VI. VIOLENCE

1. Has there ever been any violence in any of your relationships?
2. Have you ever been the victim of someone else's violence?
3. Have you ever been violent against someone else? (Conditions)
4. Has there ever been violence in any of your intimate relationships?
5. Have you ever considered suicide? When, under what conditions, how, how recently? (Can you tell me something about what else was going on in your life at the time?)

II. Supplemental Readings

Understanding And Dealing With The Risk Of Violence

Why do People Become Violent?

- To Punish others
- Freedom
- Control
- Carry-over
- Contempt or Sadism
- Blaming, Acting out
- Image, Status, Role, Reputation
- Protection, Survival Reaction
- Threat reduction, Aggressive precaution
- Self-punishment; Guilt relief
- Civil or rationalized disobedience
- Exposure to violence and diffusion of individual responsibility
- Mental illness or medical condition

**Critical Risk Factors:**

- Has the person made a threat, or been violent recently?
- Has the person implied or suggested his own suicide or death would be a solution?
- Has the person made any destructive or threatening statements?
- Has the person intentionally frightened someone?
- Has the person been stalking or following people?
- Is the person preoccupied or dwelling on injustices or unrealistic fears?
- Does the person have a history of anger problems?
- Has the person been increasingly angry, aggressive or violent?
- Has their behavior or any threats become increasingly lethal?
o Has the person made statements or implied he might have identified a target?

o Has the person made statements or implied he might already have a weapon?

**Contributing Risk Factors**

- Does or has the person used alcohol or other drugs?
- Has there been a domestic or relationship dispute?
- Does the person have any history of self-destructive or self-harming behavior?
- Does the person have any history of suicidal thinking, statements or behavior?
- Does the person have a history of a mental disorder
- Does the person have an untreated mental illness?
- Does the person have health or medical problems?
- Is the person isolating, withdrawn?
- Does the person need or stopped taking medications?
- Has the person’s level of self-care, hygiene declined?
- Has the person ever been hospitalized for mental illness and/or dangerous behavior?
Does the person have a history of relationships that are unsatisfying, failed or that involved conflicts in which the person feels abandoned, blamed, persecuted or treated unfairly?

Is the person blaming others?

Has the person lost social support?

Denial, confusion, mood swings, frustration, conflict?

Aggression or threats?

Civil or criminal charges; a loss or change in employment; marital, family or parental status

Does the person seem to lack the ability or the resources to solve their problems?

Overwhelmed, detached, or emotionally numb?

Access to weapons?

History of involvement, preoccupation or obsession with weapons?

Dealing With The Risk of Violence

Immediate Danger:

- Avoid being alone
• Call Police, 911

Non-immediate Danger:

- Identify the risk factors and discuss these with people who can be supportive and offer constructive advice.

- Report violent or threatening behavior to proper authorities
Violence is a Process

Genetics, Temperament

In-vitro influences

Parent & Child Mix

Societal Influences

Mental Health Hx

Drugs
Alcohol
Nutrition
Mental Health

Parents’ Temp.
Parenting Style
Developmental
Progress

Neighborhood Peers
School Structure
Teaching Quality
Social Institutions
Social Norms
Guns, weapons

Violent Event!!!
Domestic Violence Assessment and Intervention provided by the Family Violence Prevention Fund

It is critical that providers understand how to respond to domestic violence victims once they have been identified. Policies and protocols on domestic violence must also include guidelines on effective assessment, intervention, documentation and referral. The Family Violence Prevention Fund (FVPF) recommends that providers receive training on these skills prior to implementing a protocol screening. Model training materials, department guidelines, protocols and other tools are available through the FVPF’s toll free number 888-Rx-Abuse, TTY:800-595-4889.

Assessment

- **Assess the immediate safety needs of the victim.** "Are you in immediate danger? Where is your partner now? Where will he or she be when you are done with your medical care? Do you want or need security, or the police to be notified immediately?"

- **Assess the pattern and history of the abuse.** Assess the partner’s physical, sexual, or psychological tactics, as well as the economic coercion of the patient. "How long has the violence been going on? Has your partner forced or harmed you sexually? Has your partner harmed your family, friends, or pets? Does your partner control your activities, money, or children?"

- **Assess the connection between domestic violence and the patient’s health issues.** Assess the impact of the abuse on the victim’s physical, psychological, and spiritual well being. What is the degree of the partner’s control over the victim? "How is your partner’s abusive behavior affecting your physical health? (For example, arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, stomach ulcers, spastic colon, and frequent diarrhrea, constipation or eating disorders). How is the abusive behavior affecting your mental health? (For example, depression, suicidal ideation, stress, psychiatric disorder, substance abuse problems)."

- **Assess the victim’s current access to advocacy and support groups.** Are there culturally appropriate community resources available to the patient? What resources (if any), in addition to the health care provider, are available now? "What resources have you used, or tried in the past? What happened? Did you find them helpful or appropriate?"

