. Further, the community is at risk from men who batter pregnant women, as they are three times more violent outside the home.

• *is not a criminal act. This is false.*

Battering is *assault* and assault is a crime. Most police departments are increasing their awareness and response to domestic violence. Many police recognize that battering often leads to homicide.

### Men who batter or physically abuse women:

• *often have low self-esteem, desire for control and often blame others for their actions. This is true.*

Men who are violent to women often were abused themselves or observed their fathers abusing their own mothers and they do not feel good about themselves. These men often will use violence to control or feel powerful over their home environment. Historically, in our society and others, women have been the condoned targets of this violence.

• *Batterers can be "successful", even prominent men. This is true.*

Battering crosses all socio-economic levels. It is sometimes seen more in lower socioeconomic groups because these people must utilize public resources, whereas higher economic groups may use private resources.

### Most battered women:

• *don't ever leave their abusive partners. This is false.*

Statistics show that 60 to 75% of battered women presenting to shelters eventually leave the violent man. Many women have few economic options in our society and have several children, thus it "appears" easier to them to stay in the violent relationship. The woman also has the hope that the man will change and often believes his promises that he won't abuse again.

• *cause their beatings. This is false.*

Often no matter what a woman does, a batterer beats her anyway. She may try-in many ways to "please him" and "help him calm down" but without success. It is possible for anyone to make someone angry but the choice to hit or not is the person's alone.

• *are uneducated and of low socio-economic status. This is false.*

Once again, battering crosses all socio-economic levels and affects all persons in society.

• *are inadequate wives and mothers. This is false.*

Most often she is a very good mother and often it is because of her children witnessing the

violence that the woman does leave. Battered women usually attempt to do everything possible to stop the abuse they receive.

There is little a health care provider can do to stop the battering of women. This is **false**.

Most battered women state that they wish a health care provider would have asked them if they were being abused. Contact with a battered woman is a measure of success for a health care provider. She needs information for informed decision making. By listening to her needs, exploring her desired options and providing her with primary care and referrals you are helping her to break the cycle of violence.

#### HOW YOU CAN HELP!

Interrupting the cycle of violence is a major goal in many communities. Health care providers provide a vital link in reaching this goal by:

- **ASSESSING** all female patients for current, past or family history of battering.
- **EDUCATING** patients about the cycle of violence and the impact of violence on children.
- **BEING ACCOUNTABLE** to identified battered women by providing appropriate referrals in the community as well as follow up care and advocacy for the battered woman.
- **DOCUMENTING** battering in the health care record, as well as education and intervention measures provided by the health care provider.
- **VALIDATING** the magnitude of the problem of violence against women with research.
- **INTERACTING** in the community with other disciplines to provide primary, secondary and tertiary prevention of violence against women.

#### CONFIDENTIALITY

The problem of battering is only beginning to be addressed by the health care professions. Research and programs for violent families are being developed by nurses, physicians, social workers, women's centers and legal systems. Criteria for assessing for battering, arrest policies and counseling techniques may change from state to state; but the general trend is toward increased involvement by most helping disciplines.

An important issue surrounding battering is confidentiality. When questioning about battering it is important to provide privacy and confidentiality. Not only are many battered women fearful the male partner will find out they have "broken the secret of silence", but many are also ashamed of the abuse or may feel they are to blame.

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Health care providers can provide the battered woman with dignity and protection by:

- Treating battering as a health issue, not a 'whispering, secret problem';
- Discouraging discussion of case findings between health care staff;
- Emphasizing privacy, non-judgemental approaches and gentleness when providing health care to a battered woman;
- Recognizing that denial of battering by a woman may be her normal defense mechanism; and
- Examining own prejudices, myths and feelings surrounding battering of women.

#### FACTS ON BATTERING AND PREGNANCY:

- Battering may start or become worse during pregnancy.
- Battering may lead to miscarriage.
- Battering may lead to alcohol or drug abuse (a form of abuse to the child)
- 25-45% of all women who are battered are battered during pregnancy.
- Women battered during pregnancy are more likely to seek health care for injuries than women battered before pregnancy.
- Women battered during pregnancy are more likely to have multiple abuse injury sites.
- Pregnant women in battering relationships have increased risk of low birthweight infants.
- Men who batter pregnant women are 3 times more violent outside the home.

- Battering during pregnancy has been associated with subsequent homicide—women who killed their abuser.
- Battering during pregnancy may be an indication of what life holds in store for the unborn child.

## RESEARCH ON BATTERING DURING PREGNANCY

In a prevalence study (Helton, 1985) to determine the number of pregnant women who were battered by male partners, 290 pregnant women were randomly selected and interviewed from public and private prenatal clinics. Of the sample 80% were at least 5 months pregnant; ages ranged from 18 to 43 years; 42% were Latino, 22% were Black and 32% were White. Of the women interviewed:

8.3% (N = 24) were battered during pregnancy

Of these 24 battered pregnant women:

10.3% (N = 7) reported the battering increased with pregnancy;

87.5% (N = 21) reported abuse prior to pregnancy; and

33.0% (N=8) had sought medical treatment for injuries sustained.

In a study to examine the psychosocial risk factors during pregnancy (Hillard, 1985), 742 pregnant women were interviewed during routine obstetrical appointments. Of these, 10.9% reported having been battered by male partners. The identified battered women were more likely to have had a history of emotional problems and 20% had attempted suicide. Of the battered women, 35.8% reported abuse during their current pregnancy.

