

UNDERSTANDING AND TREATING SURVIVORS OF FAMILY VIOLENCE

A RESOURCE MANUAL

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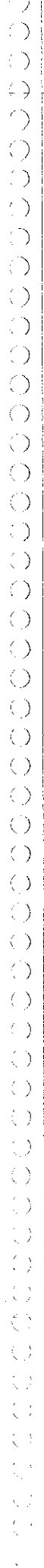
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INTRODUCTION

The aim of medicine is to address not only the bodily assault that disease or an injury inflicts, but also the psychological, social, even spiritual dimensions of this assault. To heal is to make whole or sound, to help a person reconvene the powers of the self and return, as far as possible, to his [or her] conception of a normal life.

-- bioethicists Edmund Pellegrino and David Thomasma

Family violence is a painful matter for all communities to face. Violence in the home runs counter to everything we prefer to believe about our families--that they are settings of love, safety, and happiness. Historically, we have reacted to family violence by hiding, minimizing, ignoring, or denying it.

Raising the public's awareness of family violence and achieving responsiveness from public and private institutions has required courageous and committed efforts on the part of victims and their advocates. At last, however, the wheels of justice have started turning. Social services--shelters, hotlines, counseling--have expanded into most communities. Laws are being strengthened and enforcement is improving.

Recognizing the key role of health care professionals in addressing the issue of family violence, the Texas A&M University System has made training of their students in the health care fields a priority. Research indicates that injuries and illnesses caused by family violence are correctly diagnosed in health care settings only about four percent of the time.

This resource manual was prepared to assist in the training of health care professionals by providing basic knowledge about family violence, resources for additional study and research, and acquaintance with family violence service providers. Dealing with family violence requires a collaborative effort on the part of the health care community, social services and law enforcement.

Health care professionals are crucial participants in breaking the cycle of violence because they often are the first and sometimes the only professionals encountered by victims of violence.

Part I, "The Dynamics of Family Violence," defines the problem, gives statistical evidence of the scope and prevalence of the problem, and discusses the causal factors associated with family violence. Part II, "The Victims and the Victimizers," identifies the demographic and behavioral characteristics and personal values of those who are caught up in family violence. Part III, "Family Violence and the Role of the Health Care Provider," outlines the physical and emotional presentations that should alert the health care provider to the possibility of family violence. Finally, in Part IV, "Family Violence and the Law in Texas," the legal obligations of health care professionals is discussed. The Appendices offer screening tools, community resources for family violence survivors, bibliographical resources and other materials that may assist health care providers in understanding and meeting the needs of their patients.

PART I

THE DYNAMICS OF FAMILY VIOLENCE

Introduction

Part I lays the groundwork for understanding family violence. It is divided into four sections, each addressing different aspects of the problem. Section A defines key concepts associated with family violence. Section B provides data on the extent of the problem. Section C identifies the economic and social costs of family violence and Section D discusses the causes of family violence.

A. Defining the Problem - Key Definitions

Family violence: A pattern of coercive control--physical, sexual or emotional--exercised by one person over another in a family or intimate relationship. The three most common types of family violence, which are addressed in the following pages, are child abuse or maltreatment, domestic violence or partner abuse, and elder abuse.

Family: In matters of family violence, the Texas Family Code defines family as individuals related by consanguinity (blood relationship) or affinity (married or living together), former spouses, biological parents of the same child without regard to marriage, and a foster child and foster parent, whether or not those individuals reside together. (See Appendix B.)

Child abuse and maltreatment: the intentional harm or threat of harm to a child, under the age of 18, by someone acting in the role of caretaker, for even a short time.

Maltreatment is commonly divided into four categories: (Wissow, pp. 1425-26.)

1. Physical abuse: defined as inflicting bodily injury through inappropriate, excessive, and/or inconsistent corporal punishment or forcing a child to engage in physically harmful activity, such as excessive exercise.
2. Sexual abuse: includes inappropriate exposure of a child to sexual acts or materials, the passive use of children as sexual stimuli for adults, and actual sexual contact between children and older people.
3. Emotional abuse: behavior exhibited by the caretaker towards the child that may include rejecting a child's worth or needs; constant verbal berating or belittlement, being overly distant, or making a child engage in destructive, antisocial behavior. Emotional abuse interferes with a child's normal social or psychological development.
4. Neglect: the most common form of child maltreatment, and probably the most life-threatening. It involves the failure of a caretaker to provide adequate nutrition, shelter, and/or care necessary to meet the basic needs of a child, resulting in the obstruction of a child's growth and development.

Domestic violence: (also referred to as partner violence, spouse abuse, battering, or wife beating) is inflicted for the purpose of dominating, controlling and exercising power over a spouse or partner. Domestic violence typically includes, but is not limited to, the following coercive behaviors:

- Actual or threatened physical injury
- Sexual assault
- Psychological abuse

- Economic control
- Progressive social isolation

These behaviors can occur in any combination, in sporadic episodes or chronically, or throughout the lifetime of the relationship. (Mass. Medical Society, p. 1)

Elder or disabled abuse: physical abuse, neglect, or exploitation of adults in the community who are elderly (over the age of 65) or persons who have physical and mental disabilities.

1. Abuse: the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment. The abuse may be physical and violent, such as beatings, sexual, or emotional.
2. Neglect: the failure to provide goods and services necessary to protect a person who is elderly or disabled from physical harm. Those responsible for neglect may be the victim's family, caregiver or, most common, the victims themselves.
3. Exploitation: the improper use of an elderly or disabled person's resources for personal gain.

B. Extent of the Problem

The true extent of the problem of family violence is unknown. Many crimes go unreported and data is gathered haphazardly. Law enforcement jurisdictions use varying definitions for categories of family violence. Indications are that family violence is vastly underreported. Official estimates of domestic violence rely largely on FBI, police and emergency room medical reports. In fact, many cases of family violence are reported to friends, family, relatives, churches, synagogues,

physicians and nurses. These sources of information are not included in national crime surveys. There is, however, consensus by pollsters, social service agencies, and law enforcement bodies that the rate of family violence is alarmingly high and that it affects every sector of American life.

The best research available has produced the following data:

- Research shows that half of all women will experience some form of violence from their partners during marriage and that more than one-third of these women are battered repeatedly every year. Children are often caught up in this violence. (National Coalition Against Domestic Violence Fact Sheet, 1991.)
- Two-thirds of violent crimes against women are committed by someone they know. Women who are victimized by someone they know are much less likely to report incidents to the police, for fear of reprisal by the abuser. (1994 Department of Justice nationwide survey.)
- Up to 50% of all homeless women and children in this country are fleeing domestic violence. (Elizabeth Schneider, 1990.)

Child abuse:

- In 1992, there were 2.9 million reported cases of child abuse and neglect in the United States. Of the reported cases, 27% involved physical abuse, 17% involved sexual abuse, 45% involved neglect, 7% involved emotional abuse, and 8% were classified as "other" which includes abandonment and dependency. (National Committee for the Prevention of Child Abuse, 1993.)
- It is estimated that 1.4 million U.S. children, or between two and three percent of the

population under the age of 18 years, undergo some form of maltreatment each year.

(National Center on Child Abuse and Neglect, 1988.)

- 160,000 children suffer serious or life-threatening injuries each year. (National Center on Child Abuse and Neglect, 1988.)
- 1,000 to 2,000 children die of maltreatment each year, more than 80 percent of them under the age of five and approximately 40 percent in the first year of life. (Wissow, p. 1425.)
- Cases of maltreatment, especially physical or emotional abuse, appear to increase steadily with age. Teenagers are estimated to be at twice the risk of children under the age of three. (National Institute on Child Abuse and Neglect, 1988.)
- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38%. (National Institute of Justice, 1992.)

Children often are overlooked as victims of violence between spouses

- The vast majority of children living in a household where their mother is abused are aware of or witness the abuse. Often the battering husband will abuse the children in an attempt to coerce the wife. (Jaffe, Wolfe & Wilson, *Children of Battered Women*, 1990.)
- Many fathers inadvertently injure children while throwing furniture or other objects when abusing the woman. Very young children are hurt when the mothers are holding them and the men continue to beat the mother. (Maria Roy, *Children in the Crossfire*, 1988.)

- 70% of men who batter their wives, also batter their children. (National Woman Abuse Prevention Project, 1989.)
- The psychological effects of family violence on children may include the loss of a sense of safety. Children's behavior may "regress," resulting in poor grades due to lack of concentration in the classroom and aggressive or violent behavior toward others. (Jaffe, Wolfe & Wilson, *Children of Battered Women*, 1990.)
- 62% of sons over age 14 were injured when they attempted to protect their mothers from attacks by abusive male partners. (Roy, 1988.)
- Male children who witness abuse are 700 times more likely to beat their female partners. (Straus, et al., 1981.)
- If male children also are physically abused, they are 1,000 times more likely to beat their female partners. (Straus, et al., 1981.)
- Spousal battery of pregnant women often results in injury to the fetus and is one of the leading causes of birth defects. (McKenzie, p. 23.)

Domestic violence

- 54.2% of women have been the victims of domestic violence at some point in their lives, meaning they have been assaulted, threatened, or made to feel afraid by partners. (National Coalition Against Domestic Violence, 1991.)
- More than 4,000 women are killed each year by batterers. Many thousands more are physically, mentally, and spiritually disabled as a result of abuse. (Texas Department of Public Safety, 1993)

- Of all women killed in Texas, 38% were murdered by their intimate male partners.
(Texas Department of Public Safety, 1993.)
- Battering is the number one crime and cause of injury to women in the U.S.
(C. Everett Koop, M.D., "U.S. Surgeon General's Report," U.S. Public Health Service, 1988.)
- Physical abuse by male social partners is the single most common source of injury among women--more common than auto accidents, muggings and rape by a stranger combined. (U.S. Surgeon General's Workshop, 1985.)
- 15% to 25% of women who are beaten are pregnant. (Evan Stark and Ann Flitcraft, 1992.)
- In a study of 1,200 White, Latina and African American pregnant women, one in six reported physical abuse during pregnancy. (J. McFarlane, "Abuse During Pregnancy: A Cross-Cultural Study of Frequency and Severity on Injuries," 1991.)
- Almost half of all incidents of domestic violence (48%) against women are not reported to the police. (U. S. Department of Justice, 1986.)
- In 1984, the U.S. Surgeon General declared domestic violence the nation's number one health problem.

Elder and disabled abuse

- Roughly one in twenty-five elderly and disabled persons is victimized by abuse or neglect. (Candace Heisler, *Journal of Elder Abuse and Neglect*, 1991.)

- Of those who experience domestic elder abuse, 37% are neglected and 26% are physically abused. Of those who perpetrate domestic elder abuse, 30% are the adult children of the abused person. (National Aging Resource Center on Elder Abuse, 1990.)
- In Texas, it is estimated that approximately 4% of the elderly population is affected by abuse or neglect. Research by the Texas Department of Protective and Regulatory Services indicates that elder and disabled abuse and neglect might be as widespread as child abuse, but more underreported.

C. Cost of the Problem

Medical

- Domestic violence accounts for almost 100,000 days of hospitalization, 30,000 emergency department visits, and 40,000 visits to physicians annually. (Pinkney, Deborah Shelton. "Violence in View: Physician Response to Family Violence," *American Medical News*. 1993;36:13.)
- Medical expenditures for domestic violence cost the U.S. \$3 to \$5 billion annually. American business debits another \$100 billion in lost wages, absenteeism, sick-leave utilization, and non-productivity. (Colorado Domestic Violence Coalition, 1991.)
- Battered women exhibit psychological disorders requiring psychiatric treatment at a rate four to five times greater than non-battered women. (Koop, 1989.)
- Twenty-two to thirty-five percent of those women who seek emergency room treatment have identifiable symptoms traceable to domestic violence. (Stark, Flitcraft, et al., 1981)

Economic

- In 1987, aside from medical costs, physical injuries sustained by violence to victims 12 years or older were responsible for a loss of \$23 billion in productivity and another \$145 billion in reduced quality of life (in 1989 dollars). (Miller, Ted R., Cohen, Mark A., Rossman, Shelli B., "Victim Costs of Violent Crime and Resulting Injuries," *Health Affairs*. 1993;12:186-197.)
- Millions of tax dollars are consumed by criminal justice and social services for those involved in domestic violence.

Costs to the community

- Communities, like individuals, experience a collective loss of safety and feel anxiety and strain.
- Community funds are diverted to criminal justice agencies, "special education" programs for underachieving or disruptive students, and medical expenses.

D. Causes of family violence

Just as there are numerous manifestations of family violence, so are there many causal factors associated with it. This section will address the sociological context in which violence most often occurs.

Learned Aggression:

Witnessing violence in the home is the single most powerful antecedent for the transmission of family violence from one generation to another. (Sonken, et al., 1985; Straus, et al., 1981)

Researchers report that boys who watch adult-to-adult domestic violence are, as adults, 700 times more likely to batter their female partners, while boys who also view such violence and are

battered themselves are 1,000 times more likely to batter their female partners. Girls who live in violent families learn to accept some domestic violence as a legitimate means of discipline.

Additionally, children are desensitized to the effects of violence through mediums of popular culture, such as television and movies, even fairy tales, where they learn that violence is necessary, legitimate, exciting and fun. Typically, these portrayals of violence depict males being violent toward other males and females. (Koop, "Violence in America: A Public Health Emergency," 1992)

Sex Role Socialization:

Male/female sex roles lay the foundation for the dominance/submission dichotomy between men and women. The differences assigned to men and women by society rank the sexes so that women are unequal to men in areas of power, resources, prestige, and presumed worth. The more rigidly people believe in traditional sex roles, the more likely they are to support a male using violence toward a female in an intimate relationship. (Finn, 1986; Walker, 1984)

There is a historical tradition of spousal abuse in this country. According to old English common law doctrine, wife beating was permitted for the purpose of "correcting behavior deemed inappropriate by husbands." The "Rule of Thumb" law permitted a husband to beat his wife with a stick no larger than the circumference of his thumb. (Clark, 1995, p. 1)

Substance abuse:

The uses of illicit drugs and abuse of alcohol and prescription medication does not directly cause family violence, it does place individuals at greater risk for perpetrating physical violence and psychological abuse on their spouse, children, and other family members. When varying amounts of alcohol and/or drugs are in a person's system, he or she is more likely to be

unreasonable, irrational, short-tempered, impulsive, easily angered, and may choose to become violent. Some batterers drink because, as a society, we tend to excuse their behavior. Others use drugs and alcohol as a disinhibitor. (Coleman & Straus, 1979)

Not all who use/abuse drugs and alcohol are violent; likewise, many who are violent do not use drugs or alcohol. (Ganley & Harris, 1978; Roberts, 1984) The presence of drugs in a violent relationship increases the risk for more serious injuries. (Walker, 1979) However, stopping drug abuse does not stop domestic violence. (Gelles & Straus, 1988)

Child, elder and disabled abuse:

Children, the elderly, and the disabled are at the greatest risk in the same cultural conditions in which domestic violence is most likely to occur. Child abuse is often exhibited when parents have witnessed violent behavior in their own homes and use their own violent parents or caregivers as role-models. Violence toward children is linked with immaturity of the parent or caregiver. Some parents are easily frustrated and overwhelmed by everyday problems such as inadequate financial resources. Lack of parenting skills can lead to a parent or caregiver having unreasonable expectations about the capability of children. Adults who do not understand how to meet a child's needs may feel inadequate and guilty and take these feelings out on the child. If a parent does not understand what a child can and cannot do, the parent may think the child is misbehaving. (Carlson, 1996)

People who abuse elders or the disabled may have histories that include abuse of alcohol and other drugs, a history of family violence, and untreated mental or emotional problems. Sometimes the abuser uses violence to respond to the emotional strain of constantly caring for an elderly dependent. Self-abuse by the elderly may result from inadequate resources for their own

care or mental and/or physical disabilities. Often the elderly are victims of combinations of abuse, neglect, and exploitation. (AMA, "Mental Health Effects of Family Violence," 1995)

PART II

THE VICTIMS AND THE VICTIMIZERS

Introduction

Sections A and B identify the demographic and behavioral characteristics and value systems associated with victims of family violence and those who victimize. Sections C and D discuss the cyclic nature of domestic violence and the reasons victims remain in violent settings.

A. The Victims

Children

Efforts to identify the characteristics of children who are most at risk of abuse is not an easy matter. A few prominent factors have been singled out, including poverty, social isolation, and family disruption. However, no simple model explains how these forces may combine to cause the care provided by parents to break down. (Wissow, p. 1430) The incidence of sexual abuse is relatively consistent among income groups, whereas neglect and physical abuse tend to increase with poverty. The most significant common denominator for child abuse is whether parents or other adults have themselves been abused as children. Child abuse and neglect frequently occur with other forms of intrafamilial violence, including spouse battering and violence between siblings. (Wissow, p. 1425) In approximately 70% of the cases where women are battered, the children are also battered.

Social and emotional handicaps are perhaps the most serious long-term consequences of maltreatment. Physically abused children are generally more aggressive with their peers than children who have not been abused, have more troubled interpersonal relationships, and have more depressive symptoms and affective disorders. As adults, formerly abused children have two

or three times as many problems with substance abuse and depression as members of the general population. (Wissow, p. 1425) According to the National Institute of Justice, a childhood history of physical abuse predisposes the survivor to violence in later years and victims of neglect are more likely to engage in later violent criminal behavior. (Widom, 1995) This predisposition to behavioral problems is more evident in boys than in girls. (Carlson, 172-175.) Sexually abused children, in addition to their depressive and aggressive symptoms, have an increased frequency of anxiety disorders and problems with sex roles and sexual functioning.

Domestic violence

There are no typical cases of Domestic Violence. As the *North Carolina Medical Journal* states, "Violence against women by their husbands or intimate partners crosses all socioeconomic boundaries--race, religion, class, ethnic group, educational level, sexual preference, and occupation. It happens in rich neighborhoods and poor neighborhoods. It happens to unemployed women and professional women." (Burns, 1994, pp. 127-129) Women do batter men. However, in 95 to 98 percent of reported cases of domestic violence, women are the victims.

In their 1980 study, Straus, *et al.*, identified the following characteristics as relevant in wife beating:

- Husband employed part time or unemployed
- Husband (if employed) a manual worker
- Family income under \$6,000
- Spousal concerns about economic security
- Two or more children

- Spousal disagreements over children
- Spouses from violent families of origin
- Couples married less than ten years
- Spouses under thirty years of age
- High levels of family or individual stress
- Spouses verbally aggressive
- Frequent alcohol use
- Residence in neighborhood less than two years
- Family not part of an organized religion
- Wife a full-time homemaker

The study found that among families possessing 12 or more of these characteristics, there was a 60 percent chance of having wife abuse reported in the previous year.