A recent study (Bullock, 1987) examined the relationship between maternal battering and birthweight of the infant.

The causes of low birthweight (weight less than 2500 gm) are many, but four factors have been most extensively researched: (1) socioeconomic status, (2) prenatal care, (3) nutrition, and (4) smoking and alcohol usage. Recently stress has emerged as a fifth significant variable. Battering is a source of stress for the pregnant woman.

To determine if an association exists between battering, defined as physical assault by the woman's male partner, and infant birthweight, 600 post-partum women at private and public hospitals were randomly selected and asked if they had been battered before or during the present pregnancy. According to self-support, each woman was classified as physically battered by her male partner or not battered.

At the private hospital, the percentage of battered women delivering low birthweight infants was 17.5 percent as compared to 4.2 percent among non-battered women. Women at the public hospital delivered a higher percentage of low birthweight infants; however, the difference between battered and non-battered women was not as significant.

This study documents a statistically significant association between battering and low birthweight. These findings support the 1985 Surgeon General's recommendations that all pregnant women be assessed for physical abuse during routine prenatal care and offered intervention, counseling, and advocacy.

## INDICATORS OF POSSIBLE BATTERING (Not necessarily in order of prevalence)

### *IN FEMALE:*

- Change in appointment pattern; either increased appointments with somatic, vague partner complaints-or-frequently missed appointments
- Self directed abuse, depression, attempted suicide
- Severe anxiety, insomnia, violent nightmares
- Alcohol or drug abuse mother abused
- Complaints of jealous, possessive male
- Frightened of partner's temper
- Defends partner's behavior ("rescues")
- Hit, slapped, kicked, shoved or had objects thrown at her by partner

- (For some women) Abused as a child or seen

*IN MALE:*

- Explosive temper
- Criticizing and denigrating female partner, frequent “put downs”
- Controlling of female, attempts to control health care setting environment (may arrive unexpectedly)
- Breaks, throws objects when angry
- Makes all decisions on money and family
- Overprotective
- Jealous, suspicious
- Has hit, slapped, pushed partner
- Alcohol or drug abuse
- Witnessed abuse as a child or was abused as child
- Defensive, particularly about inquiries regarding relationship with partner

*IN CHILDREN:*

- Child Abuse, unexplained injuries, scars
- Somatic, emotional and behavioral problems
- Violent behavior (particularly in boys)
- Sleep disturbances
- Difficulty in School, poor attention span
- Complaints of headache, stomachaches
- Increased fears

## APPROACHES FOR ASSESSING THE BATTERED WOMAN

*PREPARATION:*

1. Always assess women for battering in a private place, away from the male partner. Questioning in front of the male partner may place a battered woman in danger. Batterers frequently threaten the woman to maintain the secret of violence.
2. If children are present with the woman, utilize staff to watch the children in order to allow privacy when assessing the woman for battering.

*PROCESS:*

1. Maintain eye contact when assessing women for battering. (For some cultures this may be inappropriate.) Battering is a health problem. Approach the topic as you would when assessing for other health risks. If a woman does deny battering, or becomes upset at being questioned about it, explain that all your patients are screened for battering. Explain the concern health care providers have about the problem of violence against women.
2. Encourage but do not badger the woman to respond to the abuse assessment questions. A woman will choose when to share any history of violence with a health care provider. More time may be necessary for some battered women. Once the topic of battering has been opened, trust in the health care provider is necessary in order to encourage disclosure.
3. If you suspect or have evidence of battering, describe the cycle of violence, review the process of repetitive and escalating violence. Permit the patient to describe her situation, she may identify it as containing some or all of the elements of the cycle. Provide an environment which allows her to speak freely. *You may be the first person*, particularly the first *professional*, to acknowledge the problems she has experienced.
4. Provide all female patients (battered and non-battered) with written referral information for community resources for battered women (police emergency, shelter, counseling, legal, etc.).

## IDENTIFIED BATTERED WOMAN:

1. If a female patient self-identifies or discloses battering to you, provide her with extra time. She may desire to remain in a private area, especially if she is in a decision-making phase, attempting to decide whether to return to her male partner. If her male partner is in the waiting area, *ask her if she feels safe* at this time. Her options are:
  - a. immediate access to shelter
  - b. shelter information and access at later date
  - c. access to counseling
  - d. returning to male partner, with follow-up appointment with you
  - e. referral to prosecutorial or police agencies if injuries are apparent
2. Use empathetic, active listening skills if a woman discusses a battering incident with you. Allow the woman control over the conversation. Encourage discussion of immediate safety needs using questions like “Do you feel you are safe now with your husband?” or “Does your boyfriend have a gun in the house or threaten you with a weapon?” or “Do you have plans for help if he hits you again?”

(It is generally thought that battered women evaluate their own safety/danger potential; however the health care provider should encourage realistic discussions of the battering situation to encourage informed decision making.)
3. Educate her about signs of escalating physical danger, which include:
  - Availability or access to weapons
  - Assaults or threats with weapons
  - Extension of his assaults, or threats of assaults to children, pets or extended family members.
  - Surveillance of woman at work, increasing isolation of woman
  - Extreme jealousy, accusations of infidelity
  - Forced sexual encounters
  - Battering during pregnancy
  - Decrease or elimination of remorse expressed by the batterer
4. Particular attention should be paid to post partum women experiencing emotional or physical abuse. Observe for extended post partum ‘blues’ in the mother, feeding problems in the infant and poor communication between the couple. Be alert for post partum women reporting coercive sexual patterns from male partners. Battered women have reported sexual assault during post partum period.

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[Body outline diagram]

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## ABUSE ASSESSMENT

These questions may help you when assessing female patients for abuse. For some women, answering “sometimes” to abuse questions is easier than yes or no.

1. Do you know where you could go or who could help you if you were abused or worried about abuse? Yes, No  
If yes, where
2. Are you in a relationship with a man who physically hurts you?  
Yes, No, Sometimes
3. Does he threaten you with abuse?  
Yes, No, Sometimes
4. Has the man you are with hit, slapped, kicked or otherwise physically hurt you?  
Yes, No, Sometimes
5. If yes, has he hit you since you’ve been pregnant?  
Pregnant/ Yes, No, Not Applicable
6. If yes, did the abuse increase since you’ve been pregnant?  
Yes, No, Not Applicable

7. Have you ever received medical treatment for any abuse injuries?  
Yes, No, Not Applicable
8. If you've been abused, remembering the last time he hurt you, mark the places on the body map where he hit you.
9. Were you pregnant at the time?  
Yes, No, Not Applicable

When assessing for abuse, some women may be uncomfortable with the topic and may exhibit some of the behaviors below. For some women these behaviors may be suggestive of abuse and disclosure of battering may follow at a later date.

*Actions Suggestive of Abuse*

1. Laughing/"tittering":yes, no
2. No eye contact (not applicable in some cultures): yes, no
3. Crying: yes, no
4. Sighing: yes, no
5. Minimizing statements: yes, no
6. Searching/engaging eye contact (fear): yes, no
7. Anxious body language: yes, no  
(standing to leave, dropped shoulders, depressed)
8. Anger, defensiveness: yes, no
9. Comments about emotional abuse: yes, no
10. Comments about a "friend" who is abused: yes, no

EVALUACION DE ABUSO

1. ¿Conoce Ud. adonde y con quien una mujer maltratada o preocupada con la posibilidad de ser maltratada podri'a recurrir?  
Si, no  
Si si donde y con quien?
2. ¿Tiene Ud. una relacion con un companero o esposo que la maltrata fisicamente?  
si, no, a veces
3. ¿Su esposo o companero la ha amenazado? (Ha dicho que le va a pegar o maltratar?)  
si, no, a veces
4. ¿Ud. ha sido golpeada, bofeteada o le ha dado palmazos en la cara su esposo o companero?  
si, no, a veces
5. ¿EI la ha golpeado o maltratado desde su embarazo?  
Pacientes/ si, no, noaplica
6. ¿Se ha incrementado el maltrato desde que se embarazo?  
si, no, noaplica
7. Alguna vez, ¿Ud. ha recibido tratamiento medico (cuarto de emergencia, hospital o doctor) por injurias causados por el maltrato?  
si, no, noaplica
8. Si la ha maltratado, por favor, marque en esta hoja los lugares donde fue golpeada la ultima vez.
9. Durante esa ultima vez, ¿estaba Ud. embarazada?  
si, no, noaplica

COMMON STATEMENTS FROM BATTERED WOMEN  
AND RESPONSES FROM HEALTH CARE PROVIDERS  
THAT ENCOURAGE SELF-HELP BEHAVIOR

I. OBJECTIVE: Decrease Minimization of Battering: Increase Verbalization of Feelings.

Common Statements from Battered Women

“He *just* pushed me down, it wasn’t a big deal. He didn’t *really* beat me.”

#### Health Care Provider Responses

“It sounds as if you were lucky you didn’t hit your head on something when he pushed you down. Did it frighten you?”

“He’s only hit me two times since we’ve been married. He has a terrible temper.”

“Does he ever scare you by threatening you or throwing objects? Frequently when a man hits it will happen again. Does he control other aspects of your life such as how much money you have, where you go or who you can talk to?”

*(Use the diagram of the cycle of Violence and explain the phases many batterers demonstrate)*

“I was battered for five years. I finally left the man, but sometimes I still feel afraid.”

“Having been through the cycle of violence, it’s hard to believe it’s over. Sometimes women who have been through what you have find it helpful to talk about their feelings. I have time to talk to you.”

II. OBJECTIVE: To dispel societal myths on battering.

#### Common Statements from Battered Women

“A man is supposed to be in charge. He only hits me and the kids if we do something wrong.”

#### Health Care Provider Responses

“Making a mistake doesn’t justify physical violence. Many people grew up believing that. We’ve only now seen the damage family violence can do.”

III. OBJECTIVE: To demonstrate universality of the problem and to decrease hopelessness.

#### Common statements from Battered women

“I’ve been battered off and on for all our married life. It’s no use leaving him now. Sometimes I feel like killing myself or him.”

#### Health Care Provider Responses

“You seem to feel trapped and hopeless your feelings sound quite strong. I’m concerned about your future. Many women are in similar situations. I might feel angry living with a man who batters.”