Victims of domestic violence often characterize themselves as having traditional views about their roles in the home, strong commitment to family unity and accepting of feminine sex role stereotypes. Women who have strong beliefs about fulfilling traditional roles are inclined to assume responsibility for the batterers' actions and to accept the violence as legitimate discipline for their misbehavior. (Houston Area Women's Center, p. 24)

Between 15% and 25% of American pregnant women are battered by their husbands or boyfriends. Battering of pregnant women can lead to miscarriages and death or injury to the fetus, which is one of the leading causes of birth defects in this country. (McKenzie, p. 23.)

The vulnerability of disabled women is exploited by batterers, who often destroy prosthetic devices, maliciously dispose of medication, and cancel doctor's appointments. (Florida

Governor's Task Force on Domestic Violence, 1994, reported in McKenzie, p. 22)

The National Coalition Against Domestic Violence (1994) reported that roughly one of three same gender relationships is abusive, a rate much higher than heterosexual relationships. (See Appendix D, Power and Control Wheel for Lesbians and Gays.) Another peculiarity of domestic violence unique to same gender relationships is that some lesbians and gay men may conceal domestic abuse so as not to disclose their homosexuality. (Santa Clara County Domestic Violence Council and Board of Supervisors, 1994, reported in McKenzie, p. 132)

The Florida Governor's Task Force on Domestic Violence observed in its 1994 report that immigrant women, who are battered by their husbands or boyfriends, become "isolated" from the mainstream culture by language and racial barriers. If they originated from oppressive societies, their fear of law enforcement, the judicial system, and U.S. Government is likely to reinforce their inclination to be silent. They are likely to feel dependent on their partners, who use the threat of reporting them to the Immigration and Naturalization Service (INS) for deportation proceedings as leverage to exercise male domination, power and control.

Ethnic and cultural or ethnocultural values and beliefs, religious norms, and family sanctions may prevent domestic violence victims from revealing or self-disclosing abuse to strangers. Such pressures may result in greater under-reporting among minority ethnic and religious groups than among the majority Anglo population.

B. The Victimizers

If any one explanation could be provided for becoming a victim of domestic violence, it would probably be that the person happened to select the wrong partner to marry or date. By far,

the highest risk factors associated with domestic violence are characteristics of the batterer-- mostly male-oriented. (McKenzie, p. 61)

There is almost unanimous agreement among researchers that battering is not a mental illness that can be diagnosed, but a learned behavior. Typically partner violence is the extreme expression of the belief in male dominance over women. Batterers use physical force to maintain power and control in their relationships with female partners. Batterers choose to batter their partners because the choice is there to make, and, until quite recently, there have been few consequences for these actions.

The profile of batterers, like the profile of victims, cuts across all social and economic boundaries. The following are a list of major risk factors for spousal battery and other forms of family violence: (McKenzie, pp. 61-62)

- Perpetrating previous acts of domestic violence or spousal battery is the highest risk factor
- Chronic male unemployment
- Males witnessing paternal violence in their families of origin
- Males who were victimized by family violence as children
- Males between the ages of 18 and 30 years
- Males who are high school drop-outs
- Males who ingest alcohol episodically or regularly
- Males who use drugs as infrequently as once a year
- Males with blue-collar jobs
- Males and females with different religious backgrounds

- Males and females who use corporal punishment and severe family violence toward their children
- Unmarried males and females who cohabit
- Unmarried mothers who have not received prenatal care
- Families with incomes below the poverty line

Racial stereotyping has perpetuated popular beliefs that interpersonal violence is associated with race and ethnicity. The assumption is that violence is more prevalent in the black culture than the white culture. However, recent research has provided evidence that different rates of interpersonal violence are largely accounted for by differences in socioeconomic status between the black and white populations. (Centerwall, p. 1755)

Among men, abusive behavior is predicated on a deeply ingrained belief system about the proper dominant-subordinate relationship between men and women. Following are some of the specifics of that belief system: (McKenzie, pp. 62-68)

- Men are supposed to be in charge of women
- If men do not take control, women will try to dominate
- Only wimps allow women to push them around
- Women like being dominated by men
- Men hit women to stop them from nagging
- Domestic violence is not a big deal
- Men should not display their emotions, such as fear
- Women are the cause of men's violent behavior

The characteristics and dynamics of perpetrators of family violence include the following:

(Walker, 1979)

- Suffers low self-esteem
- Frequently engages in sex as an aggressive act to enhance his self-esteem
- Consumes alcohol and engages in spousal battery to reduce stress
- Does not believe his violent behavior should have negative consequences
- Blames others for his abusive behavior
- Exhibits a dual personality (violent to charming and manipulative)
- Exhibits pathological jealousy
- Is preoccupied with weapons
- Accepts physical violence as an appropriate method of conflict resolution
- Threatens the safety of or abuses household pets
- Hunts for the pleasure and not just the sport

Early warning signs of domestic abuse include the batterer treating his partner like a child, maid or domestic servant. He makes all significant family decisions with little or no consideration for her needs or feelings. He makes realistic and unrealistic demands and criticizes her responses, whether or not they meet his standards. Her activities, whether inside or outside the home, are continuously monitored. He excludes her from knowledge and control of the family's finances.

Efforts at domination escalate into profanity, shouting, pushing and general disrespect. He may physically threaten her with gestures, smashing furniture, or harming pets. He may make verbal threats such as forcing her to quit her job, divorcing her, and taking custody of her children. Typically, these early indications of violence are followed by physical assaults.

C. The cycle of violence: Many battered women report a cyclical pattern in the behavior of the batterer. They identify three discernible phases.

Phase I - the tension-building stage: During this stage, there is tension which may be a result of constant arguing or giving each other the silent treatment, or a combination of both. Sometimes there is minor violence such as pushing or shoving. This stage can last from a few days to years. The tension builds to a point of explosion.

Phase II - the acute battering stage: This stage is what we read about in newspapers or police reports. The violence may be punching, kicking, slapping, biting, choking, pushing, burning or other torture. Weapons may be used. It can result in minor to severe physical injury. The stage can last from a few minutes to days. The violence stops because the woman leaves, the police are called, the batterer calms down, or some other type of intervention, such as the need for hospitalization of the abused spouse.

Phase III - the calm, loving, respite stage (sometimes called the honeymoon stage): During this stage, the batterer expresses remorse for his behavior. He is apologetic, often buying her flowers and presents, and promises it will never happen again. He begs for forgiveness. The woman usually does forgive him because she wants to believe that it will never happen again. As this stage fades, the tension begins to build again.

Although the prognosis for change is not good, some men do stop their violent behavior. Men have more success at stopping physical violence than they do at stopping verbal and emotional violence. It is estimated that it will take between three and five years of weekly therapy for batterers to make significant, lasting changes in all aspects of their violent behavior. (Tiff, 1993; Boodman, 1994)

D. Reasons victims of domestic violence remain in abusive relationships

Fear often is the tie that binds in a violent relationship. Common fears which prevent victims from leaving the abusive relationship include:

- Fear of losing custody of children
- Fear that dependency will cause her to fail when she leaves
- Fear of being alone without a partner
- Fear no one will believe her, or she will be blamed for her partner's violence
- Fear that if she reports the abuse, her husband will lose his job. Often this is the only source of income and medical insurance for the family.
- Fear of partner's revenge including injury or death, or reporting her to the Immigration Department, welfare, etc. These fears are not unjustified. Indeed, more battered women are murdered after obtaining a restraining order or while in the process of leaving their abusers than at any other time.
- Fear of the shame and humiliation associated with being a battered woman

Many women remain in abusive relationships out of economic dependency. Often a victim will have inadequate marketable skills. Government assistance is very limited and many women know that welfare is an option affording little hope for the future. Even when women do have marketable skills, they typically earn considerably less than the men in their lives or, to make ends meet, the family is dependent upon both earners. Battered women sometimes trade off the abuse for economic security for themselves and their children.

Battered women who are elderly or who suffer from disabilities or other health-related problems requiring long-term medical intervention, may be dependent upon their partner's health

insurance for payment of medical bills. Elderly women may rely on their partner's pension and other retirement funds. They may be convinced that their alternatives are poverty, homelessness, institutionalism, or even death. (Houston Area Women's Center, pp. 25-26)

Cultural or religious constraints can be additional obstacles to leaving. Women remain in relationships because of religious or cultural beliefs and traditional and stereotypical ideas about marriage. Many members of the clergy continue to believe and perpetuate myths about domestic violence. They may counsel the woman to be a better wife, mother, or nurturer. The more women internalize this advice, the more likely they are to stay. Women with strong roots in a small town, or an ethnic or traditionally rigid religious community, may be afraid of incurring the wrath of their extended family or community.

Victims of color or lesbians may fear that the system will treat them unfairly, possibly taking their children or incarcerating them. If the battering victim is a person of color, undocumented, non-American, or from a lower socioeconomic class, they may fear that the police may beat or kill their batterers, and that they will be responsible. In some cultures, the police and social service agents are feared. Only under the most extreme conditions would battered women, family members, or neighbors seek their help. That may be when a death occurs. (Houston Area Women's Center, pp. 25-26)

Elderly or disabled victims may fear not being believed or that they will be judged incompetent or incapable of following through on a complaint. Often elderly abuse survivors will not reach out for assistance because of pride or ignorance of the system and how to use it. (Houston Area Women's Center, pp. 25-26)

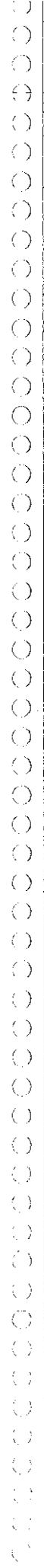
A significant factor in why battering victims endure abusive relationships is their intense psychological dependence on their partners. Violence in the home leads to severing of friendships and outside ties as friends and family are repelled by the atmosphere of violence. The victim becomes increasingly isolated and dependent upon their batterers for psychological and emotional support. Most survivors live with the hope that the battering will stop and their partners will become the loving, caring partners of earlier times. (McKenzie, p. 55)

Needs of victims of abuse

The needs of victims of abuse are usually extensive. The most urgent need is for physical security. The greatest danger to the life of the victim is at the stage when she attempts to leave the relationship. Once a woman has identified herself as being abused, it is crucial that an outside supporter assess her level of risk, initiate discussion of her need for a safety plan, and refer her to appropriate services.

Physical removal from the setting of spousal battery, although a good first step, does not address the emotional, psychological, physical, and behavioral manifestations of domestic violence which continue to plague the victim. Until a victim is able to resolve her psychic pain, deal with dependency, passivity, battered women's syndrome, shattered self-esteem, depersonalization, emotional numbness, and other psychological disorders, she remains a victim. As a victim, she is likely to re-enter the previously violent relationship. It is only when a victim enters counseling or some other healing process that she begins to break the cycle of victimization.

Finally, survivors need to develop the skills and locate the resources for independent survival. This can include job training, housing, welfare services or health care services. Often they need the assistance of a shelter to get themselves back on their feet.



PART III

FAMILY VIOLENCE AND THE ROLE OF THE HEALTH CARE PROVIDER

Introduction

Part III offers guidelines for the health care provider to identify physical injuries as well as psychological and behavioral characteristics common to battering victims. This part also addresses the issue of documentation. The material in Part III largely was drawn from the AMA Diagnostic and Treatment Guidelines on Domestic Violence and from state-level medical associations. (For sample assessment and evaluation protocols, see Appendix C.)

A. Identifying Victims of Family Violence

Adults - Common Injuries:

- Contusions, abrasions and minor lacerations, as well as fractures or sprains
- Injuries to the head, neck, chest, breasts and abdomen
- Injuries during pregnancy, particularly to breasts, abdomen, genital area or unexplained pain
- Multiple sites of injury
- Repeated or chronic injuries
- Sexual abuse or assault
- Injuries common to upper body area:
 - Head injuries.....7.4%
 - Eye injuries.....5.1%
 - Hearing impairment....1.7%
 - Dental injury.....4.4%

- Injuries common to lower body area:

- Bruises.....47.8%
- Broken Bones.....4.4%
- Cuts.....10.3%
- Dislocated Joints.....2.9%
- Internal injuries.....2.2%
- Miscarriage.....1.3%

Medical Findings:

- Chronic pain, psychogenic pain or pain due to diffuse trauma without visible evidence
- Physical symptoms related to stress, chronic post-traumatic stress disorder, other anxiety disorders or depression. Examples include:
 - Sleep and appetite disturbances
 - Fatigue, decreased concentration, sexual dysfunction
 - Chronic headaches
 - Abdominal and gastrointestinal complaints
 - Palpitations, dizziness, paresthesia, dyspnea
 - Atypical chest pain
- Gynecologic problems, frequent vaginal and urinary tract infections, dyspareunia, pelvic pain
- Frequent use of prescribed minor tranquilizers or pain medications

- Frequent visits with vague complaints or symptoms without evidence of physiologic abnormality

Pregnant patients:

- Injuries, particularly to the breasts, abdomen, and genital area or unexplained pain
- Substance abuse, poor nutrition, depression and late or sporadic access to prenatal care
- “Spontaneous” abortions, miscarriages, and premature labor

Elderly or disabled patients:

- Malnourishment
- Dehydration
- Medical neglect

Child abuse - presentation in a medical setting:

- There is a specific complaint of abuse by the child, another witness or a third party
- The complaint is unrelated or unattributed to abuse, however, there is evidence of neglect, physical abuse
- There are significant injuries/conditions requiring medical care, but vague, inconsistent, or no explanations offered -- examples:
 - The explanation is inconsistent with the severity, age or pattern of the injury/condition
 - The explanation is inconsistent with the child’s developmental capabilities
 - The explanation changes

- The explanation is vague or no explanation is offered
- The injury is self- or sibling-caused

Health/Physical Assessment:

- Neglect/failure to thrive
 - Weight, height less than expected for age
 - Psychosocial development impaired
 - Medical neglect
- Soft tissue injuries
 - bruises (hand prints) - especially on facial, back, buttocks
 - object imprints - especially back, back of thighs, buttocks
 - burns - object and water immersion burns
 - bite marks
 - in various stages of healing
- Head injuries (most common cause of death in child abuse cases)
 - intracranial hemorrhages
 - skull fractures
 - scalp injuries--traumatic alopecia, subgaleal hematoma
 - black eyes
 - retinal hemorrhage
- Fractures
 - metaphyseal (long bones)

- spiral (long bones)
- rib fractures (especially posterior or lateral)
- multiple fractures in various stages of healing
- Abdominal injuries
- Poisoning--It is hard to differentiate accidental from intentional poisoning. Be suspicious of illicit drugs or alcohol
- Dental injuries
 - unexplained missing teeth
 - trauma around primary or permanent teeth
 - avulsed, displaced or mobile teeth
 - fractured teeth or roots
 - facial bone fractures
 - multiple fractures of the teeth or jaws, especially in different stages of healing
- Sexual Abuse: look for injuries to hyman/vestibule
 - Acute injuries
 - Nonacute injuries
 - Chronic injuries
 - Sexually transmitted diseases, pregnancy

B. Behavioral and psychological indicators of Abuse

Children

Effects in younger children may include social withdrawal, oppositionality, aggressive

behavior, depression, lying, stealing, thumb-sucking, or any age-inappropriate behavior.

Effects on older children and adolescents are more likely to be demonstrated through substance abuse, risky sexual behavior, school performance problems, running away, and dangerous or suicidal behavior. (AMA, "Diagnostic and Treatment Guidelines," p. 15)

Situations which might suggest children at-risk include:

- Parental depression or other mental illness
- Parental substance abuse
- Parental chronic physical illness
- Physical abuse of a parent by the parent's partner
- Poor adherence to medical recommendations for children or erratic office visits
- Marked aggression among siblings
- Extreme over-protectiveness by one parent
- Parental over-investment in proving child physically ill (e.g., Munchausen's by proxy)

Child Sexual Abuse

Younger children may exhibit precocious sexualization, pseudo-maturity, or extreme over-compliance or obedience. In older children and adolescents, dissociative symptoms, eating disorders, substance abuse, prostitution, runaway behavior and school performance problems are often exhibited. (AMA, "Mental Health Effects of Family Violence, p. 15)

Partner abuse

- Partner or caretaker accompanies patient, insists on staying close and answers all questions directed to her
- Reluctance of a patient to speak or disagree in front of her partner or caretaker

- Intense irrational jealousy or possessiveness expressed by partner or reported by patient
- Denial or minimization of violence by partner, caretaker or by patient
- Exaggerated sense of personal responsibility for the relationship, including self-blame for her partner's violence
- Embarrassment, evasiveness
- Depression, frequent crying, Suicide Attempts, Drug Overdoses
- Passivity, shyness
- Nervousness, panic attacks

Understanding psychological trauma as a medical disorder improves diagnosis and may diminish the medical, psychiatric, and social complications that result when psychological trauma is unrecognized and untreated. Some of the more extreme psychological disorders include the following:

- Post Traumatic Stress Disorder (PTSD) - PTSD is evident in many cases of battered women and their children. There are three major groups of psychological symptoms associated with PTSD:
 - cognitive disturbances such as recurrent intrusive memories of previous traumas, flashbacks, night terrors
 - high arousal or anxiety symptoms such as sleep pattern disruption, avoidance, numbing
 - depression responses including minimizing and denying the danger from violence
- Learned helplessness - As the battering and isolation progresses, the victim

increasingly perceives of escape as impossible. While she may continue to appear “normal” and self-confident at work or with friends, surviving the battering relationship becomes the focus of her life at home. In her eyes, the batterer becomes more and more powerful. She sees police and other agencies as less and less able to help. (Browne, 1987; Seligman, 1975; Walker, 1979) She feels trapped and alone. She will likely develop a variety of coping mechanisms she believes will help her and her children stay alive. These mechanisms may include withdrawal, asking permission to do even trivial things, compulsiveness, manipulation, substance abuse and asking that charges be dropped. (Houston Area Women’s Center, p. 12)

- Stockholm Syndrome - The Stockholm Syndrome is a disturbance in a person’s interpersonal relationships in which the victim depends on the batterer for her life. The survivor develops feelings of fear and hopelessness about her situation. Since batterers have the ability to kill, they are seen as gracious for sparing the survivor’s life. The fear of what happens if they do not comply with the aggressor as well as incorporate the aggressor’s values and behaviors as a coping strategy keeps them from reaching out. (Houston Area Women’s Center, p. 12)
- Dread - The feeling of dread is an all-consuming anticipation and terror of further violence. It is a product of the cycle of violence--never knowing when he will be loving and gentle or when he will be abusive. The feeling of dread is a spontaneous reflex that catapults the woman into survival behavior--suspicion,

secretiveness, manipulation. Psychological symptoms become more pronounced as she anticipates the next beating. (Houston Area Women's Center, p. 14)

- Other symptoms - Survivors of domestic violence have a higher rate of alcohol and other drug abuse, depression, suicide and suicide attempts, anxiety, psychiatric disorders, miscarriage, medical and health problems, and disabilities.