*(Living with a man who batters often promotes feelings of hopelessness and repressed anger. Signs of suicide or thoughts of homicide are not uncommon. Referral to Counseling and careful follow-up care is essential.)*

“Nobody cares if he hits me. I can’t even call the police. I heard they don’t help.”

“I care if he hits you. Are you aware that battering is assault and that the police take it very seriously, with arrest being a possibility. Here is the number for the police department and the district attorney’s office.”

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IV. OBJECTIVE: To increase ability to recognize signs of escalating danger.

#### Common Statements from Battered Women

“He’s starting to beat my children now. I’m scared. I can take the beating, but they can’t.”

#### Health Care Provider Responses

“It sounds frightening. You seem like a good mother. You are looking at your children’s future. Did you know when the children see him beat you it also hurts them?”

*(Have resource ready for Children’s Protective Service to comply with state law requiring reports of child abuse.)*

“He has a gun. He choked me last night. He said he was going to kill me even if I left him.”

“The situation sounds very dangerous. Tell me more about your situation. Where is he now? Do you have a safe place to go? Would you like me to call a battered women’s shelter for you? I’m very concerned for your safety and the safety of your children.”

You would be certain that all of these women had written referrals for emergency help, such as police, shelter, counseling and legal support.

Further, indicate to them that you are a primary care resource and are available for emergency health care if they are battered or for future discussions about their safety needs.

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#### THE ADOLESCENT FEMALE

Youngsters respond to observance of, or involvement in, domestic violence in various ways. Some information indicates that observance of physical violence between parents can cause great distress. Somatic complaints reported have been: headaches, stomach aches, diarrhea, ulcers, asthma, enuresis, and sleeping disorders. Difficulties in school, as well as excessive crying, anxiety, phobias, anger, confusion, impulsivity, depression and self-mutilation are further signs of possible violence in the home.

It is suggested that as children mature, sympathy to the mother’s situation of being battered may wane and increased hostility may develop. The hostility may escalate to violence directed toward the parents. Some adolescents will attempt to intervene to stop the batterer from harming their mother, and thus may be injured in the process. Some youngsters will run away from the violent home. It is thought that many teens who become pregnant have been abused or sexually assaulted. Because battering can be a learned behavior pattern, children from violent homes may be involved in dating violence, coercive sexual experiences or abuse of their own children.

The health care provider’s awareness of battering and the cycle of violence can be instrumental when intervening with a female adolescent experiencing some form of violence. Sensitive assessment for violence in the home, **as well as dating violence** occurring to female adolescents, is a major step in insuring the safety of youngsters. Contact with the Children’s Protective Service and Juvenile Division of the Police Department in your area is essential in ensuring follow up procedures.

#### SPECIAL NEEDS OF RURAL WOMEN

The incidence of domestic violence is high in rural areas and the victims of battering are confronted with special problems that women in urban areas may not experience.

*Geographical Isolation*—Battered women in rural areas may find it difficult to find and access shelter from the battering. Battered women are frequently ‘prisoners’ of their male partner and transportation may depend entirely on the male. Shelters may be located many miles from the battered woman, thus the obstacles to leaving the violent man may seem insurmountable. Some rural areas have established Safe Houses, which can be accessed via police agencies and health care providers. Another option is to encourage the battered woman to go to a public place, such as a hotel lobby, grocery store or church if she feels unsafe.

*Sense of Tradition*—This trait is not unique to the rural area, however more pressure may be exerted on the rural family to remain together “no matter what”. This may be reinforced by ministers, police, family and friends. In an isolated area, a battered woman’s emotional support system may be small. Thus the health care provider may provide added options for the woman or even the first information regarding the danger and resources available.

*Police Response*—Peace officers in all areas are working toward stronger enforcement for battering/ assault. However in rural areas police may have to drive long distances to respond to a domestic violence call. Further, it is not unusual for the officers to know both parties at the assault scene and the tradition is still strong to attempt to mediate rather than arrest the offender. Inservices and coalition groups between

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police groups and health care providers will strengthen responses to stop battering and to increase safety for those in violent families.

*Lack of Resources*—All communities feel the pressure of inadequate resources. In rural areas job opportunities, counseling and legal services may be limited. Further, the rural family may know the lawyer or counselor as a friend and may feel embarrassed about discussing the battering incident. The health care provider is able to defuse the “shame” that is frequently attached to battering by discussing it as a societal health problem. The strong sense of community in the rural area can be a plus when attempting to increase resources for the battered woman and her children and in providing programs for the battering male. The programs can be centered in a health care setting, a church or community center.

## THE BATTERING MALE

Many batterers view the female partner as property. It may happen that a male who batters will telephone or visit the health care provider expressing anger that “his” wife was questioned about battering.

Men who batter pregnant women are 3 times more likely to be violent outside the home than men who batter non-pregnant women. The response to an enraged possessive male presenting in the health care setting would be the same as any security problem in an office clinic or hospital. Calling the police is the appropriate response for a violent or potentially violent situation.

If the man attempts to be communicative, explanation of the prevalence of battering, the concern about the health of women, children and men should be provided. Discuss the fact that battering is assault and that arrest is possible. Explain the social factors that have condoned violence in our society and that many men have this problem. Note that men can be helped, if they desire to stop the violent behavior. Provide the male with written referral to counselors experienced in counseling batterers and offer to make the consultation appointment for him.

Recognize that *denial* is a major component of battering. Also be aware that a batterer may express remorse or regret, while trying to generate sympathy or manipulate information from you. Most male batterers minimize the battering, deny the battering incident or blame the woman for provoking the violence. Further, if you have assisted a woman in reaching shelter, never give this information to the batterer. Sometimes a male will attempt to track down his wife by impersonating a police officer, a friend or minister, or even have children call for information on their mother. Take the name and telephone number of the caller and relay the information to the shelter.

Remember, it is not the batterer’s nor is it your decision as to how or when the battered woman should attempt to communicate with him. Respect her’s and her children’s need for safety.

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## SUMMARY OF TEXAS LAW ON FAMILY VIOLENCE

The 1982-1983 Police Foundation study in Minneapolis resulted in findings which indicated that “other things being equal, arrest may be the most effective approach” in cases of domestic

violence.

Evaluation of the study revealed that approximately 10 percent of arrest offenders generated a new official report of domestic violence, compared with 17 percent of those given mediation, and 24 percent of those ordered out of the house. The likelihood of assault was further reduced when the woman was consulted and supported by the authorities in view of the offender.

In Duluth, a policy of arrest in cases of domestic violence resulted in a 26 percent drop in repeat calls to couples involved in the study.

The Texas legislature has amended Article 14.03 of the Texas Code of Criminal Procedure to state that "any peace officer may arrest, without warrant, persons who the peace officer has probable cause to believe have committed an assault resulting in bodily injury to another person and has probable cause to believe that further violence will occur to that person." The assault need not have occurred in the officer's presence.

**Note:** *Bodily injury includes any physical impairment, conditions such as bruises, abrasions, scratches, black eyes, etc.*

Chapter 5 of the Code of Criminal Procedure (Family Violence Prevention) specifies that arrest for family violence may not be waived due to the relationship between the alleged offender and the victim. This includes individuals related by blood or marriage (whether still married, divorced, separated or common law).

### **Penal Code. Chapter 22. Assaultive Offenses**

Sec. 22.01 Assault: A person commits an offense of the person:

- (1) intentionally, knowingly, or recklessly causes bodily injury to another, including the person's spouse (class A misdemeanor), or
- (2) intentionally or knowingly threatens another with imminent bodily injury, including the person's spouse (class C misdemeanor).

Class A misdemeanor: Punishable by up to 1 year in jail and/or up to \$2000 fine.

Class C misdemeanor: Punishable by a fine up to \$200.

Sec. 22.02 Aggravated Assault: A person commits an offense if the person commits assault as defined in Section 22.01 of this code and the person:

- (1) causes serious bodily injury to another, including the person's spouse;
- (2) uses a deadly weapon

Felony of the third degree; punishable by 2 to 10 years in the Texas Department of Corrections and fine up to \$5000.

Further, Chapter 5 of the Code of Criminal Procedure requires the officer to make a written report when there is reason to believe that an offense involving family violence has occurred. The law also requires officers to give the victim written notice, in English and Spanish, explaining the victim's legal rights and the availability of shelter or other community resources. In the Family Code, Title 4: Protection of the Family, Chapter 71 provides for issuance of Protective Orders. Such an order can provide criminal penalties for violation of stipulations that

- “(1) the abuser not commit further acts of violence;
- (2) the abuser not threaten, harass, or contact you at home.”

Refer your patient to the local District Attorney's office and/or legal aid agency for further information in this area.

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### **DOCUMENTATION IN HEALTH RECORD**

#### ***DOCUMENT IN WOMAN'S HEALTH RECORD:***

- Assessment for Battering.
- Health teaching of cycle of violence, effects of battering over time and referrals given.
- Extent of any injury.
- Written permission (or refusal) to photograph injury.

- Photograph of injury (if permitted).
- Statements of any past battering incident (direct quotes).
- Interaction with male batterer, including telephone calls to health care provider.
- Copies of battering assessment, photographs, x-rays and other documents given to women for pursuit of charges by District Attorney.
- Legal Reporting Procedure to Children's Protective Service if children are also being abused; also contact law enforcement office of juvenile division.

**HEALTH RECORDS OF IDENTIFIED BATTERED WOMAN SHOULD:**

- specifically describe location and extent of injury, including pain reported,
- describe treatment, intervention by health care provider,
- specify any potential long term damage or need for follow up,
- specify any follow up care given (x-rays, surgery, consultations, etc.),
- include woman's statement of how injuries occurred,
- include statement that injuries are consistent with statement of how injuries occurred,
- include contact persons other than health care providers, for example consultations with social workers, lawyers, shelter workers, etc.

**CONCEPTUAL MODEL OF BATTERED WOMAN'S OPTIONS**

[Diagram] Battered Woman, Stay with batterer, District attorney to have charges filed, contact police, Legal consult, Consult with health care provider Community women's center, Protective order, Shelter, Divorce, Counseling, Family/friends, Clergy

\*Important to note: the more the battered woman makes contact with those outside the home, the more options she has.