Elder abuse

Patients may have a high degree of shame and guilt over being victimized or dependent and thus may be reluctant to acknowledge the abuse, especially by their own adult children. Elders impaired by conditions such as stroke or dementia may be unable to report abuse or neglect. The following are indications of possible abuse:

- Expressions of frustration by family members who are overwhelmed with caretaking responsibilities
- Caregivers expressing unrealistic expectations of the elder, resentment of the dependence of the elder or anger by problematic behaviors of an impaired elder (e.g., incontinence, agitation, aggression, etc.)
- Neglect of a frail or impaired elder by family members who are hostile, under-involved, or exploitive
- Expressions of violence on the part of caregivers
- Over-stressed caregivers with insufficient knowledge of or access to resources

Mood and anxiety disorders are the most common problems in this population. At times, allegations of abuse may be erroneously mistaken for paranoia or evidence of dementia. (AMA, "Mental Health Effects of Family Violence," p. 14)

C. Presentations by Specialty

Primary care service providers may see a variety of complaints such as headaches, abdominal pains and sleep disorders that could indicate abuse. Research indicated that 25 percent of female **emergency psychiatric patients** are battered and up to 64 percent of female **psychiatric inpatients** have been abused as adults.

Because **obstetrician-gynecologists** are often the primary care providers for many women, they play a vital role in detecting the woman who is the victim of abuse and in offering appropriate care. Health care providers specializing in **gynecology and obstetrics** also are likely to see battered women, since pregnancy appears to be a high risk factor for abuse.

Ophthalmologists see retinal detachments and orbital blow-out fractures--an indication of possible abuse. **Otolaryngologists** and **maxillofacial surgeons** see patients with facial lacerations and fractures. Serious head injuries that occur as a result of battering, such as skull fractures, subdural and epidural hematoma or spinal cord injuries are seen by **neurosurgeons**.

Orthopedic surgeons see unusual extremity trauma. **Gastroenterologists** see many women with "functional" gastrointestinal disorders. Women with these complaints are much more likely than those with an organic disorder to report a history of physical or sexual abuse either as an adult or in childhood. **Pediatricians** may see abused children and need to recognize that parents of their patients may be abused as well. **Emergency health care providers** see patients who present all the aforementioned examples of trauma and need to be aware of the etiology of domestic violence as its cause.

Dentists and the dental team are trained to concentrate on the mouth and surrounding structures. Because of their expertise in oral health and anatomy, (areas that can be indicative of

abuse), dentists and the dental team need to recognize the general signs and symptoms of abuse as well as the specific signs and symptoms in their specialty area--the mouth. This puts them in the front-line of health professionals likely to observe the signs of abuse or neglect.

D. Intervention strategies

Detecting child abuse and neglect

When new families are enrolled in care, health care providers should inquire about any history of family violence in the parents' past and present relationship. Questions should be asked directly, but empathetically. During routine visits, children can be asked how they are getting along with their parents, and the parents can be asked how they get along with each other. If the relationship is described as difficult, the clinician can ask, "Have you ever been hurt or felt threatened?" or "Do people in your family ever hit each other when they argue or get mad?"

An attentive and empathetic style of interviewing leads to greater disclosure of sensitive psychosocial issues. Eye contact and body posture convey a sense of interest, and note taking and paper shuffling should be kept to a minimum. (Once the abuse is disclosed, however, detailed notes are essential in order to document what is said and how it was elicited.) Clinicians can express support even if they do not agree with everything a parent or child has done. One can acknowledge that all families have difficulties and give assurance that there will be help in finding solutions. (Wissow, p. 1426)

Detecting domestic violence

All patients should be queried periodically about partner violence. Patients should be interviewed in private, without partners or children present. A single question, asked routinely and non-judgmentally in the course of the social history, can significantly increase the detection

rate of partner violence and can allow patients to feel safe in disclosing a history of abuse. The following is a sample question: "At any time has your partner deliberately hurt you or threatened to hurt you?" (See Appendix C, p. 74.)

Should patients disclose battering or if battering is suspected, even in the absence of disclosure, the following specific questions, asked in a safe and confidential setting, might help to determine the extend of abuse and the possible risk to patients: (Massachusetts Medical Society, pp. 6-7)

- How were you hurt?
- Has this happened before?
- When did it first happen?
- How badly have you been hurt in the past?
- Have you needed to go to an emergency room for treatment?
- Have you ever been threatened with a weapon, or has a weapon ever been used on you?
- Have your children seen you threatened or hurt?
- Have your children ever been threatened or hurt by your partner?

Encountering victim reluctance

Many factors, not the least of which is fear, prevent domestic violence victims from revealing or self-disclosing abuse to strangers. Ethnic and cultural values and beliefs, religious norms, and family sanctions may play a part in the reluctance to disclose abuse. The victim may be uncooperative because she fears the batterer's threats of retaliation. The victim's love for and loyalty to the perpetrator, including her fear of being alone, may reinforce her silence. She may be

ashamed and humiliated, unable to recognize an abusive relationship because she believes it is her fault, and minimize the injuries as minor or unrelated to domestic violence. Economic dependence, belief in two-parent families, and concern that the batterer may harm her or himself may cause her to conceal the abuse.

What to avoid

As important as it is to ask the right questions of patients, it is equally important to recognize and refrain from asking questions in a manner that might increase the patients' perceived level of danger, or increase their sense of humiliation and responsibility for the violence.

The following are some pitfalls to avoid:

- Avoid using the words "battered woman" when speaking with the victim. (Most battered women do not identify themselves as battered per se.)
- Do not inquire about violence in the presence of the partner or other family members.
- Do not break patient confidentiality by disclosing any information or discussing your concerns with the victim's partner.
- Never ask the patient what she did to bring on the violence. *The victim is not at fault!*
- Do not ask your patient why she has not left her partner.
- Quite commonly, a woman may have left her batterer only to return later. If this is the case, avoid asking why she returns to her batterer.

An evaluative interview must be free of attacks, insults, innuendoes, and the types of condescending attitudes reminiscent of the domestic violence relationship the victim is experiencing. When counseling abused women, health care providers can do the following:

- Acknowledge the violence
- Assert that it is illegal
- Assure her that it is not her fault
- Explain that many others are in the same situation
- Educate her about the community-based resources that are available

Patients may decide not to leave or to return to abusive partners. Avoid trying to take control or rescue them. Their judgment must be respected. Encourage them to take the steps necessary to protect their safety. (Clark, p. 13) (See Appendix D.)

E. Documentation

When abuse is suspected, carefully document the injuries or illnesses and write a thorough, objective medical report. Documentation provides evidence that violence has taken place and may prove to be crucial to the outcome of any legal case. If the medical record and testimony at a trial are in conflict, the medical record may be considered more credible. The health provider may wish to draw a picture freehand, or include a labeled photograph to supplement the written description. (See Appendix C.)

- Obtain a complete history of the injury
 - Nature of the injury - note dates
 - Discrepancies between injury and the history
 - Note simplistic or vague history
 - Time lapse between injury and medical record
 - Ask about previous injuries - note date, type of injury and treatment received

- Physical assessment
 - Patient should wear a gown so that any hidden injuries will be exposed
 - Ensure that documentation is thorough and accurate
 - Describe all bruises, abrasions, etc. Note age, stage of healing, and location (head and genital injuries may have more legal significance)
 - Note untreated old injuries
 - Collect all pertinent evidence
 - Preface description of injuries due to apparent assaults with "patient alleges" or "alleged"

- Emotional Assessment
 - Emotional status - nervous, anxious, crying, hysterical, quiet, etc.
 - Suicide attempts or gestures
 - Depression
 - Panic attacks and other anxiety symptoms
 - Alcohol or drug abuse
 - Post-traumatic stress reactions and/or disorder
 - Note behavior and interactions with hospital staff, friends or family members

- Assessment of behavior of suspected abuser if present
 - Suspected abuser answers all questions, stays close to patient
 - Reluctance of a patient to speak or disagree in front of her partner
 - Intense irrational jealousy or possessiveness expressed by partner or reported by patient



PART IV

FAMILY VIOLENCE AND THE LAW IN TEXAS

Introduction

When health care providers work collaboratively with community law enforcement services, it enlarges the safety net for victims of family violence. Although not all instances of family violence must be reported to law enforcement authorities, there are certain circumstances in which health care providers are required to make reports. (See Appendix B for laws relating to family violence.) Health care providers who fail to make mandated reports may be subject to disciplinary action, fines, and/or civil liability.

A. Reporting Suspected Abuse

Elder Abuse: Reporting suspected cases of elder and disabled abuse is a legal responsibility in Texas. The law authorizing protective services for adults mandates that any person having reasonable cause to believe that a person who is elderly or disabled is being abused, neglected, or exploited, must report the information to the Texas Department of Protective and Regulatory Services. PRS has a 24-hour, toll-free hotline for reporting. (1-800-252-5400) A report also may be made in writing or in person at any PRS office. The law protects the reporter against lawsuits. The reporter's name is not disclosed to the victim or the victim's family. All reports are investigated by PRS caseworkers.

Child Abuse: Like elder abuse, child abuse or suspected child abuse must be reported to civil authorities--the Texas Department of Protective and Regulatory Services. (1-800-252-5400) Child abuse reporting requirements supersede all claims of profession-client privilege.

Domestic Abuse: Texas and most other states, have no mandatory reporting laws for domestic abuse. In fact, *disclosure of a diagnosis of abuse to partners or any third party and reporting to authorities should be done only with the knowledge and consent of the abused person.* However, effective September 1, 1995, a Texas law went into effect requiring physicians and other health-related professionals to provide suspected victims of domestic violence with information about resources to help victims cope with the problem. The law applies to all professionals in the health delivery system.

A key provision of the law is the requirement that medical professionals who treat persons they believe to be victims of domestic violence, must immediately give these patients information about the nearest family violence shelter and a written notice in both English and Spanish describing the steps the patient can take to obtain legal assistance. (For a listing of national and Texas community services and resources, see Appendix A. For a sample handout, see Appendix C.) The notice must tell suspected victims that if they feel they or their children are in danger, they may ask a prosecutor to file a criminal complaint and seek a court order prohibiting the abuser from committing further acts of violence or threatening them, ordering the abuser to leave the house, or establishing temporary custody of the children and property. In addition, health care professionals are required to document, in the patient's medical record, information that was provided and the reasons for the professional's belief that the injuries were caused by family violence.

The statute, entitled "Reporting Family Violence," is not a reporting law like the existing reporting requirements on child and elder abuse, nor does it replace requirements for reporting child or elder abuse. (See a copy of the act in Appendix B.)

Health care providers need to be aware that battered women increase their chances of being severely injured or killed by the batterer when they make an attempt to leave. In providing information or advice, health professionals need to be sensitive to the danger a battered woman is likely facing. It is important to remember that all batterers are potential killers. Therefore, information needs to be provided confidentially and discreetly.

In order to meet the requirements of the "Reporting Family Violence bill," health professionals need to be familiar with local resources in order to make appropriate referrals. In cases of domestic (spousal or partner) violence, there is no government agency to coordinate case management and put victims in contact with needed services.

B. Legal Protections for Victims of Family Violence

Definitions:

Under Texas law, family violence includes acts intended to cause physical harm, bodily injury or assault, sexual assault, or a threat which reasonably causes the victim to fear such acts may immediately happen. The violence can be directed against adults or children.

For purposes of protection under Texas law, "family" includes not only individuals related by blood or marriage, but also former spouses, individuals who are the parents of the same child (whether or not they ever married), and foster children and foster parents. Family members do not have to live together to be entitled to protection under Texas law. (See Appendix B.)

General Protections:

Family violence is prosecuted under the normal criminal law applicable to those who violate criminal law outside of the family. In other words, an assault is not protected from prosecution simply because it is directed by one family member against another family member. If

an individual is convicted of a criminal offense involving family violence and the court grants them probation, the court may require attendance at counseling sessions for the elimination of violent behavior as well as payment of the costs of such counseling and the costs of counseling for their victim. Victims of family member assaults should be encouraged to report the attack as soon as possible to the local police or sheriff's department--just as any other type of criminal activity would be reported.

Other types of criminal behavior often associated with family violence includes the following:

- **Harassment** is a criminal violation in Texas and includes threats by telephone or in writing to inflict bodily injury to commit a felony against a person, a member of the person's family, or their property.
- **Stalking** is a criminal violation and includes conduct on more than one occasion which is intended to harass, annoy, alarm, abuse, torment or embarrass another person and which threatens bodily injury, or an offense against the person, a member of the person's household, or a person's property. Conduct which constitutes stalking should be reported immediately.

(Note: On 9-11-96, the Texas Court of Criminal Appeals declared the Texas anti-stalking law unconstitutional. A federal anti-stalking law is expected to be passed and become law in the near future. This federal will provide interstate protection against stalkers. That is, it will provide protection from stalkers from other states.)

C. Specific Legal Protections:

- **Magistrate's Order of Emergency Protection** is available under strictly limited circumstances if the victim, the Justice of the Peace, or a law enforcement officer requests it before the accused is arraigned or formally advised of the charges. The Order is good for 30 days and overrides any other order during that time, including custody and visitation orders in a divorce. The law enforcement agencies have the information and forms for this type of order and should make the victim aware of this at the time they file a complaint. It is not necessary for the victim to go to court to obtain this protection.
- **Protective Orders** are available to members of a **family** or **household** under the Texas Family Code. For purposes of these orders, family includes the individuals described earlier, and household includes those individuals who live together, whether or not they are related. Household also includes people who used to live in the household. Protective orders can be obtained as a part of divorce proceedings or in suits affecting the parent-child relationship for the protection of victims of family violence. Protective orders are obtained by the attorney handling these proceedings and can be obtained on an emergency basis. Protective orders can also be obtained without filing one of the above mentioned proceedings. An application for the protective order can be filed by any adult member of the family or household for the protection of any member of the family or household. Applications for the order also can be filed by a local prosecutor or the Department of Protective and Regulatory

Services. In most counties, the District Attorney's Office or the County Attorney's Office files applications for Protective Orders. There is no charge to the applicant for filing a request for a Protective Order. The court can require the person responsible for family violence to pay the costs and attorney's fees involved. The court will send notice of the order to the local police or sheriff's department. Violation of a

Protective Order is punishable by a fine of up to \$4,000, one year in jail or both.

D. Recommendations for patients to maximize legal protections

Victims of family violence should be encouraged to file complaints promptly with the police department or sheriff's office after the violence has occurred. They will need to provide relevant specific facts as well as any supporting evidence. Reporting incidents or injuries to health care providers can constitute vital evidence. Also, photos taken of injuries can be important evidence, as well as witnesses who can testify. The Texas Code of Criminal Procedure has been amended to repeal spousal privilege. That means it is now permissible, and might be required, for one spouse to testify against the other in the criminal prosecution of these cases.

If a child has been injured and if a parent or caregiver suspects abuse by another parent or caregiver, the child should receive medical assistance immediately and the health care provider should be told what happened and why abuse is suspected. Any assault on a child under the age of 14 which causes injury is a felony and subject to more severe punishment.

Other practical advice for patients

- Establish own checking account/separate from spouse
- Establish a hidden emergency fund

- Maintain contact with neighbors/family
- Make a list of important phone numbers--local women's shelter, etc.
- Keep copies of important records (birth certificates, immunizations, mortgage, blank checks) with friend/family member
- Leave suitcase with friend
- Establish a code in case of emergency
- Seek employment/job skills
- Keep a set of car keys hidden
- National Toll Free Hotline: 1-800-333-7233(SAFE)

A safety plan for patients

Call a local hotline or the National Toll Free Hotline to gather information on the following: (Also see Appendix C: Suggestions for a Safety Plan.)

- Legal rights
- Police and court procedures for protective orders
- Shelter availability
- Support groups
- Other support resources

In advising patients on developing a safety plan, stress that a call to a hotline in no way commits them to a course of action, but can provide vital information so that they can make their own decisions.

The woman's role: to decide when it is safe to leave and when she has the economic and emotional resources and support to do so.

The health care professional's role: to provide the woman with options, support, and information about resources. (See Appendix D: Medical Power and Control Wheel and Advocacy Wheel.)

Remember, a woman who does not leave a dangerous or potentially dangerous relationship does not constitute a treatment failure or non-compliant patient, but usually reflects the limited resources available to battered women.