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**SUMMARY OF PREVENTION OF BATTERING STRATEGIES FOR ALL WOMEN**

To empower all women toward self care behavior remember:

- \* Assess all female patients for battering
- \* Provide written referral information to community resources.
- \* Assess for battering in a private location, away from male partners and children.
- \* Use non-judgemental, empathetic responses when assessing for abuse.
- \* Observe for signs suggestive of battering, such as:
  - injuries inconsistent with explanation,
  - vague physical complaints,
  - complaints of "problems with husband" or "problems at home",
  - crying, sighing, laughing at abuse assessment questions,
  - no eye contact or searching, engaging eye contact when assessing for battering,
  - fear when discussing battering, or
  - ambivalent statements about battering.
- \* Document assessment, teaching, photographing, referrals, statements or threats from batterer.
- \* Provide the battered woman with copies of her health record related to battering incident to facilitate filing charges with District Attorney.
- \* Self care increases with information, positive reinforcement, shared health goals and decision making between provider and patient.
- \* Finally, be aware that sometimes with all your efforts, a battered woman may continue to feel her only option is to remain with a batterer. However, your empathetic responses may assist her toward self-help and the referral information you give her may be utilized at a later date.

**YOU CAN STOP THE CYCLE OF VIOLENCE**

## APPENDIX

### References

Resource material for the health care provider and the battered woman.

### Guidelines for the Woman in a Battering Situation

### Community Resources for Battered Women

### Educational Materials

Reproducible artwork designed for distribution in any community.

### Audiovisual

### Continuing Education Credit

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## GUIDELINES FOR THE WOMAN IN A BATTERING SITUATION

**CALLING THE POLICE** —Wife abuse is a crime and is punishable under the criminal laws of your state. Calling the police means you are asking for immediate protection to stop the abuse. When you call the police, if they have “probable cause” that battering has occurred, they will arrest the batterer, make a written report of the abuse and provide you with referral information for services for battered women in your area. Tell the officer the specifics of the assault, read the report before they leave, obtain the officer’s names and badge numbers in case you have any questions later and record the incident or report number.

**EMERGENCY MEDICAL TREATMENT** —Many assaults require emergency treatment. You may have had negative experiences before when attempting to receive help from health care providers; however, increased awareness and sensitivity to the battered woman has improved the physician’s and nurses’ response to the problem. Even if you feel your injuries are “not very bad”, you may be injured more seriously than you think. Further, a nursing/medical report documents your injuries and may help should you decide to seek legal assistance.

- Go to any emergency room. If your injuries are serious call an ambulance, friend, relative or the police to help you.
- Contact your routine physician or nurse. Perhaps your health care provider will meet you at his or her office or clinic.
- Describe the current and past beatings to the health care provider. This is especially important if you are pregnant.
- Obtain a copy of your medical record. This can be especially important when the District Attorney files charges for the assault.
- If your physician prescribes medication, ask for the name of the drug and the reason it is being prescribed. Be cautious of tranquilizers. They do not solve the problem of battering; however sometimes they may be valuable in providing you with rest, (the EXCEPTION is during PREGNANCY)

**LEAVING HOME:** You may find that during, after or when anticipating a beating, you must leave. Your life or your children’s lives may be threatened. Advance planning is necessary.

1. Pack an extra set of clothes for yourself and children. Store the suitcase with a friend or neighbor. Pack extra toilet articles, medications and an extra set of keys to the house and car.
2. Have extra cash, checkbook or savings account book hidden or with a friend. Identification for yourself and your children is especially important, such as birth certificates, social security card, voter registration or driver’s license. These may be

necessary to enroll children in school or to obtain financial assistance. Also, keep your medical records where they are accessible but protected.

3. Take something special or meaningful to your child, such as a doll, toy or book.
4. Take any important financial records, such as rent receipts, title to car, etc.
5. Know exactly where you could go and how to get there even if the battering should occur in the middle of the night.

• **REMEMBER:** If you feel your safety is in danger, get out of the situation even if you haven't been able to plan any of the above suggestions.

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## RESOURCES IN YOUR AREA FOR THE BATTERED WOMAN (Fill in Correct Numbers)

### EMERGENCY

Police Department:

Ambulance/EMS:

Shelter/Safe House:

Crisis Hotline:

District Attorney:

Legal Aid:

Counseling (for Men and Women):

Children's Protective Services:

Hospital Emergency Room:

Physician/Nurse/Clinic:

If you are unaware of community resources in your area concerning the problem of battering, contact:

Texas Council on Family Violence  
509-A West Lynn  
Austin, Texas 78703  
(512) 482-8200

Outside of Texas, contact:

National Coalition Against Domestic Violence  
2401 Virginia Ave. NW, Suite 306  
Washington, D.C. 20037  
(202) 293-8860

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### EDUCATIONAL MATERIALS

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## IS DOMESTIC VIOLENCE IN YOUR FUTURE?

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### Is Domestic Violence In Your Future?

Take this quiz and see.

#### RISK FACTORS YOU *CANNOT* CONTROL:

- |  |     |    |
|--|-----|----|
|  | Yes | No |
| 1. Do you have a family history of violence? _         |     |    |
| 2. Did your Father hit, slap, kick your mother?        |     |    |
| 3. Are you a survivor of sexual assault, incest?       |     |    |
| 4. Were you abused as a child?                         |     |    |
| 5. Have you been hit, slapped, kicked by your partner? |     |    |

If you answered "yes" to any one of the above questions, you are at-risk for domestic violence. The more questions you answered "yes" to, the higher your risk of domestic violence is in the future. Read on to Risk Factors you Can Control.