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APPENDICES

- A. Resources for Victims of Family Violence
- B. Laws Relating to Family Violence
- C. Sample Assessment Tools and Handouts
- D. Medical Power and Control Wheel
Advocacy Wheel
Power and Control Wheel for Lesbians and Gays

National Resources

Administration on Aging
U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201
202 619-0724

American Academy of Pediatrics
141 NW Point Blvd
Elk Grove Village, IL 60007
847 228-5005

American Bar Association
Commission on Domestic Violence
740 15th St., NW
Washington, DC 20005-1009
202 662-1737

ABA Center on Children and the Law
740 15th Street, NW
Washington, DC 20005-1009
202 662-1720

ABA Commission on Legal Problems of the Elderly
740 15th Street, NW
Washington, DC 20005-1009
202 662-8690

American College of Nurse Midwives
Special Projects Section
818 Connecticut Avenue, NW
Washington, DC 20006
202 728-9863

American College of Obstetricians and Gynecologists
Division of Women's Health Issues
409 12th Street, SW
Washington, DC 20024
202 863-2487

American Medical Association
Department of Mental Health
515 N. State Street
Chicago, IL 60610
312 464-5066

AMA Alliance
515 N. State Street
Chicago, IL 60610
312 464-4481

American Professional Society on the Abuse of Children
407 S. Dearborn, #1300
Chicago, IL 60605
312 554-0166

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202 336-6046

Battered Women's Justice Project
Minnesota Program Development, Inc.
4032 Chicago Avenue South
Minneapolis, MN 55407
800 903-0111

Battered Women's Justice Project
c/o National Clearinghouse for the Defense of Battered Women
125 South 9th Street, Suite 302
Philadelphia, PA 19107
215 351-0010

Battered Women's Justice Project
c/o PCADV - Legal Office
524 McKnight Street
Reading, PA 19601
610 373-5697

Center for the Prevention of Sexual and Domestic Violence
936 North 34th Street Suite 200
Seattle, WA 98103
206 634-1903

Domestic Violence Training Project
900 State Street
New Haven CT, 06511
203 865-3699

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
415 252-8900

Health Resource Center on Domestic Violence
Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
800 313-1310

National Association of Adult Protective Services Administrators
c/o Adult Protective Services
New York State Dept. of Social Services
Office of Housing and Adult Services
40 North Pearl Street
Albany, NY 12243
518 432-2980

National Association of State Units on Aging
1225 I Street, NW, Suite 725
Washington, DC 20005
202 898-2578

National Center for Violence Prevention
(formerly, the Educational Center on Family Violence)
3500 Giles
St. Louis, MO 63110
314 771-1116

National Center on Elder Abuse
American Public Welfare Association
810 First Street, NE, Suite 500
Washington, DC 20002-4205
202 682-2470

National Center on Women and Family Law
275 Seventh Avenue, Suite 1206
New York, NY 10001
212 741-9480

National Child Abuse Hotline (ChildHelp USA)
800 422-4453

National Citizen's Coalition for Nursing Home Reform
1424 16th Street, NW, Suite 202
Washington, DC 20036
202 332-2275

National Clearinghouse on Child Abuse and Neglect Information
800 FYI-3366 or 703 385-7565

National Clearinghouse on Marital and Date Rape
2325 Oak Street
Berkeley, CA 94708
510 524-1582

National Coalition Against Domestic Violence
Policy Office
PO Box 34103
Washington, DC 20043-4103
703 765-0339

National Coalition Against Domestic Violence
PO Box 18749
Denver, CO 80218
303 839-1852

National Committee for the Prevention of Elder Abuse
Institute on Aging
Medical Center of Central Massachusetts
119 Belmont Street
Worcester, MA 01605
508 793-6166

National Committee to Prevent Child Abuse and Healthy Families America
332 S. Michigan Avenue
Chicago, IL 60604
312 663-3520

National Council of Juvenile and Family Court Judges
Family Violence Project
PO Box 8970
Reno, NV 89507
702 784-6012

National Domestic Violence Hotline
800 799-SAFE (7233)
800 787-3224 (TDD)

National Network to End Domestic Violence
Policy Office
701 Pennsylvania Avenue NW Suite 900
Washington, DC 20004
202 434-7405

National Research Council
Institute of Medicine
Board on Children and Families
2101 Constitution Avenue
Washington, DC 20418
202 334-1396

National Resource Center on Domestic Violence
Pennsylvania Coalition Against Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
800 537-2238

National Victim Center
2111 Wilson Blvd., Ste. 300
Arlington, VA 22210
703 276-2880

NOW Legal Defense and Education Fund
99 Hudson Street
New York, NY 10013-2871
212 925-6635

Nursing Network on Violence Against Women International
School of Nursing, ORD
Oregon Health Sciences University
3181 SW Sam Jackson Park Road
Portland, OR 97201-3098
503 494-7207

Oakland Men's Project
440 Grand Avenue, Suite 320
Oakland, CA 94610
510 835-2433

Older Women's League
730 11th Street, NW, Suite 700
Washington, DC 20001
202 783-6686

Physicians for a Violence-Free Society
PO Box 35528
Dallas, TX 75235-0528
214 590-8807

Resource Center on Child Custody and Child Protection
c/o National Council of Juvenile and Family Court Judges
PO Box 8970
Reno, NV 89507
800 527-3223

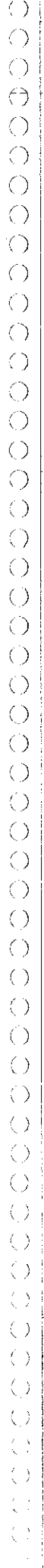
The Commonwealth Fund Commission on Women's Health
Columbia University
College of Physicians & Surgeons
630 West 168th Street, P&S 2-463
New York, NY 10032
212 305-8118

University of Oklahoma Health Sciences Center
College of Public Health, Room 357
PO Box 26901
Oklahoma City, OK 73190
(Curricular Principles for Health Professions)
405 271-3230

Victim Services
2 Lafayette Street, 2nd floor
New York, NY 10007
212 577-7700

Violence Against Women Act
For justice system programs:
Grants Office, Department of Justice
202 307-6026
For community cooperative agreement projects:
National Center for Injury Prevention and Control
770 488-4410

Women's Initiatives
American Association of Retired Persons
601 E Street, NW
Washington, DC 20049
202 434-2277



APPENDIX A

TEXAS RESOURCES

**The Office of the Attorney General
Crime Victim's Compensation Division
P. O. Box 12548
Austin, TX 78711-2548
(512) 462-6400
(800) 983-9933**

**Texas Council on Family Violence
3415 Greystone Drive, Suite 220
Austin, TX 78731
(512) 794-1133**

**Texas Department of Protective and Regulatory Services
P. O. Box 149303
Austin, TX 78714-9030
(800) 252-5400 (24-hour abuse hotline)**

BATTERED WOMEN'S PROGRAMS IN TEXAS

(includes shelters, hotlines, and counseling services)

Abilene.....	(915)676-7107, (800)444-3551
Alpine.....	(915)837-2242, (800)834-0654
Amarillo.....	(806)373-8022, (800)749-9026
Angleton.....	(409)849-5166, (800)243-5788
Arlington.....	(817)460-5566
Austin.....	(512)928-9070
Bastrop.....	(512)303-7755*
Bay City.....	(409)245-9299, (800)451-9235
Boytown.....	(713)422-2292
Beaumont.....	(409)832-7575, (800)621-8882
Brownsville.....	(210)544-7412
Bryan.....	(409)775-5355
Cleburne.....	(817)558-7171*, (800)848-3206
Corpus Christi.....	(512)881-8888
Dalhart.....	(800)753-7553
Dallas.....	(214)941-1991 (214)942-2998 (214)688-4494, ext. 185
Del Rio.....	(210)775-9612
Denton.....	(817)382-7273, (800)572-4031
Dumas.....	(806)935-2828
El Paso.....	(915)593-7300, (800)727-0511
Fort Worth.....	(817)535-6464
Gainesville.....	(817)665-2873
Galveston.....	(409)765-7233
Garland.....	(214)276-0057

Grand Prairie	(214)262-8383
Greenville	(903)454-4357, (800)746-5763
Harlingen	(210)423-9304
Hondo	(210)426-5131
Houston	(713)528-2121 (713)351-4357 (713)583-2539
Huntsville	(409)291-3369
Irving	(214)438-6785
Jacksonville	(903)586-9118, (800)232-8519
Jourdanton	(210)769-4357
Kerrville	(210)257-2400
Kilgore	(903)984-2377, (800)333-9148
Killeen	(817)634-8309
Laredo	(210)727-7888
Longview	(800)441-5555
Lubbock	(806)747-6491
Marble Falls	(210)693-5600
McAllen	(210)630-4878
Midland	(915)563-0800
Mineral Wells	(800)585-1306
Nacogdoches	(409)569-8850, (800)828-7233
New Braunfels	(210)620-4357
Pampa	(806)669-1788, (800)658-2796
Paris	(903)784-6842, (800)444-2836
Pasadena	(713)473-2801
Perryton	(806)435-5008, (800)753-5308
Plainview	(806)293-7273

Plano	(214)422-7233
Richmond	(713)342-4357
Round Rock	(512)255-1212, (800)460-7233
San Angelo	(915)655-5774
San Antonio	(210)733-8810
San Marcos	(512)396-4357
Seguin	(210)372-2780, (800)834-2033
Sherman	(903)893-5615
Stephenville	(817)965-4357
Texarkana	(903)793-4357, (800)876-4808
Tyler	(903)595-5591, (800)333-0358
The Woodlands	(713)292-4338
Victoria	(512)573-4357
Waco	(817)772-8999
Webster	(713)332-1683
Wichita Falls	(817)692-1993, (800)658-2683

* Metro number

If your community is not listed above, contact:

Texas Council on Family Violence
8701 North MoPac Expressway, Suite 450
Austin, Texas 78759
(512)794-1133
(512)794-1199 (fax)

COMMUNITY RESOURCES AVAILABLE FOR DOMESTIC VIOLENCE VICTIMS

Abilene: Noah Project
1802 Grape (79601)
(800)444-3551 hotline
(915)676-7107 office

Alpine: Family Crisis Center of the Big Bend
P.O. Box 1470 (79831)
(800)834-0654 or (915)837-2242 hotline
(915)837-7254 office
Marfa: (915)729-3388
Presidio: (915)229-4297

Amarillo: Family Support Services--
Rape Crisis/Domestic Violence Program
1001 S. Polk St. (79101-3407)
(800)749-9026 or (806)373-8022 hotline
(806)372-3202 office
Hereford: (806)364-7822

Angleton: Women's Center of Brazoria County
P.O. Box 476 (77516-0476)
(800)243-5788 or (409)849-5166 hotline
(409)849-9553 office
Alvin: (713)331-0703
Freeport: (409)233-7174
Pearland: (713)485-0934
West Columbia: (409)345-5014

Arlington: The Women's Shelter
P.O. Box 1207 (76004-1207)
(817)460-5566 hotline
(817)461-7949 office
Hurst: (817)282-2211 office

Austin: Center for Battered Women
P.O. Box 19454 (78760)
(512)928-9070 hotline
(512)385-5181 office

Bastrop: Family Crisis Center
P.O. Box 736 (78602)
(512)303-7755 hotline
(512)321-7760 office
Fayette County: (409)968-6995
Lee County: (409)542-9510

Bay City: Matagorda County Women's Crisis Center
P.O. Box 1820 (77404-1820)
(800)451-9235 or (409)245-9299 hotline
(409)245-9109 office
El Campo: (409)543-5881

Monday and Wednesday only
Wharton: (409)282-6819 Friday only
Palacios: (512)972-2511 Ext. 500
Tuesday only

Baytown: Bay Area Women's Center
P.O. Box 3735 (77522)
(713)422-2292 hotline
(713)424-3300 office

Chambers and Liberty counties: Call collect

North Channel area and Channelview:
Call collect

Beaumont: Women & Children's Shelter of Southeast Texas
700 North St., #149 (77701)
(800)621-8882 hotline
(409)833-2668 office

Jasper County: (409)384-1225 hotline
Orange County: (409)886-2222
Tyler County: (409)283-8720

Brownsville: Friendship of Women
P.O. Box 3112 (78523)
(210)544-7412 hotline
(210)544-7411 office

Brownwood: Noah Project -- Central
P.O. Box 1202 (76804)
(915)643-2699 hotline/office

Bryan: Phoebe's Home
P.O. Drawer 3490 (77805)
(409)775-5355 hotline
(409)823-2471 office

Carrizo Springs: Winter Garden Women's
Shelter
1705 N. 1st (78834)
(800)363-9441 hotline
(210)876-9441 office

Cleburne: Johnson County Family Crisis
Center
P.O. Box 43 (76033-0043)
(800)848-3206 hotline
(817)641-2343 office

Corpus Christi: Women's Shelter
P.O. Box 3368 (78463-3368)
(800)580-4878 or (512)881-8888
hotline/office

**Aransas, Bee, Brooks, Duval, Live
Oak, Jim Wells, Kenedy, Kleberg,
Nueces, McMullen, Refugio and
San Patricio counties:** Same

Dallas: The Family Place
P.O. Box 79999 (75209)
(214)941-1991 hotline
(214)559-2170 office

Dallas: Genesis Women's Shelter
Drawer G (75208)
(214)942-2998 hotline/office

Dallas: Salvation Army Family Violence
Program
5302 Harry Hines (75235)
(214)688-4494 Ext. 185 hotline

Del Rio: Amistad Family Violence and
Rape Crisis Center
P.O. Box 1454 (78841)
(210)774-2744 hotline
(210)775-9612 office

Denton: Denton County Friends of the
Family
P.O. Box 640 (76202)
(800)572-4031 or (817)382-7273 hotline
(817)387-5131 office

Dumas: Safe Place
P.O. Box 317 (79029)
806-935-2828 hotline
806-935-7585 office

Dalhart: (800)753-7553 hotline

El Paso: El Paso Shelter for Battered
Women
P.O. Box 26219 (79926-6219)
(800)727-0511 or (915)593-7300 hotline
(915)593-1000 office

Fort Worth: Women's Haven of Tarrant
County
P.O. Box 1456 (76101)
(817)535-6464 hotline
(817)535-6462 office

Gainesville: Cooke County Friends of the
Family
P.O. Box 1221 (76241)
(817)665-2873 (hotline/office)

Galveston: Women's Resource and Crisis
Center
P.O. Box 1545 (77553)
(409)765-SAFE hotline
(409)763-1441 office

League City: (713)332-HELP hotline
Santa Fe: (409)925-HELP hotline
Texas City: (409)948-HELP hotline

Garland: New Beginning Center
218 N. 10th St. (75040-6172)
(214)276-0057 hotline
(214)276-0423 office

Grand Prairie: Brighter Tomorrows
P.O. Box 532151 (75053)
(214)262-8383 hotline
(214)263-0506 office

Greenville: Women in Need
P.O. Box 349 (75403-0349)
(800)7HELPME or 903-454-4357 hotline
903-455-4612 office

Harlingen: Family Crisis Center
2220 Haine Dr., #32 (78550)
(210)423-9304 hotline
(210)423-9306 office

Haskell: The Noah Project -- North
P.O. Box 52 (79521)
(800)444-3551 hotline
(817)864-2551 office

Hondo: Medina County Family Life Center
P.O. Box 393 (78861)
(210)426-5131 hotline
(210)426-5972 office
Bandera: (210)796-3449
Leakey: (210)232-5860
Pearsall: (210)334-4556
Uvalde: (210)278-1064

Houston: Houston Area Women's Center
1010 Waugh Drive (77019)
(713)528-2121 hotline
(713)528-6798 office
(713) 528-7273 Rape hotline

Houston: The Roseate Women's Center of Northwest Houston
P.O. Box 691789 (77269)
(713)351-4357 hotline
(713)444-1582 office

Huntsville: Safe House
P.O. Box 1893 (77342-1893)
(409)291-3369 hotline
(409)291-3529 office

Irving: New Tomorrows
P.O. Box 177214 (75017-7214)
(214)438-6785 hotline
(214)438-3695 office

Jacksonville: Cherokee County Crisis Center
P.O. Box 8371 (75766)
(800)232-8519 hotline
903-586-9118 office

Jourdanton: Atascosa Family Crisis Center
P.O. Box 96 (78026)
(210)769-HELP hotline
(210)769-2169 office

Kerrville: Hill Country Crisis Council
P.O. Box 1817 (78029-1817)
(210)257-2400 hotline
(210)257-7088 office

Boerne: (210)249-8379 hotline

Kilgore: Kilgore Community Crisis Center
905 Broadway (75662)
(800)333-9148 or 903-984-2377 hotline
903-984-3019 office

Gregg, Panola and Rusk counties: Same

Killeen: Families in Crisis
P.O. Box 25 (76540-0025)
(817)634-8309 hotline
(817)634-1184 office
Temple: (817)733-7765

Laredo: Laredo Family Violence Center
P.O. Box 3305 (78044)
(210)727-7888 hotline
(210)722-7271 office

Longview: Women's Center of East Texas
1415 McCann (75606)
(800)441-5555 hotline
903-757-9308 office

**Camp, Gregg, Harrison, Marion,
Panola, Rusk and Upshur
counties: Same**

Lubbock: Women's Protective Services
3223 S. Loop 289, #320 (79423)
806-747-6491 hotline
806-792-7295 office

**Brownfield, Denver City,
Levelland, Muleshoe, Spur, Post:
(800)736-6491 hotline**

Marble Falls: Family Crisis Center
P.O. Box 805 (78654)
(800)66-HELP-4 long distance hotline
(210)693-5600 local hotline
(210)693-3656 office

McAllen: Mujeres Unidas/Women Together
420 N. 21st St. (78501)
(210)630-4881 hotline
(210)630-4878 office

Midland: Permian Basin Center for
Battered Women and Their Children
P.O. Box 2942 (79702)
(800)967-8928 or (915)570-1465 hotline
(915)683-1300 office

**Andrews, Borden, Crane, Dawson,
Ector, Gaines, Glasscock, Howard,
Loving, Martin, Midland, Reeves,
Upton, Ward and Winkler
counties: Same**

Mineral Wells: Hope Inc.
P.O. Box 1622 (76068)
(800)585-1306 hotline
(817)325-1307 office

**Granbury, Stephenville and
Weatherford: Same**

Nacogdoches: Women's Shelter of East
Texas

P.O. Box 630569 (75963)
(800)828-7233 or (409)569-8850 hotline
(409)569-1018 office

Lufkin-Angelina County: Same

New Braunfels: Comal County Women's
Center

P.O. Box 310344 (78131-0344)
(800)434-8013 or (210)620-HELP hotline
(210)620-7520 office

Pampa: Tralee Crisis Center for Women
P.O. Box 2880 (79065)
(800)658-2796 or 806-669-1788 hotline
806-669-1131 office

Hutchinson County: (800)658-2796

Paris: Family Haven Crisis and Resource
Center

1220 Clarksville (75460)
(800)444-2836 or 903-784-6842 hotline
903-784-6901 office

Pasadena: The Bridge Over Troubled
Waters

P.O. Box 3488 (77501)
(713)473-2801 hotline
(713)472-0753 office

Clear Lake: (713)335-7033

**Pasadena, La Porte, Deer Park:
(713)941-8376**

Perryton: Panhandle Crisis Center

P.O. Box 502 (79070)
(800)753-5308 hotline
806-435-5008 office

Hansford and Lipscomb counties:

(800)753-5308 hotline

Plainview: Hale County Crisis Center
P.O. Box 326 (79073-0326)
806-293-7273 hotline
806-293-9772 office

Floydada, Memphis, Petersburg:
Same

Brisco, Floyd, Hall and Motley counties:
Same

Plano: Collin County Women's Shelter
2701 W. 15th, #212 (75075)
(214)422-7233 hotline
(214)422-2911 office

Richmond: Fort Bend County Women's
Center
P.O. Box 183 (77469)
(713)342-4357 hotline
(713)342-0251 office

Round Rock: Williamson County Crisis
Center
211 Commerce, #103 (78664)
(800)460-7233 or (512)255-1212 hotline
**Cedar Park, Georgetown, Leander
and Taylor:** Same

San Angelo: ICD Family Shelter/New
Directions
P.O. Box 5018 (76902)
(915)655-5774 hotline
(915)658-8631 office
**Ballinger, Big Lake, Brady, Eden,
Eldorado, Junction, Mason,
Menard, Mertzon, Ozona, Sonora,
Sterling City, Winters, Robert Lee,
Paint Rock and Bronte:**
(800)749-8631 hotline

San Antonio: Battered Women's Shelter of
Bexar County
P.O. Box 10393 (78210)
(210)733-8810 (hotline/office)

San Marcos: Hays-Caldwell Women's
Center
P.O. Box 234 (78667)
(800)700-4292 or (512)396-4357 hotline
(512)396-3404 office

Seguin: Guadalupe Valley Family Violence
Shelter
P.O. Box 1302 (78155)
(800)834-2033 or (210)372-2780 hotline
(210)372-2781 office
Karnes and Wilson counties: Same

Sherman: Crisis Center
P.O. Box 2112 (75091)
903-893-5615 hotline
903-893-3909 office
Fannin County: (800)259-7740

Snyder: The Noah Project -- West
P.O. Box 425 (79550)
(915)573-1822 office

Stephenville: Cross Timbers Family
Services
P.O. Box 978 (76401)
(817)965-4357 hotline
(817)965-5516 office

Texarkana: Domestic Violence Prevention,
Inc.
P.O. Box 712 (75504)
(800)876-4808 or (903)793-4357 hotline
(903)794-4000 office

Tyler: East Texas Crisis Center
3027 SSE Loop 323 (75701)
(800)333-0358 or (903)595-5591 hotline
(903)595-3199 office

Van Zandt County: (903)567-6426
Henderson County: (903)675-2137
Wood County: (903)569-1678

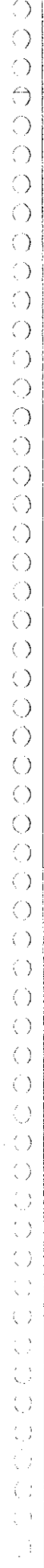
Victoria: Women's Crisis Center
P.O. Box 395 (77902)
(512)573-4357 hotline/office
**Calhoun, DeWitt, Goliad,
Gonzales, Jackson, and Lavaca
counties: Same**

Waco: Family Abuse Center
P.O. Box 20395 (76702-0395)
(817)772-8999 hotline/office

Webster: Bay Area Turning Point
P.O. Box 57543 (77598)
(713)332-7233 hotline
(713)332-1683 office

Wichita Falls: First Step, Inc.
P.O. Box 4085 (76308)
(800)658-2683 or (817)692-2683 hotline
(817)692-4494 office
Vernon: (800)657-9390 hotline

**The Woodlands: Montgomery County
Women's Center**
P.O. Box 8666 (77387-8666)
(713)292-4338 or (409)441-7273 hotline
(713)367-8003 office
**Conroe, Cleveland, New Caney
and Magnolia: (409)441-7273**



REPORTING FAMILY VIOLENCE LAW

Bill Number: TX74RSB 224
ENROLLED

Date: 5/26/95

AN ACT

relating to reports of domestic violence.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Title 4, Family Code, is amended by adding

Chapter 73 to read as follows:

CHAPTER 73. REPORTING FAMILY VIOLENCE

Sec. 73.01. DEFINITIONS. In this chapter:

(1) "Family violence" has the meaning assigned by Section 71.01.

(2) "Medical professional" means a licensed doctor, nurse, physician assistant, or emergency medical technician.

Sec. 73.02. REPORTING BY WITNESSES ENCOURAGED. A person who witnesses family violence is encouraged to report the family violence to a local law enforcement agency.

Sec. 73.03. INFORMATION PROVIDED BY MEDICAL PROFESSIONALS. (a) A medical professional who treats a person for injuries that the medical professional has reason to believe were caused by family violence shall:

(1) immediately provide the person with information regarding the nearest family violence shelter center; and

(2) document in the person's medical file:

(A) information provided under Subdivision (1); and

(B) reasons for the medical professional's belief that the person's injuries were caused by family violence.

and

(3) give the person a written notice in substantially the following form, with the required information in both English and Spanish:

"NOTICE TO ADULT VICTIMS OF FAMILY VIOLENCE

"It is a crime for any person to cause you any physical injury or harm EVEN IF THAT PERSON IS A MEMBER OR FORMER MEMBER OF YOUR FAMILY OR HOUSEHOLD.

"You may report family violence to a law enforcement officer by calling the following numbers:

"If you, your child, or any other household resident has been injured, or if you feel you are going to be in danger after a law enforcement officer investigating family violence leaves your residence or at a later time, you have the right to:

"Ask the local prosecutor to file a criminal complaint against the person committing family violence; and

"Apply to a court for an order to protect you (You may want to consult with a legal aid office, a prosecuting attorney, or a private attorney). A court can enter an order that:

"(1) prohibits the abuser from committing further acts of violence;

"(2) prohibits the abuser from threatening, harassing, or contacting you at home;

"(3) directs the abuser to leave your household;

and

"(4) establishes temporary custody of the children
or any property.

"A VIOLATION OF CERTAIN PROVISIONS OF COURT-ORDERED
PROTECTION MAY BE A FELONY.

"CALL THE FOLLOWING VIOLENCE SHELTERS OR SOCIAL
ORGANIZATIONS IF YOU NEED PROTECTION:

Sec. 73.04. IMMUNITY. (a) Except as provided by
Subsection (b), a person who reports family violence under
Section 73.02 or provides information under Section 73.03 is
immune from civil liability that might otherwise be incurred or
imposed.

(b) A person who reports the person's own conduct or who
otherwise reports family violence in bad faith is not protected
from liability under this section.

Sec. 73.05. APPLICATION OF CHAPTER. This chapter does
not affect a duty to report child abuse under Chapter 34.

SECTION 2. This Act takes effect September 1, 1995.

SECTION 3. The importance of this legislation and the
crowded condition of the calendars in both houses create an
emergency and an imperative public necessity that the
constitutional rule requiring bills to be read on three several
days in each house be suspended, and this rule is hereby
suspended.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 224 passed the Senate on
May 2, 1995, by a viva-voce vote.

Secretary of the Senate

I hereby certify that S.B. No. 224 passed the House on
May 24, 1995, by a non-record vote.

Chief Clerk of the House

Approved:

Date

Governor

CODE OF CRIMINAL PROCEDURE

Art. 14.03. Authority of peace officers.

(a) Any peace officer may arrest, without warrant:

(1) persons found in suspicious places and under circumstances which reasonably show that such persons have been guilty of some felony, violation of Title 9, Chapter 42, Penal Code, breach of the peace, or offense under Section 49.02, Penal Code, or threaten, or are about to commit some offense against the laws;

(2) persons who the peace officer has probable cause to believe have committed an assault resulting in bodily injury to another person and the peace officer has probable cause to believe that there is danger of further bodily injury to that person;

(3) persons who the peace officer has probable cause to believe have committed the offense defined by Section 25.07, Penal Code (violation of Protective Order), if the offense is not committed in the presence of the peace officer; or

(4) persons who the peace officer has probable cause to believe have committed an assault resulting in bodily injury to a member of the person's family or household.

(b) A peace officer shall arrest, without a warrant, a person the peace officer has probable cause to believe has committed an offense under Section 25.07, Penal Code (violation of Protective Order), if the offense is committed in the presence of the peace officer.

(c) If reasonably necessary to verify an allegation of a violation of a protective order or of the commission of an assault against a member of the family or household, a peace officer shall remain at the scene of the investigation to verify the allegation and to prevent the further commission of family violence.

(d) A peace officer who is outside his jurisdiction may arrest, without warrant, a person who commits an offense within the officer's presence or view, if the offense is a felony, a violation of Title 9, Chapter 42, Penal Code, a breach of the peace, or an offense under Section 49.02, Penal Code. A peace officer making an arrest under this subsection shall, as soon as practicable after making the arrest, notify a law enforcement agency having jurisdiction where the arrest was made. The law enforcement agency shall then take custody of the person committing the offense and take the person before a magistrate in compliance with Article 14.06 of this code.

(e) The justification for conduct provided under Section 9.21, Penal Code, applies to a peace officer when the peace officer is performing a duty required by this article.

(f) In this article, "family," "household," and "member of a household" have the meanings assigned to those terms by Section 71.01, Family Code.

(g) A peace officer who is listed in Subdivision (1), (2), (3), or (4), Article 2.12, is licensed under Chapter 415, Government Code, and is outside of the officer's jurisdiction may arrest without a warrant a person who commits any offense within the officer's presence or view, except that an officer who is outside the officer's jurisdiction may arrest a person for a violation of the Uniform Act Regulating Traffic on Highways (Article 6701d, Texas Civil Statutes) only if the officer is listed in Subdivision (4), Article 2.12. A peace officer making an arrest under this subsection shall as soon as practicable after making the arrest notify a law enforcement agency having jurisdiction where the arrest was made. The law enforcement agency shall then take custody of the person committing the offense and take the person before a magistrate in compliance with Article 14.06.

(Chgd. by L. 1989, chap. 740(1); L. 1991, chap. 542(9); L. 1993, chap. 900(3.02); L. 1995, chaps. 76(14.17), 829(1), eff. 9/1/95, 8/28/95, respectively.)

§25.07. Violation of protective order or magistrate's order.

(a) A person commits an offense if, in violation of an order issued under Section 3.581, 71.11, or 71.12, Family Code, or under Article 17.292, Code of Criminal Procedure, the person knowingly or intentionally:

- (1) commits family violence or an act in furtherance of an offense under Section 42.07(a)(7);
- (2) directly communicates with a protected individual or a member of the family or household in a threatening or harassing manner, communicates a threat through any person to a protected individual or a member of the family or household, and, if the order prohibits any communication with a protected individual or a member of the family or household, communicates in any manner with the protected individual or the member of the family or household except through the person's attorney or a person appointed by the court; or

(3) goes to or near any of the following places as specifically described in the order:

- (A) the residence or place of employment or business of a protected individual or a member of the family or household; or
- (B) any child care facility, residence, or school where a child protected by the order normally resides or attends.

(See other subsection (a) below.)

(a) A person commits an offense if, in violation of an order issued under Section 3.581, Section 71.11, or Section 71.12, Family Code, the person knowingly or intentionally:

- (1) commits family violence;
- (2) communicates:

- (A) directly with a member of the family or household in a threatening or harassing manner;
- (B) a threat through any person to a member of the family or household; and
- (C) in any manner with the member of the family or household except through the person's attorney or a person appointed by the court, if the order prohibits any communication with a member of the family or household;

(3) goes to or near any of the following places as specifically described in the protective order:

- (A) the residence or place of employment or business of a member of the family or household; or
- (B) any child care facility, residence, or school where a child protected by the protective order normally resides or attends; or

(4) engages in conduct directed specifically toward a person who is a member of the family or household, including following the person, that is reasonably likely to harass, annoy, alarm, abuse, torment, or embarrass that person.

(See other subsection (a) above.)

(b) For the purposes of this section, "family violence," "family," "household," and "member of a household" have the meanings assigned by Section 71.01, Family Code.

(c) If conduct constituting an offense under this section also constitutes an offense under another section of this code, the actor may be prosecuted under either section or under both sections.

(d) Reconciliatory actions or agreements made by persons affected by an order do not affect the validity of the order or the duty of a peace officer to enforce this section.

(e) A peace officer investigating conduct that may constitute an offense under this section for a violation of an order may not arrest a person protected by that order for a violation of that order.

(f) It is not a defense to prosecution under this section that certain information has been excluded, as provided by Section 71.111, Family Code, or Article 17.292, Code of Criminal Procedure, from an order to which this section applies.

(g) An offense under this section is a Class A misdemeanor unless it is shown on the trial of the offense that the defendant has previously been convicted two or more times under this section, in which event the offense is a state jail felony.

(Chgd. by L.1989, chaps. 614(23-26), 739(4-7); L.1991, chap. 366(2); renum. from §25.08 and chgd. by L.1993, chap. 900(1.01); chgd. by L.1995, chaps. 658(2),(3), 660(1), 1024(23). eff. 6/14/95, 9/1/95, 9/1/95, respectively.)

Art. 5.01. Legislative statement.

(a) Family violence is a serious danger and threat to society and its members. Victims of family violence are entitled to the maximum protection from harm or abuse or the threat of harm or abuse as is permitted by law.

(b) In any law enforcement, prosecutorial, or judicial response to allegations of family violence, the responding law enforcement or judicial officers shall protect the victim, without regard to the relationship between the alleged offender and victim.

Art. 5.02. Definitions.

In this chapter, "family violence," "family," "household," and "member of a household" have the meanings assigned by Section 71.01, Family Code.

Art. 5.03. Family or household relationship does not create an exception to official duties.† [Domestic violence: family or household relationship no exception.]

A general duty prescribed for an officer by Chapter 2 of this code is not waived or excepted in any family violence case or investigation because of a family or household relationship between an alleged violator and the victim of family violence. A peace officer's or a magistrate's duty to prevent the commission of criminal offenses, including acts of family violence, is not waived or excepted because of a family or household relationship between the potential violator and victim.

Art. 5.04. Duties of peace officers.† [Peace officers: duties.]

→ (a) The primary duties of a peace officer who investigates a family violence allegation or who responds to a disturbance call that may involve family violence are to protect any potential victim of family violence, enforce the law, and make lawful arrests of violators.

→ (b) A peace officer who investigates a family violence allegation or who responds to a disturbance call that may involve family violence shall advise any possible adult victim of all reasonable means to prevent further family violence, including giving written notice of a victim's legal rights and remedies and of the availability of shelter or other community services for family violence victims.

→ (c) A written notice required by Subsection (b) of this article is sufficient if it is in substantially the following form with the required information in English and in Spanish inserted in the notice:

CHAPTER 71. PROTECTIVE ORDERS

- Section
- 71.01. Definitions.
- 71.02. Commencement of proceeding.† [Start of proceeding.]
- 71.03. Venue.
- 71.04. Application for protective order.
- 71.041. Fees and costs.
- 71.05. Contents of application.
- 71.06. Dismissal of application.† [Application filed during suit for dissolution of marriage.]
- 71.07. Service of notice of application for protective order.
- 71.08. Answer.
- 71.09. Hearing.
- 71.10. Findings and orders.
- 71.11. Protective order.† [Functions of order.]
- 71.111. Confidentiality of certain information.
- 71.12. Agreed orders.
- 71.121. Request by respondent for protective order.
- 71.13. Duration of protective orders.
- 71.14. Modification of orders.† [Alteration of orders.]
- 71.15. Temporary orders.† [Short term orders.]
- 71.16. Warning on protective order.† [Warning on order.]
- 71.17. Copies of orders.† [Duplicates of orders.]
- 71.18. Duties of law enforcement agencies.
- 71.19. Relief cumulative.

§71.01. Definitions.

(a) Except as provided by Subsection (b) of this section, the definitions in Section 11.01 of this code apply to terms used in this chapter.

(b) In this chapter:

(1) "Court" means the district court, court of domestic relations, juvenile court having the jurisdiction of a district court, or other court expressly given jurisdiction of a suit under this subtitle or a statutory county court.

(2) "Family violence" means:

(A) an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself; or

(B) abuse, as that term is defined by Sections 34.012(1)(C), (E), and (G) of this code, by a member of a family or household toward a child of the family or household.

(3) "Family" includes individuals related by consanguinity or affinity, as determined under Chapter 573, Government Code, individuals who are former spouses of each other, individuals who are the biological parents of the same child, without regard to marriage, and a foster child and foster parent, whether or not those individuals reside together. (See other par. (3) below.)

(3) "Family" includes individuals related by consanguinity or affinity, as determined under Sections 573.022 and 573.024, Government Code, individuals who are former spouses of each other, individuals who are the biological parents of the same child, without regard to marriage,

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Family Code

§71.041

and a foster child and foster parent, whether or not those individuals reside together. (See other par. (3) above.)

(4) "Household" means a unit composed of persons living together in the same dwelling, whether or not they are related to each other.

(5) "Member of a household" includes a person who previously lived in a household. (Chgd. by L.1989, chaps. 375(26), 614(1), 739(11), 1265(9); L.1991, chaps. 16(7.03), 542(1), 561(20); L.1995, chaps. 76(5.95)(27), 1024(3), eff. 9/1/95.)

§52.01. Taking into custody; issuance of warning notice.† [Taking into custody; delivery of warning notice.]

(a) A child may be taken into custody:

(1) pursuant to an order of the juvenile court under the provisions of this subtitle;*

*So in original. Probably should be "title;".

(2) pursuant to the laws of arrest;

→ (3) by a law-enforcement officer, including a school district peace officer commissioned under Section 21.483, Education Code, if there is *probable cause* [are reasonable grounds] to believe that the child has engaged in:

(A) *conduct that violates a penal law of this state or a penal ordinance of any political subdivision of this state; or*

(B) *delinquent conduct or conduct indicating a need for supervision; [or]*

(4) by a probation officer if there is *probable cause* [are reasonable grounds] to believe that the child has violated a condition of probation imposed by the juvenile court; *or*

(5) *pursuant to a directive to apprehend issued as provided by Section 52.015.*

(b) The taking of a child into custody is not an arrest except for the purpose of determining the validity of taking him into custody or the validity of a search under the laws and constitution of this state or of the United States.

(c) A law-enforcement officer authorized to take a child into custody under Subdivisions (2) and (3) of Subsection (a) of this section may issue a warning notice to the child in lieu of taking him into custody if:

(1) guidelines for warning disposition have been issued by the law-enforcement agency in which the officer works;

(2) the guidelines have been approved by the juvenile court of the county in which the disposition is made;

(3) the disposition is authorized by the guidelines;

(4) the warning notice identifies the child and describes his alleged conduct;

(5) a copy of the warning notice is sent to the child's parent, guardian, or custodian as soon as practicable after disposition; and

(6) a copy of the warning notice is filed with the law-enforcement agency and the office or official designated by the juvenile court.

(d) A warning notice filed with the office or official designated by the juvenile court may be used as the basis of further action if necessary.