#### RISK FACTORS YOU *CAN* CONTROL:

- |  |     |    |
|--|-----|----|
|  | Yes | No |
| 1. Are you aware of the community resources available if you are abused? |     |    |
| 2. Do you talk about your feelings?                                      |     |    |
| 3. Do you have friends, support persons to talk with?                    |     |    |
| 4. Do you avoid alcohol abuse?   |     |    |
| 5. Do you have a skill or occupation for financial support?              |     |    |
| 6. Do you feel there are dangers in having a gun in your home?           |     |    |

If you answered "no" to any one of the above questions, you are at-risk for domestic violence. The more questions you answered "no" to, the higher your risk of domestic violence.

The GOOD NEWS is that risk does not have to mean reality. If you are concerned about Domestic Violence talk to your Nurse, Physician, Police Officer or an Area Women's Shelter worker.

March of Dimes Preventing Birth Defects

March of Dimes Birth Defects Foundation

#### DID YOU KNOW?

- Family history of violence is prevalent in many homes. Some men learned battering behavior from observing their father beating their mother, or from being abused themselves.
- Many battered women were sexually abused as children.
- Children who are abused may repeat abusive behavior as adults. Adults abused as children may continue to see themselves as victims.
- Disagreements and conflicts are normal in relationships, but slapping, kicking, pushing and other forceful behaviors are battering. Battering usually becomes worse over time.
- Batterers have difficulty talking about many feelings, such as disappointment, frustration, sadness or fear. Often the only feeling demonstrated is anger.
- Alcohol abuse doesn't cause battering but it often accompanies violent behavior.
- Having an occupation, job skill, support system and knowledge of community resources

may increase your options to get out of a battering relationship.

- Knowledge and practice of gun safety can prevent a fatal accident. Access to a gun may increase the risks of homicide in a battering situation.

## RESOURCES AVAILABLE

EMERGENCY:

SHELTER:

COUNSELING:

LEGAL:

Your Physician or Nurse:

Are YOU In a SAFE Relationship?

Prevention Of Battering During Pregnancy

March of Dimes Birth Defects Foundation

March of Dimes Preventing Birth Defects: March of Dimes Birth Defects Foudation, 1275

Mamaroneck Avenue, White Plains New York, 10605

You can stop the cycle of violence

## Facts on Battering

- Battering of women is the most under- reported crime in America.
- 3 to 4 million American women are battered each year.
- 95% of all spouse abuse cases are women who are hurt by men.
- Battering occurs among people of all races.
- A battering incident is rarely an isolated event.
- Battering tends to increase and become more violent over time.
- Many batterers learned violent behavior growing up in an abusive family.

and Pregnancy:

- Battering may start or become worse during pregnancy.
- Battering may lead to miscarriage.
- Battering may lead to alcohol or drug abuse (a form of abuse to the child).
- 25-45% of all women who are battered are battered during pregnancy.
- Battering during pregnancy may be an indication of what life holds in store for the unborn child.
- *Pregnant woman in battering relationships have increased risk of low birthweight infants.*

## Cyle of Violence

Phase 1: Increased tension anger, blaming and arguing.

Phase 2: Battering—hitting, slapping, kicking, choking, use of objects or weapons. Sexual abuse. Verbal threats and abuse.

Phase 3: Calm Stage (this stage may decrease or disappear) Man may deny violence, say he was drunk, say he's sorry and promise it will never happen

Effects Of Battering Over Time On:

WOMEN:

- Isolation from others
- Low self-esteem, depression
- Increased alcohol or drug abuse
- Emotional problems, illness
- Apparent denial of terror, anger

- Pain and injuries
- Permanent physical damage
- Death

#### CHILDREN:

- Emotional problems, illness
- Increased fears, anger
- Increased risk of abuse, injuries, and death
- Repetition of abuse behavior.

#### MEN:

- Increased belief that power and control are achieved by violence
- Increase in violent behavior
- Increased contact with law enforcement
- Increased emotional problems
- Decreased self-esteem.

#### SOCIETY:

- Increase in crime
- Increase in legal, police, medical and counseling costs. Cost of prison
- Lost work time, increased insurance costs
- Perpetuation of myths of inequality of women and men
- Perpetuation of Cycle of Violence
- Decrease in quality of life

#### ARE YOU IN A SAFE RELATIONSHIP?

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- Does he scare you with threats or by throwing objects when he's angry?
- Does he say it's your fault if he hits you?
- If he hits you, does he promise it won't happen again, but it does?
- Do you feel you are alone and living with a secret of violence in your home?

#### **IF YES:**

You may be in a cycle of violence that could be dangerous for you and your unborn child.

#### RESOURCES AVAILABLE

#### EMERGENCY:

#### SHELTER:

#### COUNSELING:

## LEGAL:

Your Physician or Nurse:

March of Dimes: Preventing Birth Defects  
March of Dimes Birth Defects Foundation

This brochure developed under a March of Dimes Birth Defects Foundation grant at Texas Woman's University, Houston.