(Chgd. by L.1993, chap. 115(2); L.1995, chap. 262(15), eff. 1/1/96. Matter in brackets eff. only until 1/1/96. Matter in italics eff. 1/1/96.)

§51.03. Delinquent conduct; conduct indicating a need for supervision.†
[Delinquent conduct: conduct suggesting a need for supervision.]

(a) Delinquent conduct is:

- (1) conduct, other than a traffic offense, that violates a penal law of this state or of the United States punishable by imprisonment or by confinement in jail;
- (2) conduct that violates a reasonable and lawful order of a juvenile court entered under Section 54.04 or 54.05 of this code, except an order prohibiting the following conduct:
 - (A) a violation of the penal laws of this state of the grade of misdemeanor that is punishable by fine only or a violation of the penal ordinances of any political subdivision of this state;
 - (B) the unexcused voluntary absence of a child from school; or
 - (C) the voluntary absence of a child from his home without the consent of his parent or guardian for a substantial length of time or without intent to return; [or]
- (3) *conduct that violates a lawful order of a municipal court or justice court under circumstances that would constitute contempt of that court; or*
- (4) conduct that violates the laws of this state prohibiting driving while intoxicated or under the influence of intoxicating liquor (third or subsequent offense) or driving while under the influence of any narcotic drug or of any other drug to the degree that renders the child incapable of safely driving a vehicle (third or subsequent offense).

(b) Conduct indicating a need for supervision is:

- (1) subject to Subsection (f) of this section, conduct, other than a traffic offense, that violates:
 - (A) the penal laws of this state of the grade of misdemeanor that are punishable by fine only; or
 - (B) the penal ordinances of any political subdivision of this state;
- (2) the unexcused voluntary absence of a child on 10 or more days or parts of days within a six-month period or three or more days or parts of days within a four-week period from school without the consent of his parents;
- (3) the voluntary absence of a child from his home without the consent of his parent or guardian for a substantial length of time or without intent to return;
- (4) conduct which violates the laws of this state prohibiting driving while intoxicated or under the influence of intoxicating liquor (first or second offense) or driving while under the influence of any narcotic drug or of any other drug to a degree which renders him incapable of safely driving a vehicle (first or second offense); [or]
- (5) conduct prohibited by city ordinance or by state law involving the inhalation of the fumes or vapors of paint and other protective coatings or glue and other adhesives and the volatile chemicals itemized in Section 484.002, Health and Safety Code;

(6) *an act that violates a school district's previously communicated written standards of student conduct for which the child has been expelled under Section 21.3011, Education Code;*

or
 (7) *conduct that violates a reasonable and lawful order of a court entered under Section 264.305.*

(c) Nothing in this title prevents criminal proceedings against a child for perjury.

(d) For the purpose of Subsection (b)(2) of this section an absence is excused when the absence results from:

- (1) illness of the child;
- (2) illness or death in the family of the child;
- (3) quarantine of the child and family;
- (4) weather or road conditions making travel dangerous;
- (5) an absence approved by a teacher, principal, or superintendent of the school in which the child is enrolled; or
- (6) circumstances found reasonable and proper.

(e) For the purposes of Subdivisions (2) and (3) of Subsection (b) of this section, "child" does not include a person who is married, divorced, or widowed.

(f) Conduct described under Subsection (b)(1) of this section, other than conduct that violates Section 49.02, Penal Code, prohibiting public intoxication, does not constitute conduct indicating a need for supervision unless the child has been referred to the juvenile court under Section 51.08(b) of this code.

(Chgd. by L.1989, chaps. 1100(3.02), 1245(1), (4); L.1991, chaps. 14(284)(35), 16(7.02), 169(1); L.1993, chap. 46(1); L.1995, chaps. 76(14.30), 262(4), eff. 9/1/95, 1/1/96, respectively. Matter in brackets eff. only until 1/1/96. Matter in italics eff. 1/1/96.)

(b) An offense designated a felony in this code without specification as to category is a state jail felony.
(Chgd. by L.1993, chap. 900(1.01), eff. 9/1/94.)

SUBCHAPTER B. ORDINARY MISDEMEANOR PUNISHMENTS

§12.21. Class A misdemeanor.

An individual adjudged guilty of a Class A misdemeanor shall be punished by:
(1) a fine not to exceed \$4,000;
(2) confinement in jail for a term not to exceed one year; or
(3) both such fine and confinement.
(Chgd. by L.1991, chap. 108(1); L.1993, chap. 900(1.01), eff. 9/1/94.)

§12.22. Class B misdemeanor.

An individual adjudged guilty of a Class B misdemeanor shall be punished by:
(1) a fine not to exceed \$2,000;
(2) confinement in jail for a term not to exceed 180 days; or
(3) both such fine and confinement.
(Chgd. by L.1991, chap. 108(1); L.1993, chap. 900(1.01), eff. 9/1/94.)

§12.23. Class C misdemeanor.

An individual adjudged guilty of a Class C misdemeanor shall be punished by a fine not to exceed \$500. (Chgd. by L.1991, chap. 108(1); L.1993, chap. 900(1.01), eff. 9/1/94.)

SUBCHAPTER C. ORDINARY FELONY PUNISHMENTS

§12.31. Capital felony.

(a) An individual adjudged guilty of a capital felony in a case in which the state seeks the death penalty shall be punished by imprisonment in the institutional division for life or by death. An individual adjudged guilty of a capital felony in a case in which the state does not seek the death penalty shall be punished by imprisonment in the institutional division for life.

(b) In a capital felony trial in which the state seeks the death penalty, prospective jurors shall be informed that a sentence of life imprisonment or death is mandatory on conviction of a capital felony. In a capital felony trial in which the state does not seek the death penalty, prospective jurors shall be informed that the state is not seeking the death penalty and that a sentence of life imprisonment is mandatory on conviction of the capital felony.
(Chgd. by L.1991, chaps. 652(12), 838(4); L.1993, chap. 900(1.01), eff. 9/1/94. This Section is exempt from the repeal of the Penal Code, L.1991, 2nd C.S., chap. 10(11.17), eff. 9/1/94.)

§12.32. First degree felony punishment.

(a) An individual adjudged guilty of a felony of the first degree shall be punished by imprisonment in the institutional division for life or for any term of not more than 99 years or less than 5 years.

(b) In addition to imprisonment, an individual adjudged guilty of a felony of the first degree may be punished by a fine not to exceed \$10,000.
(Chgd. by L.1993, chap. 900(1.01), eff. 9/1/94.)

§12.33. Second degree felony punishment.

(a) An individual adjudged guilty of a felony of the second degree shall be punished by imprisonment in the institutional division for any term of not more than 20 years or less than 2 years.

(b) In addition to imprisonment, an individual adjudged guilty of a felony of the second degree may be punished by a fine not to exceed \$10,000.
(Chgd. by L.1993, chap. 900(1.01), eff. 9/1/94.)

§12.34. Third degree felony punishment.

(a) An individual adjudged guilty of a felony of the third degree shall be punished by imprisonment in the institutional division for any term of not more than 10 years or less than 2 years.

(b) In addition to imprisonment an individual adjudged guilty of a felony of the third degree may be punished by a fine not to exceed \$10,000.
(Chgd. by L.1989, chap. 785(4.01); L.1990, 6th C. S., chap. 25(7); L.1993, chap. 900(1.01), eff. 9/1/94.)

§12.35. State jail felony punishment.

(a) Except as provided by Subsection (c), an individual adjudged guilty of a state jail felony shall be punished by confinement in a state jail for any term of not more than two years or less than 180 days.

(b) In addition to confinement, an individual adjudged guilty of a state jail felony may be punished by a fine not to exceed \$10,000.

(c) An individual adjudged guilty of a state jail felony shall be punished for a third degree felony if it is shown on the trial of the offense that:

(1) a deadly weapon as defined by Section 1.07 was used or exhibited during the commission of the offense or during immediate flight following the commission of the offense, and that the individual used or exhibited the deadly weapon or was a party to the offense and knew that a deadly weapon would be used or exhibited; or

(2) the individual has previously been finally convicted of any felony:

(A) listed in Section 3g(a)(1), Article 42.12, Code of Criminal Procedure; or

(B) for which the judgment contains an affirmative finding under Section 3g(a)(2), Article 42.12, Code of Criminal Procedure.

(Added by L.1993, chap. 900(1.01), eff. 9/1/94.)

§42.071. Stalking.

(a) A person commits an offense if, with intent to harass, annoy, alarm, abuse, torment, or embarrass another, he:

(1) on more than one occasion engages in conduct directed specifically toward another person, including following that person, that is reasonably likely to harass, annoy, alarm, abuse, torment, or embarrass that person; and

(2) on at least one of those occasions by acts or words threatens to inflict bodily injury on that person or to commit an offense against that person, a member of that person's family, or that person's property.

(b) An offense under this section is a Class A misdemeanor, except that the offense is a felony of the third degree if the actor has previously been convicted under this section.

(c) It is an affirmative defense to prosecution under this section that the actor was engaged in conduct that consisted of activity in support of constitutionally or statutorily protected rights.

(d) In this section, "family" has the meaning assigned by Section 71.01, Family Code.

(Added by L.1995, chap. 657(2), eff. 6/14/95.)

§42.08. Abuse of corpse.

(a) A person commits an offense if, not authorized by law, he intentionally or knowingly:

(1) disinters, disturbs, removes, dissects, in whole or in part, carries away, or treats in a seriously offensive manner a human corpse;

(2) conceals a human corpse knowing it to be illegally disinterred;

(3) sells or buys a human corpse or in any way traffics in a human corpse; or

(4) transmits or conveys, or procures to be transmitted or conveyed, a human corpse to a place outside the state.

(b) An offense under this section is a Class A misdemeanor.

(Deleted by amendment and renum. from §42.10 by L.1993, chap. 900(1.01), eff. 9/1/94.)

§42.09. Cruelty to animals.

(a) A person commits an offense if he intentionally or knowingly:

(1) tortures or seriously overworks an animal;

(2) fails unreasonably to provide necessary food, care, or shelter for an animal in his custody;

(3) abandons unreasonably an animal in his custody;

(4) transports or confines an animal in a cruel manner;

(5) kills, injures, or administers poison to an animal, other than cattle, horses, sheep, swine, or goats, belonging to another without legal authority or the owner's effective consent;

(6) causes one animal to fight with another;

(7) uses a live animal as a lure in dog race training or in dog coursing on a racetrack; or

(8) trips a horse.

(b) It is a defense to prosecution under this section that the actor was engaged in bona fide experimentation for scientific research.

(c) For purposes of this section:

(1) "Animal" means a domesticated living creature and wild living creature previously captured. "Animal" does not include an uncaptured wild creature or a wild creature whose capture was accomplished by conduct at issue under this section.

(2) "Trip" means to use an object to cause a horse to fall or lose its balance.

(d) An offense under this section is a Class A misdemeanor.

(e) It is a defense to prosecution under Subsection (a)(5) that the animal was discovered on the person's property in the act of or immediately after injuring or killing the person's goats, sheep, cattle, horses, swine, or poultry and that person killed or injured the animal at the time of this discovery.

(f) It is a defense to prosecution under Subsection (a)(8) that the actor tripped the horse for the purpose of identifying the ownership of the horse or giving veterinary care to the horse.

(Chgd. by L.1991, chap. 78(1); deleted by amendment and renum. from §42.11 and chgd. by L.1993, chap. 900(1.01); chgd. by L.1995, chap. 318(15), eff. 9/1/95.)

§42.10. Dog fighting.

(a) A person commits an offense if he intentionally or knowingly:

(1) causes a dog to fight with another dog;

(2) for a pecuniary benefit causes a dog to fight with another dog;

(3) participates in the earnings of or operates a facility used for dog fighting;

(4) uses or permits another to use any real estate, building, room, tent, arena, or other property for dog fighting;

(5) owns or trains a dog with the intent that the dog be used in an exhibition of dog fighting; or

(6) attends as a spectator an exhibition of dog fighting.

SCREENING FOR DOMESTIC VIOLENCE

Patients should be routinely screened about domestic violence on your medical history questionnaire. Sample questions include:

	<u>YES</u>	<u>NO</u>
Do you ever feel afraid of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing your education?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in a relationship in which you have been physically hurt or threatened by your partner?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been in such a relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Has your partner ever destroyed things that you care about?	<input type="checkbox"/>	<input type="checkbox"/>
Has your partner ever threatened or abused your children?	<input type="checkbox"/>	<input type="checkbox"/>
Has your partner ever forced you to have sex when you didn't want to?	<input type="checkbox"/>	<input type="checkbox"/>
Does he ever force you to engage in sex that makes you feel uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>

All of the above questions do not have to be used on your written assessment; questions should be customized for your purposes.

Source: *Diagnostic and Treatment Guidelines on Domestic Violence*, American Medical Association, June 1992, p. 8-9.

CLINICAL PROTOCOLS

Techniques for Primary Care: Common Errors and Suggestions For Working With Victims of Partner Violence

DO NOT:

Disclose patient communications without patient's consent

Preach, moralize or imply you doubt the person

Minimize the impact of violence

Express outrage with the perpetrator

Imply the patient is responsible for abuse

Recommend couples counseling

Direct the patient to leave the relationship

Take charge and do everything for the patient

INSTEAD:

Assure and maintain confidentiality

Listen, affirm and say "I am sorry that you have been hurt"

Express "I'm concerned for your safety"

Tell the victim "You have a right to be safe and respected"

Say "The abuse is not your fault"

Recommend a support group or individual counseling for the patient

Identify community resources and encourage the patient to develop a safety plan

Offer to help the patient contact a shelter, law enforcement or other resources.

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Screening For Relationship Violence In Health Care Settings

A. When to screen?

- Annual or general exam
- Adolescent general exams & sports physicals
- Initial visit with first-time patients
- Pre-employment physicals (but don't note on employer's form)
- OB visits
- Premarital exams

B. Suggested Screening Questions:

1. Screening for current violence:

- "In my practice I'm concerned about prevention and safety, especially in the family. Are you in any relationships now where you are afraid for your personal safety, or where someone is threatening you, hurting you, forcing sexual contact, or trying to control your life?"

2. Screening for past violence:

- "As an adult, have you ever been a victim of violence such as assault or sexual assault?"
- "Have you ever been in a relationship where your partner hurt you, threatened you, forced sexual contact, or tried to control your life?"
- "When you were a child or adolescent did anyone ever physically hurt you, force sexual contact or hurt you psychologically (for example by telling you that you were worthless or unwanted)?"

C. If screening is positive, ask further diagnostic questions as needed & intervene.

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Identifying Relationship Violence: General Signs and Symptoms

A. General Signs and Symptoms Warrant Further Assessment:

1. Multiple Emergency Department visits
2. Stress related illness:
 - fatigue
 - headaches
 - abdominal & pelvic pain
 - chronic pain or frequent use of pain medication
 - sexual dysfunction
 - palpitations, dizziness, paresthesias, dyspnea
 - frequent vague complaints
 - gastrointestinal problems
3. Drug and alcohol abuse by patient or partner
4. Depression symptoms
5. Anxiety symptoms
6. Suicide attempts
7. Self injury
8. Post-traumatic stress disorder
9. Divorce or separation
10. Missed appointments or limited access to routine care
11. Lack of independent transportation or finances

B. Diagnostic Interviewing When General Signs of Distress Are Detected

1. *Simultaneously* evaluate organ-system and psychosocial factors as causative *or* contributory.
2. Talk with the patient in private.
3. Assure confidentiality: "Our discussion will remain strictly confidential"
4. Identify or rule out violence as a possible sources of stress:
 - "In my experience these types of symptoms are sometimes caused or made worse by stress. Are there any sources of stress in your personal life, family life or at work?"
 - "Are you in any relationships where you are afraid for your personal safety, or where someone is hurting you, threatening you, trying to control your life, or forcing sexual contact?"

- "As a child, adolescent or adult, has anyone ever physically hurt you, forced sexual contact, or hurt your psychologically, for example by telling you that you were worthless or unwanted?"

5. Identify or rule out other sources of stress (violence may co-occur with each):

- Major life events (move; new job; etc.)
- Primary depression or anxiety
- Death of friend or relative

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Identifying Relationship Violence: Specific Signs and Symptoms

A. Specific Signs of Partner Violence

1. Positive response to screening for family violence.
2. Suspicious injury
 - Contusions, abrasions, minor lacerations
 - Fractures & sprains
 - Burns
 - Injury to: H&N, breast, or abdominal, genital, or anal area
 - Reported mechanism of injury inconsistent with findings
 - Injury during pregnancy
 - Multiple sites of injury
 - Pattern of repeated injury
 - Delay in seeking medical care
3. A person describes their partner as:
 - jealous, controlling or domineering;
 - prone to anger
 - frustrated with them or their children
4. Patient is reluctant to speak or disagree in front of partner
5. A person's partner
 - accompanies the patient to the exam room & answers all questions
 - shows angry, threatening or aggressive behavior toward the physician or other people.

B. Diagnostic Interviewing When Specific Signs Are Detected

1. Talk with the person in private.
2. Assure confidentiality: "Our discussion will remain strictly confidential"
3. Ask directly about injuries & abuse:
 - "In my experience, this type of injury is sometimes caused by other people's actions. Are you safe? Is anyone hurting you or threatening you?"
 - "Are you in any relationships where you are afraid for your personal safety, or where someone is hurting you, threatening you, trying to control your life or forcing sexual contact?"
 - "As a child, adolescent or adult, has anyone ever hurt you physically, forced sexual contact, or hurt you psychologically, for example by telling you that you were worthless or unwanted?"

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Screening & Case Finding For Relationship Violence: Summary of Interview Strategies

A. Screening for Current Partner Violence

- "Are you in any relationships where you are afraid for your personal safety, or where someone is hurting you, threatening you, forcing sexual contact, or trying to control your life?"

B. Screening for Past Violence

- "As an adult, have you ever been a victim of violence such as assault or sexual assault?"
- "Have you ever been in a relationship where your partner hurt you, threatened you, forced sexual contact, or tried to control your life?"
- "When you were a child or adolescent did anyone ever physically hurt you, force sexual contact or hurt you psychologically (for example by telling you that you were worthless or unwanted)?"

C. Case Finding With General Signs of Distress

- "In my experience these types of symptoms are sometimes caused or made worse by stress. Are there any sources of stress in your personal life, family life or at work?"
- Screen for current violence (A) and past violence (B).
- Screen for other causes of distress (positive & negative life events; family problems; depression or anxiety; etc.)

D. Case Finding With Specific Signs Of Violence

- "In my experience, this type of injury is sometimes caused by other people's actions. Are you safe? Is anyone hurting you or threatening you?"
- Screen for current violence (A).

E. When you suspect abuse, but the patient denies abuse

- "I'm concerned about your safety and would like to tell you about several community resources you can use if you ever need them."
- Describe resources, offer follow-up and document as in protocol.
- Do not* confront or challenge the patient.

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Helping An Adult Who is a Victim of Relationship Violence: An Intervention for Health Care Settings

A. Talk with the person in private (without the partner).**B. Communicate Belief, Support & Confidentiality:**

- Make eye contact**
- "Our discussion will remain strictly confidential"
- "You have a right to be safe and respected."
- "Nobody deserves to be hit or hurt."
- "The abuse is not your fault."
- "How can I help?"

C. Help Patient Assess Danger:

1. Patient's assessment of safety: "Do you feel safe going home?"
2. Indices of lethality:
 - Severity of injuries; increasing severity; weapons used/available
 - Threats to kill
 - Forced or threatened sexual acts
 - Dangerous life transitions: pregnancy; separation; divorce; leaving home.
 - Drug and alcohol abuse.
 - History of violence or suicide attempts by partner or patient.
3. Children's safety: "Are your children safe?"
[Report suspected child abuse to child protective services.]

D. Plan for Support & Safety:

1. Offer telephone numbers:
 - The local or regional Woman's Shelter.
 - Legal advocacy
 - Police
 - 911
2. Help make an emergency plan.
 - "If you decided to leave, where could you go?"
 - "Can you keep some clothes, money and important papers in a safe place?"
 - "Where could you go in an emergency? How would you get there?"
 - "Many women call the women's shelter to find out what its like before deciding to use it."
 - "Do you have relatives or friends you could stay with who would be supportive?"

E. Offer Follow Up:

1. Schedule another doctor's appointment.
2. Ask the patient to call you.

F. Document in the chart:

S: What the patient said. Use quotation marks to document exact words.

O: What behavior *and* injuries you observed. Drawings and photographs describe location and quality of injuries. Include a ruler in photos for scale, and victim's face for identity.

A: Your assessment of potential partner violence.

P: Describe Safety and Follow up plans.

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The Funneling Technique:

Taking a Detailed History of Partner Violence

The goal of the funneling technique is to move from general, open-ended questions to specific, direct questions that help you thoroughly assess violence in a relationship. This technique can also be applied to assessing past partner violence by asking about past relationships.

1. "Tell me about your relationship with your partner."
2. "People have different ways of showing disagreement or anger in relationships. Sometimes people talk loudly, shout, threaten, hit, or use weapons. How does your partner show anger and disagreement?"
 - a. Wait for a response, then ask "Anything else?" or "And then what happens?" Repeat until patient offers nothing else.

- b. Probe for specific types of violence, beginning with the least severe.

"Has your partner ever yelled at you"

"Have *they* ever demeaned or berated you?"

"Have *they* ever threatened you, your children or someone else?"

"Have *they* ever destroyed your property or other things?"

"Have *they* ever tried to control your movements and activities?"

"Have *they* ever pushed or hit you?"

"Have *they* ever forced unwanted sexual or physical contact?"

"Have *they* ever threatened you with a weapon?"

"Have *they* ever hurt you with weapon or object?"

3. "How do you show anger and disagreement to your partner?"

- a. Wait for a response, then ask "Anything else?" or "And then what happens?" Repeat until patient offers nothing else.

- b. Probe for specific types of violence.

"Have *you* ever yelled at them"

"Have *you* ever demeaned or berated them?"

"Have *you* ever threatened them, their children or someone else?"

"Have *you* ever destroyed their property or other things?"

"Have *you* ever tried to control their movements and activities?"

"Have *you* ever pushed or hit them?"

"Have *you* ever forced unwanted sexual or physical contact?"

"Have *you* ever threatened them with a weapon?"

"Have *you* ever hurt them with a weapon or object?"

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Identifying Child Abuse or Neglect: General Signs and Symptoms

1. General signs of distress in a child that warrant further assessment.

- Symptoms of anxiety or depression
- Social withdrawal
- Aggressive, mean or violent behavior toward others
- Low self-esteem
- Attention problems, failure to learn or developmental delay
- Extreme perfectionist, fearful or intolerant of own mistakes
- Extreme need for attention
- Regressive or childlike behavior
- Inappropriate hygiene
- Parental Child: Child takes parental role with siblings or has excessive domestic responsibilities
- Sudden change in behavior or school performance
- In late childhood & adolescence: eating disorders; sexually active before age 15, or multiple partners; pregnancy; self-mutilation; attempted suicide; running away.

2. Action: When you observe general signs of distress:

- Interview the parent(s) and child
- Document in the chart

S: What the child & parent(s) said. Use quotation marks to document exact words.

O: What behavior, signs *and* symptoms you observed.

A: Your assessment of stress related problems.

P: Describe Follow up plans.

- Schedule follow-up appointments to assess changes over time
- Refer to a mental health professional with training in child development and request a report
- Consult school (teacher or social worker)

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Identifying Child Abuse or Neglect: Specific Signs and Symptoms

1. Specific signs and symptoms of child abuse & neglect that warrant action:

- Unusual or suspicious bruises, burns, rectal or genital pain or bleeding, or injury inconsistent with reported event
- Sexually explicit play with dolls or other children including play with dolls or other children that illustrates intercourse, oral intercourse or anal intercourse (Distinguish from normal self-exploration and masturbation).
- Inappropriate touching of other children's private areas (buttocks, genital area).
- Specific comments or complaints about being maltreated, neglected or sexually touched.
- Lack of basic needs (e.g. food, clothing, medical & dental care).
- Grossly inappropriate hygiene.
- A child left unsupervised for long periods of time.
- In your professional opinion you suspect the child is being abused or neglected.

2. Action (When you observe specific signs of abuse or neglect):

- Immediately* file a report with child protective services (CPS) & engage your clinic's protocol. Involve parents in filing the report when this does not place the child at risk.
- Hospitalize the child when necessary to treat injuries or place child in safe environment.
- Document the nature of injury and observations carefully in the child's chart.

S: What the child & parent(s) said. Use quotation marks to document exact words.

O: What behavior *and* injuries you observed. Drawings and photographs describe location and quality of injuries. Include a ruler in photos for scale, and victim's face for identity.

A: Your assessment of potential child abuse.

P: Describe any Safety and Follow up plans.

- If you are unsure about reporting, consult a trusted colleague, a local expert, or a child abuse case worker at child protective services. Discuss a hypothetical situation to maintain confidentiality. *Trust your own professional judgment.*
- Develop a treatment plan for the child & family that engages clinic and community resources.

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WOMEN'S HEALTH ABUSE ASSESSMENT

I. Discussed the WOMEN'S HEALTH HANDOUT : FAMILY VIOLENCE and gave a copy to client - ___ YES.

II. We as health professionals are here to help and provide information for victims.

The following are screening questions to determine if abuse is present :

- 1. Are you in any relationship in which you feel afraid or threatened? ___ YES ___ NO
2. Within the last year have you been hit, slapped, kicked, or otherwise hurt by someone? ___ YES ___ NO
3. How is your relationship with your spouse or partner? ___ Satisfactory ___ Unsatisfactory
4. Are you forced to have sex against your will? ___ YES ___ NO
5. Have you ever been in a past relationship in which you were abused physically or emotionally? If Yes, when was the last time? ___ YES ___ NO
Comments:
6. Do you fear for your life? (If yes, complete : Danger Assessment.) ___ YES ___ NO
7. Do you have any concerns that you would like to discuss? ___ YES ___ NO
Comments:

III. If a CURRENT abuse problem exists with current injuries - complete the INJURY LOCATION CHART.

IV. She indicates that she fears for her life ? ___ YES ___ NO - If YES, complete this DANGER ASSESSMENT :

YES NO

- 1. Has the physical violence increased in frequency over the past year?
2. Has the violence increased in severity over the past year or has a weapon or threat with weapon been used?
3. Does he ever try to choke you?
4. Is there a gun in the house?
5. Has he ever forced you into sex when you did not wish to do so?
6. Does he use drugs ? (uppers, speed, angel dust, cocaine, crack, heroin, street drugs, mixtures).
7. Does he threaten to kill you or do you believe he is capable of killing you?
8. Is he drunk every day or almost every day?
9. Does he control most of all your daily activities?
10. Have you ever been beaten by him while you were pregnant ?
If never pregnant- check here
11. Is he violently and constantly jealous of you? (Ex. If I can't have you no one can.)
12. Have you ever threatened or tried to commit suicide?
13. Has he ever threatened or tried to commit suicide?
14. Is he violent toward your children?
15. Is he violent outside the home?
16. Little or no remorse by batterer.
17. Objectifies victim, calls her names (body parts, animals).

I BELIEVE VICTIM IS AT RISK : Strongly agree 1.. 2.. 3.. 4.. 5 Strongly Disagree - circle #

V. Allow her to choose and regain control. ASK IF The abused client wishes to take action today? ___ YES ___ NO

- If "YES" - allow/assist client to call Battered Women's Shelter (733-8810) for planning/action.
- If "NO" - state : we are available for help or action in the future.

VI. Client wishes to have case management followup? ___ YES-REFERRED ___ NO

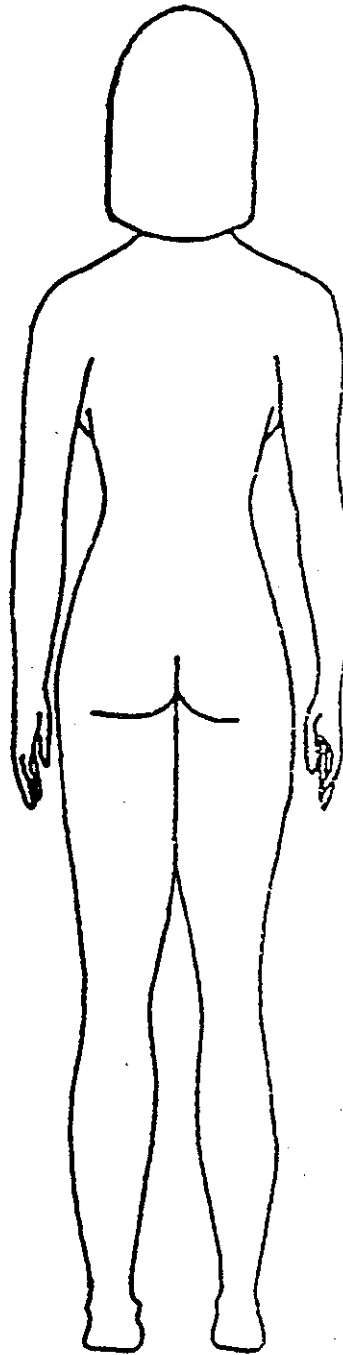
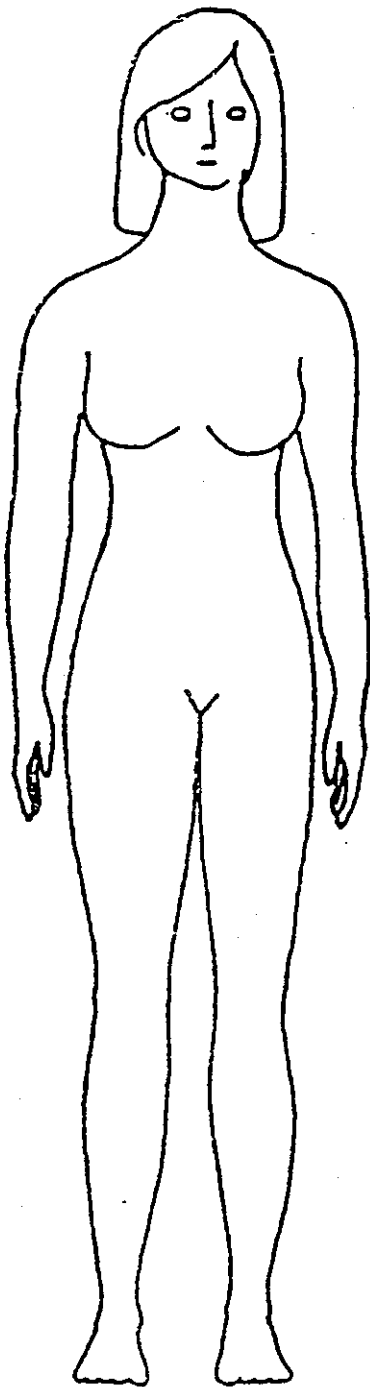
VII. Document : first, last, worst instance of abuse. Use quotes and include witnesses when possible.

DATE _____ SIGNATURE _____ RN, NP, MD.

WOMEN'S HEALTH ABUSE ASSESSMENT

Injury Location Chart

Indicate, with arrow from description to body, where injury was observed. Indicate number of injuries of each type in space provided.



ENCOUNTERS

- | | |
|----------------------|--------------------|
| Cuts _____ | Punctures _____ |
| Bites _____ | Abrasions _____ |
| Bruises _____ | Bleeding _____ |
| Burns _____ | Dislocations _____ |
| Bone Fractures _____ | |
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- | | |
|----------------------|--------------------|
| Cuts _____ | Punctures _____ |
| Bites _____ | Abrasions _____ |
| Bruises _____ | Bleeding _____ |
| Burns _____ | Dislocations _____ |
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| Cuts _____ | Punctures _____ |
| Bites _____ | Abrasions _____ |
| Bruises _____ | Bleeding _____ |
| Burns _____ | Dislocations _____ |
| Bone Fractures _____ | |

DATE _____ SIGNATURE _____ RN, NP, MD

Adopted from Helton, A.S. (1986) Protocol of Care for the Battered Women. Copyright: March of Dime, Birth Defect Foundation, 1987

WOMEN'S HEALTH HANDOUT : FAMILY VIOLENCE

***THE FOLLOWING INFORMATION CONCERNING YOUR RIGHTS IS REQUIRED BY TEXAS LAW SB 224 AS OF SEPTEMBER 1, 1995 :**

- It is a crime for any person to cause you physical harm even if that person is a member of your family or a former member of your family or household.
- You may report family violence to a law enforcement officer or file a criminal complaint by calling the following telephone number 227-7201 (San Antonio Police) or if you live in the county call 270-6000 (Sheriff's Department of Bexar County).
- You may call the Battered Women's Shelter of Bexar County at 733-8810 if you wish counseling, referrals, or emergency shelter for you and your children.
- You may file a criminal complaint against the batterer and apply to the court for a PROTECTIVE ORDER. You may want to consult with a legal aid office, prosecuting attorney, or a private attorney. A court ordered PROTECTIVE ORDER can order that :
 1. Prohibits the abuser from committing further acts of violence.
 2. Prohibits the abuser from threatening, harassing, or contacting you at home.
 3. Directs the abuser to leave your household.
 4. Establishes temporary custody of the children or any property.A VIOLATION OF THIS COURT-ORDER IS A CRIMINAL OFFENSE.

***OTHER INFORMATION ABOUT ABUSE THAT IS IMPORTANT TO KNOW :**

- As many as 30% of women coming to clinic may be in abusive relationships.
- 30% of children reared in abusive homes become abusive adults.
- Child Abuse MUST BE REPORTED BY LAW. Adult abuse reporting is ENCOURAGED BY LAW.
- The Health Care record/documentation can be used as evidence in court.
- The Health Care Professional will allow you to make your own choices about any further actions.
- You should understand the three stages of the CYCLE OF ABUSE :
 - PHASE I : TENSION BUILDING = the male partner blames the woman for "something". There is tension and anger. The woman tries to pacify and calm her partner to avoid a violent outburst.
 - PHASE II : BATTERING INCIDENT = Slapping, pushing, punching, or repeated beatings. Sexual abuse can occur during this stage.
 - PHASE III : HONEYMOON PHASE : A loving, calm interval. Reconciliation is attempted in which the batterer states that he is sorry or denies violence. Batterer promises never to hurt his partner again.

OVER TIME THE VIOLENCE INCREASES AND THERE ARE SHORTER HONEYMOON PERIODS.

***YOUR SAFETY PLAN** : Making a decision to leave an abusive relationship can be very difficult. If you are ready to leave consider the following actions to prepare:

1. Pack a bag in advance and leave it at a friend's/neighbor's house. Include cash, credit cards, extra clothes for you and children. Take a favorite toy or plaything.
2. Hide an extra set of keys (house/car) outside of your house in case you need to leave quickly.
3. Take important papers : Birth certificates (yours & children's), health insurance cards and medicines, deed/lease to house/apartment, checkbook/extra checks, social security card, green card/work permit, any court papers/orders, driver's license/photo ID, pay stubs.

Suggestions for a safety plan:

1. Pack suitcases for yourself and children. Put them where you can get them easily and the batterer will not find them.
2. Collect and have ready any important papers, documents, or personal items: birth certificates, marriage license, checking and savings accounts, driver's license, car title, social security numbers, credit cards, rent and utility receipts, school and health records, medications, insurance policies and phone numbers.
3. Begin an emergency fund. Open a bank account or establish credit in your name.
4. Obtain extra keys for house, car, safe deposit box, storage facility, etc.
5. Decide who you will ask for help. Tell others about your situation and choose those who believe you and believe in you.
6. Select a safe place to go: shelter, family, friends, police station, motel.
7. Plan how you will get to safety: car, neighbor, police, shelter volunteer, cab.
8. Call the police if violence erupts. Develop a plan in case you can not call: teach children to call or to go to a neighbor, establish a code to use with family or friends, notify neighbors to be alert for noises and call police.
9. If you are injured, get medical attention promptly. Be honest with your doctor. Medical proof may be important later.
10. Take action to prevent harm to yourself and your children. Your safety comes first. Even if you can not take things you have gathered, LEAVE.

**Phoebe's Home
Shelter for Battered Women
and their Children
(409) 775-5355**



SCOTT & WHITE

NOTICE TO ADULT VICTIMS OF FAMILY VIOLENCE

This form is promulgated by Title 4,
Chapter 73, Family Code

MRN: _____

NAME: _____

It is a crime for any person to cause you any physical injury or harm EVEN IF THAT PERSON IS A MEMBER OR FORMER MEMBER OF YOUR FAMILY OR HOUSEHOLD.