¿ESTA EN UNA RELACION SEGURA?  
PREVENCION DE VIOLENCIA Y ABUSO DURANTE EL EMBARAZO

March of Dimes Birth Defects Foundation  
March of Dimes Birth Defects Foundation

March of Dimes Preventing Birth Defects: March of Dimes Birth Defects Foundation, 1275  
Mamaroneck Avenue, White Plains New York, 10605

Usted puede terminar con el ciclo de violencia

## Datos Sobre el Maltrato:

- El maltrato de la mujer es el crimen menos reportado en los Estados Unidos.
- 3-4 millones de mujeres Norteamericanas son abusadas cada año.
- En 95% de todos los casos de abuso, la mujer es maltratada por el hombre.
- El abuso ocurre entre gente de todas razas.
- El abuso es raramente un incidente aislado.
- El maltrato tiende a aumentarse y volverse más violento con el tiempo.
- El abusador aprendió ser violento creciendo en una familia abusiva.

## Y Embarazo:

- El abuso puede comenzar o se puede empeorar durante el embarazo.
- El abuso puede contribuir al aborto del niño.
- El abuso puede contribuir al abuso de alcohol o drogas. (También otra forma de abuso para el niño).
- 25-45% de todas las mujeres maltratadas lo son durante el embarazo.
- El abuso durante el embarazo puede ser un indicio de la clase de vida que le espera el niño.
- Las mujeres embarazadas y con relaciones abusivas corren un riesgo mayor de tener hijos de bajo peso al nacer.

## Ciclo de Violencia

Fase 1: Tensión incrementada, enojo, peleando, y culpando.

Fase 2: Los Golpes-Pegando, dando palmazos, pateando, estrangulando, el usar objetos o armas. Abuso sexual. Amenazas verbales, emocionales, y abuso físico.

Fase 3: Tranquilidad, (esta disminuirá con el tiempo). El pueda renunciar la violencia, decir que estaba borracho, se pueda disculpar, y prometer que jamás pasará de nuevo.

## Efectos del Abuso con el Tiempo en:

### LA MUJER:

Aislada de otros

- Sub-estimación propia, depresión
- Abuso de alcohol o drogas
- Problemas emocionales, nervios, enfermedades
- Lesiones físicas, quizás permanentes, dolor
- La Muerte

#### EL NIÑO:

- Problemas emocionales, nervios, enfermedades
- Susto, enojo, ansiedad
- Peligro o riesgo de abuso, injurias o la muerte
- El repetir modales de abuso

#### EL HOMBRE:

- Aumento en la creencia que con violencia se consigue el poder y control
- Modales de abuso siguen
- Problemas con la ley
- Mas problemas emocionales
- Sub-estimacion propia

#### LA SOCIEDAD:

- Mas crimen
- Problemas y mas gastos con la policia, abogados, medicos, y consejeros
- Mas gastos con prision y la carcel
- Repeticion del ciclo de violencia
- Repeticion de mitos estereotipicos de la enigualdad entre la mujer y el hombre
- Baja calidad de vida

Are You In A Safe Relationship?  
¿Esta En Una Relacion Segura?

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Local contact person and return address may be added (see non-reproducible blue area for placement).

- ¿La maltrata, amenaza o trata de asustar cuando esta enojado?
- ¿La culpa cuando la golpea?
- ¿Le promete que estos golpes seran los ultimos, pero siguen?
- ¿Se siente sola viviendo con el secreto de violencia en su hogar?

**¿Si?**

Quizas esta en un ciclo de violencia que sea peligroso para usted y su embarazo.

#### RECURSOS DISPONIBLES

#### EMERGENCIA:

#### REFUGIO:

#### CONSEJO Y CONSULTA:

#### CONSULTA LEGAL:

Su doctor o enfermera:

March of Dimes: Preventing Birth Defects

March of Dimes Birth Defects Foundation

La March of Dimes Birth Defects Foundation hizo posible este folleto por medio de una donacion a la Texas Woman's University de Houston.

#### AUDIOVISUAL

Crime Against the Future

Audiovisual aimed at health care providers (nurses, medical social workers, midwives, physicians) who work with pregnant women. Provides an overview of the problem of battering during pregnancy; its causes and effects. Also gives the health care provider some beginning tools for assessment and intervention.

Available in film or videotape for purchase or rental.

23 minutes, color

Further information contact:

#### **March of Dimes**

#### **Birth Defects Foundation**

Professional Education Department

1275 Mamaroneck Avenue

White Plains, New York, 10605

Telephone 914 428 7100

#### CONTINUING EDUCATION CREDITS

Continuing education credit (6 contact hours) for nurses has been approved by the Texas Nurses Association. Those credits are available when the manual is used in conjunction with the audiovisual, "Crime Against the Future." A study packet and evaluation test may be obtained by using the following application

---

Please send Prevention of Battering During Pregnancy: A Self-Guided Study.

Name, Position, Address, City, State, ZIP, Social Security #, RN License #, State

Mail this application with check or money order for \$10.00 payable to **Texas Woman's University** to:

Dr. Veva Vonler

Continuing Education

c/o Graduate School

Texas Woman's University

Denton, Texas 76204

*"Overriding all of these specific steps is the one fundamental, indispensable step to deter and prevent family violence: **The public must become aware of the nature of the problem and its' obligation in combatting it.** The work of the criminal justice agencies and victim assistance agencies is extremely important, but until there is a broadly clear signal that family violence is condemned by the community, abusers will continue to ignore the reality of their crimes and victims will continue to blame themselves."*

Quote from the Attorney General's Task Force on Family Violence, Final Report, September, 1984.

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