You may report family violence to a law enforcement officer by calling the following numbers:

Law Enforcement Agencies

- Immediate Emergencies 911
- Bryan Police Department 409-361-3888
- College Station Police Department 409-764-3600
- Hearne Police Department 409-279-5333
- Navasota Police Department 409-825-6410
- Brazos County Sheriff's Department 409-361-4100
- Burleson County Sheriff's Department 409-567-4343
- Social Services Referral Helpline 409-823-5226
- Child Protective Services 800-252-5400

If you, your child, or any other household resident has been injured, or if you feel you are going to be in danger after a law enforcement officer investigating family violence leaves your residence or at a later time, you have the right to:

Ask the local prosecutor to file a criminal complaint against the person committing family violence;
Apply to a court for an order to protect you (You may want to consult with a legal aid office, a prosecuting attorney, or a private attorney). A court can enter an order that:

1. Prohibits the abuser from committing further acts of violence;
2. Prohibits the abuser from threatening, harassing, or contacting you at home;
3. Directs the abuser to leave your household;
4. Establishes temporary custody of the children or any property.

- Attorney's for Family Violence 800-374-4673

A VIOLATION OF CERTAIN PROVISIONS OF COURT-ORDERED PROTECTION MAY BE A FELONY. CALL THE FOLLOWING VIOLENCE SHELTERS OR SOCIAL ORGANIZATIONS IF YOU NEED PROTECTION:

Violence Shelters and Social Organizations - Hotlines

- Phoebe's Home 409-775-5355
- Brazos County Community Council 409-823-5526
- Family Violence Unit 409-361-HELP
409-361-4357
- Texas Counsel on Family Violence 512-794-1133
- National Domestic Violence Hotline 800-799-SAFE
800-799-7233

I certify that I have received a copy of this document.

Signature: _____

Date: _____



SCOTT & WHITE

NOTIFICACION A ADULTOS VICTIMAS DE VIOLENCIA FAMILIAR

MRN:

NOMBRE:

Esté documento fue promulgado a través del artículo 4,
capítulo 73 del Código Familiar.

FOR INFORMATION PURPOSES ONLY:

The English translation of the Notice to Adult Victims of Family Violence is printed on the back of this document to show the information provided to the patient/legal representative.

Es un crimen, que una persona, le cause a usted cualquier lesión o daño físico, aún cuando dicha persona sea o haya sido miembro de su familia o núcleo familiar. Puede reportar violencia familiar a la policía llamando a los siguientes teléfonos:

Law Enforcement Agencies

- | | | |
|--------------------------|--------------------------------------|--------------|
| <input type="checkbox"/> | Immediate Emergencies | 911 |
| <input type="checkbox"/> | Bryan Police Department | 409-361-3888 |
| <input type="checkbox"/> | College Station Police Department | 409-764-3600 |
| <input type="checkbox"/> | Hearne Police Department | 409-279-5333 |
| <input type="checkbox"/> | Navasota Police Department | 409-825-6410 |
| <input type="checkbox"/> | Brazos County Sheriff's Department | 409-361-4100 |
| <input type="checkbox"/> | Burleson County Sheriff's Department | 409-567-4343 |
| <input type="checkbox"/> | Social Services Referral Helpline | 409-823-5226 |
| <input type="checkbox"/> | Child Protective Services | 800-252-5400 |

Si Usted, sus niños o cualquier otro miembro de su hogar han sido lastimados, o si cree que va a estar en peligro, después de que la policía, investigando la violencia en su familia, deja su hogar, tiene derecho de:

Pedir al Procurador de Justicia que presente una demanda contra la persona que esta causando la violencia familiar; Solicite a la corte un amparo (sería aconsejable que consulte a un abogado gratuito, un procurador fiscal o un abogado privado). La Corte puede introducir un amparo que:

1. Prohíba al agresor seguir cometiendo actos de violencia;
2. Prohíba al agresor amenazar, acosar o comunicarse con usted en su hogar.
3. Manda al agresor que salga del hogar.
4. Le da custodia temporal de los hijos o de propiedad.

- Attorney's for Family Violence 800-374-4673

UNA VIOLACION DE CIERTOS AMPAROS DE LA CORTE PUEDEN SER UN DELITO. SI NECESITA PROTECCION LLAME A ALGUNO DE LOS SIGUIENTES REFUGIOS U ORGANIZACIONES DE SERVICIO SOCIAL.

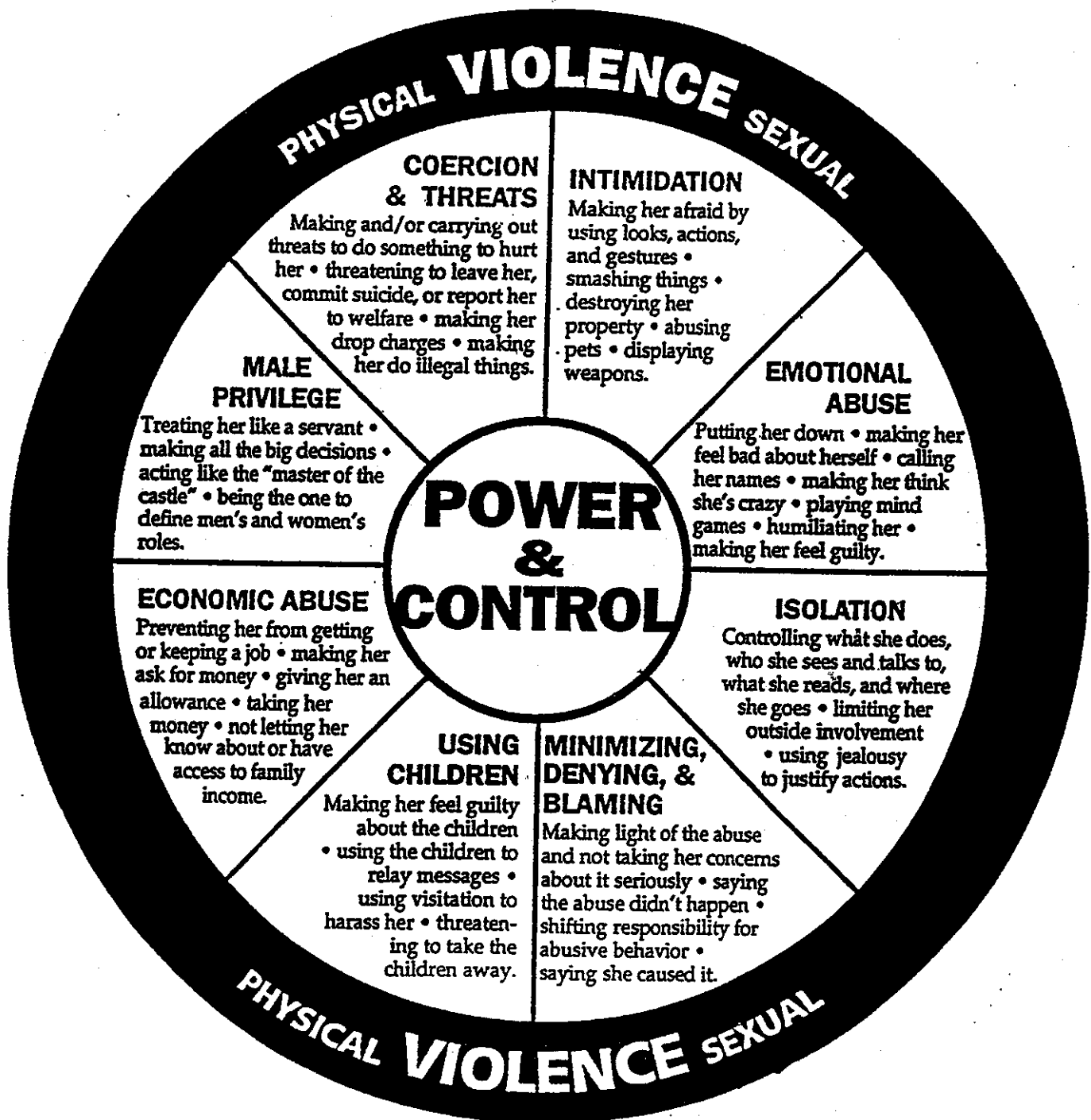
Refugios de Violencia y Organizaciones de Servicio Social - Hotlines

- | | | |
|--------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> | Phoebe's Home | 409-775-5355 |
| <input type="checkbox"/> | Brazos County Community Council | 409-823-5526 |
| <input type="checkbox"/> | Family Violence Unit | 409-361-HELP
409-361-4357 |
| <input type="checkbox"/> | Texas Counsel on Family Violence | 512-794-1133 |
| <input type="checkbox"/> | National Domestic Violence Hotline | 800-799-SAFE
800-799-7233 |

Certifico que recibí una copia de este documento.

Firma: _____ Fecha: _____
(Signature) (Date)

Power & Control Wheel

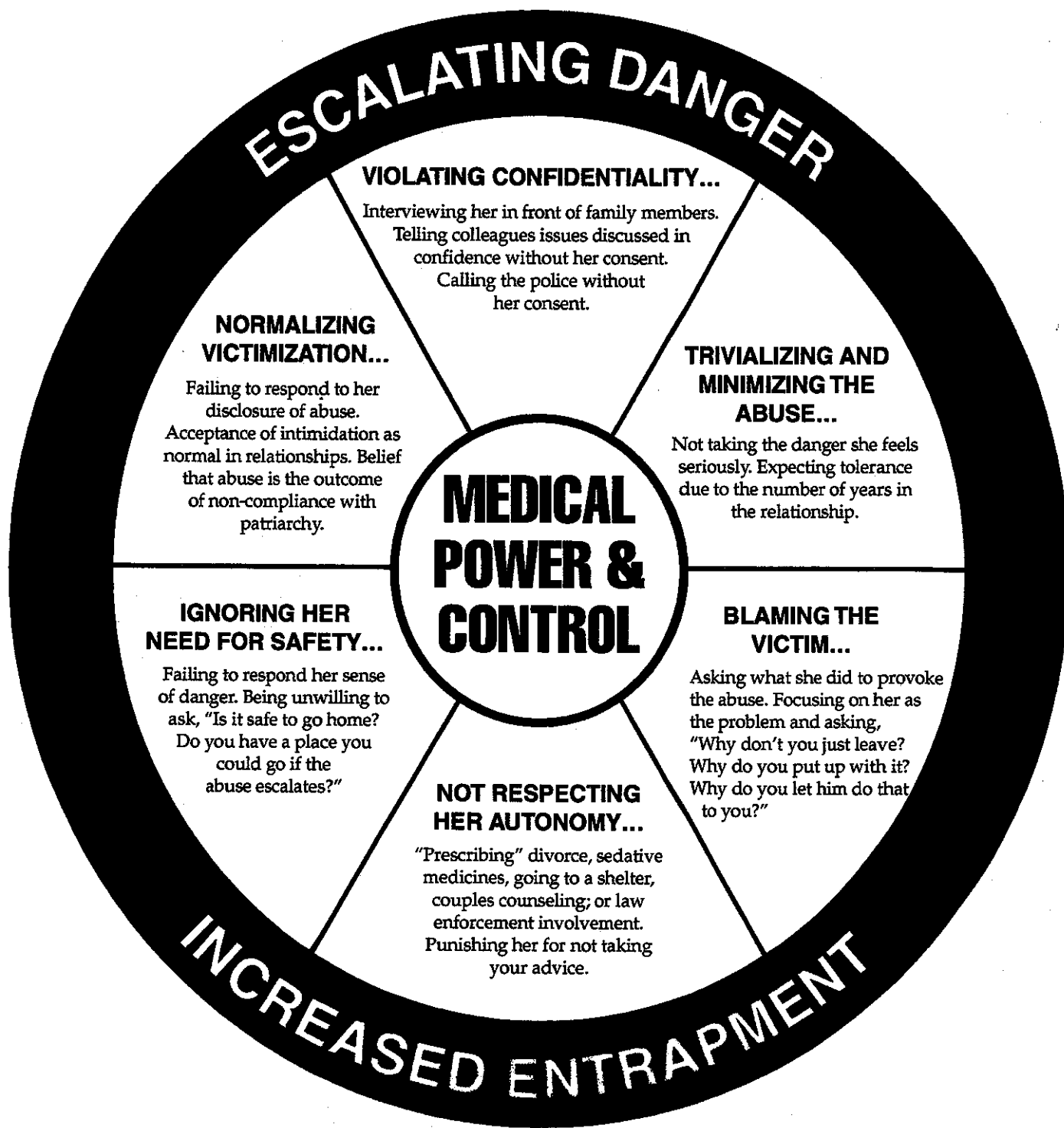


DOMESTIC ABUSE INTERVENTION PROJECT • 206 West Fourth Street • Duluth, Minnesota 55806 • 218-722-4134



TEXAS COUNCIL ON FAMILY VIOLENCE

8701 N. MoPac Expressway, Suite 450 • Austin, Texas 78759 • 512/794-1133 • FAX 512/794-1199



Developed by Roe & Jagodinsky

Inspired & Adapted from the "Power & Control and Equality Wheels" • Developed by Domestic Abuse Intervention Project • 206 West 4th St. • Duluth, MN 55808 • 218/722-4134



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8701 N. MoPac Expressway, Suite 450 • Austin, Texas 78759 • 512/794-1133 • Fax 512/794-1199



ADVOCACY

EMPOWERMENT

EMPOWERMENT

RESPECT CONFIDENTIALITY...

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

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 INJUSTICE...

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

RESPECT HER AUTONOMY ...

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

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 and shelter for battered women?

CONFIDENTIALITY – As a first step, confidentiality must be established. Discussing the possibility of victimization must occur in private. A victim of domestic abuse will not typically disclose a history of violence in the presence of her perpetrator or other family members. If she discloses the violence in his presence, it is likely she will suffer retaliation.

ACKNOWLEDGE INJUSTICE – Let her know that the violence perpetrated against her is not her fault. No one deserves to be abused. No one has the right to use violence and intimidation to control another person in an effort to keep them in a relationship. What has happened to her is not her fault.

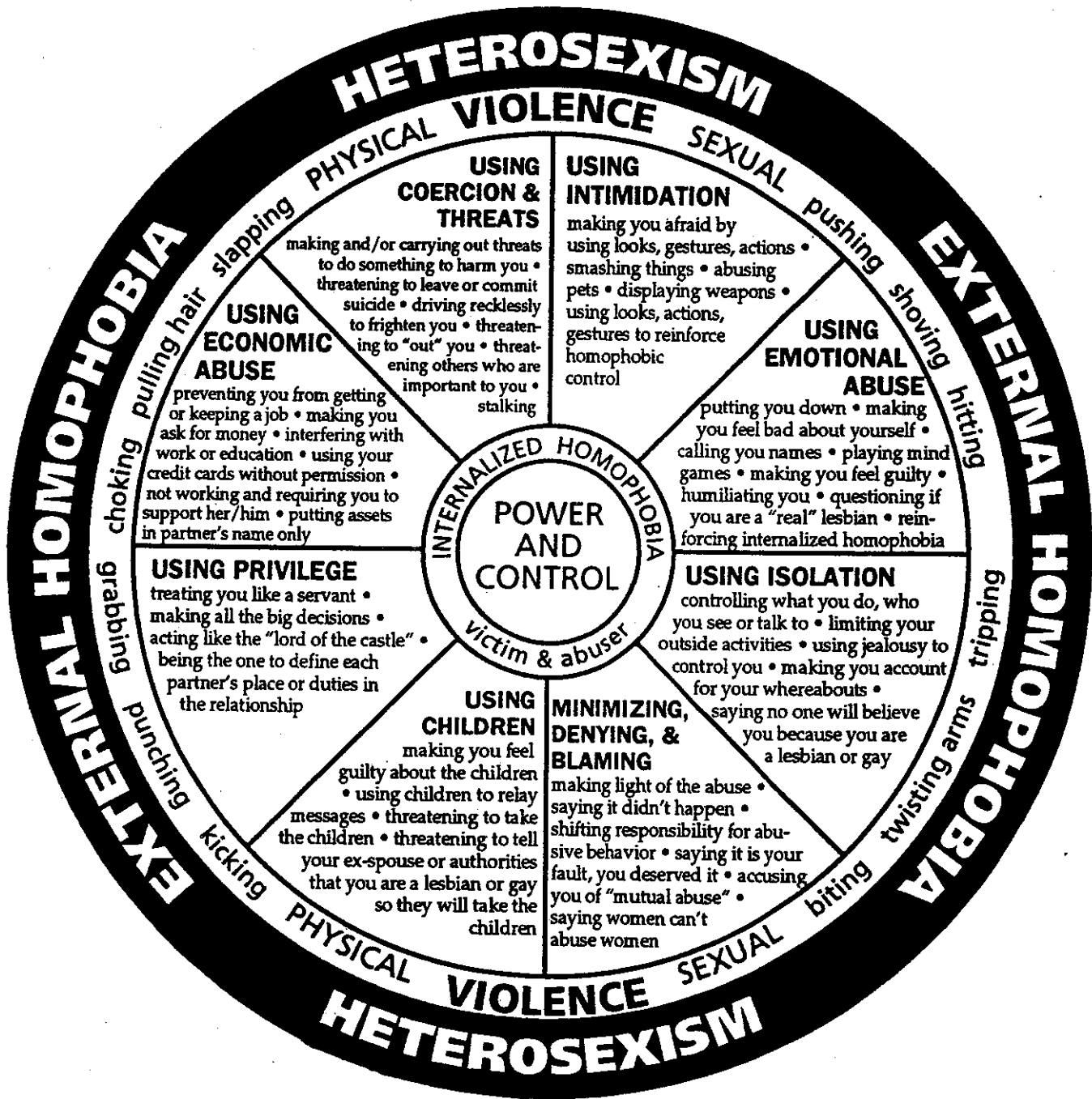
AUTONOMY – Empowering advocacy is based on the fundamental belief that the victims of domestic violence have the right to control their own lives. In the process of victimization, control has been taken away from

them in your interaction with a victim, you can give her that control back, by respecting decisions and reaffirming that she has the right to live a life free of violence and coercion.

SAFETY PLANNING – What are the victim's options? Does she want to go home, to the home of a friend or family member, or to a local safe house or shelter? What has she done to protect herself in the past? If she's returning home to her partner, can she plan for a quick escape should the violence begin again? Can she call law enforcement officials for protection?

PROMOTE ACCESS TO COMMUNITY SERVICES – Know the resources in your community. Inform her of services available that may be able to provide additional assistance. Is there a program for battered women in your community?

THE POWER AND CONTROL WHEEL FOR LESBIANS AND GAYS



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