- **Assess patient’s safety: Is there future risk or death or significant injury or harm due to the domestic violence?** Ask about the partner’s tactics: escalation in frequency or severity of the violence, homicide or suicide threats, use of alcohol or drugs, as well as about the health consequences of past abuse.

"Has your partner ever:

- Used or threatened to use weapons against you?
- Choked, or attempted to strangle you?
- Taken you or your children hostage to get what he or she wants?
- Stalked you?
- Hurt or threatened to hurt your children?
Has the abuse been getting worse? Are you afraid for your life? Does your partner use alcohol or drugs? Have you ever felt so bad that you didn’t want to go on living? Have you ever thought about killing yourself? Have you attempted to do so in the past.

**Intervention**

**Goals for effectively responding to domestic violence victims:**

- Increase victim safety and support victims in protecting themselves and their children by validating their experiences, providing support, and providing information about resources and options.
- Inform patients about any limits in confidentiality for example, child abuse or domestic violence reporting requirements.
- The goal is not to get patients to leave their abusers, or to "fix" the problem for the patient, but to provide support and information.

**Listen to the patient and provide validating messages:**

1. "You don’t deserve this. There is no excuse for domestic violence. You deserve better."
2. "I am concerned. This is harmful to you (and it can be harmful to your children)."
3. "This is complicated. Sometimes it takes time to figure this out."
4. "You are not alone in figuring this out. There may be some options. I will support your choices."
5. "I care. I am glad you told me. I want to work together to keep you as safe and healthy as possible."
6. "Stopping the abuse is the responsibility of your partners, not yours"

**Provide information about domestic violence to the patient:**

- Domestic violence is common and happens in all kinds of relationships.
- Most violence continues and often becomes more frequent and severe.
- Violence in the home can hurt children (if the patient has children).
- Domestic violence impacts the patient’s health.
- Stopping domestic violence is the responsibility of the perpetrator, not the victim.

**Listen and respond to safety issues:**

- Show the patient a brochure about safety planning and go over it with her or him.
- Review ideas for how to keep information private and safe from the abuser.
- Offer the patient immediate access to an advocate 24 hour local, state, or national domestic violence hotline number.
- Offer to have a provider or advocate discuss safety then or at a later appointment.
- If the patient says she or he feels she or he is in danger, take this very seriously.
- If the patient is at high risk and is planning to leave the relationship, explain that leaving without telling the partner is the safest alternative.
- Make sure the patient has a safe place to go and encourage her or him to talk to an advocate.
- Reinforce patient’s autonomy in making decisions regarding her treatment.

**Make referrals to local resources:**
• Explain any advocacy and support systems within the health care setting.
• Refer patient advocacy and support services within the community including legal options, advocacy services, etc.
• When possible, refer patients to organizations that reflect their cultural background or address their special needs such as organizations with multiple language capacity, those that specialize in working with teen, disabled, deaf, hard of hearing, or lesbian, gay, bisexual, or transgender clients.

If no local resources are available, refer patient to an advocate from the multi-lingual National Domestic Violence Hotline 24 hours a day by dialing 800-799-SAFE, TTY 800-787-3224.

Follow-up steps for health care practitioners:

• Schedule a follow-up appointment. Ensure the patient will have a connection to a primary care provider.
• Domestic violence, like other health issues (smoking, poor nutrition, high blood pressure, etc.), often requires multiple interventions over time. Ask what happened after the last visit.
• Review medical records and ask about past episodes of domestic violence in order to communicate a concern for the patient and a willingness to address this health issue openly.
• Ask the patient if there is a phone number or address that is safe to contact them.
Domestic Violence Safety Planning
Family Violence Prevention Fund
www.endabuse.org

When a person has been screened for domestic abuse and has been identified as a victim or suspected victim, it is important to speak to her or him about immediate and future safety before she or he leaves the clinic. The severity of the current injuries or the abuse is not always an accurate predictor of future violence. Assisting the victim in making a safety plan can help her or him think through various options, and help the clinician assess the situation and offer better support. The following check-list will help you initiate these important discussions.

If he or she is planning to leave:

_____ Does the patient have a friend or supportive family member that lives nearby with whom they can stay?
_____ Does the patient have a friend that will stay with them to minimize the violence?
_____ Does the patient want to go to a battered woman's shelter, homeless shelter, or use other housing assistance services such as hotel vouchers from social services or advocacy programs?
_____ Does the patient want to call the police, obtain an order of protection or an emergency protective order?

If she or he is NOT planning to leave:

_____ Would the patient call the police if the perpetrator becomes violence? If the victim couldn't get to the phone, could she or he work out a signal with a neighbor to call the police or teach the children to call 911?
_____ What kind of strategies have worked in the past to minimize injuries? Does the patient think these strategies could continue to work?
_____ Can the patient anticipate an escalation of violence and take any precautions?
_____ Does the patient have a support network or friends or family that live nearby who could help when she or he needs assistance?
_____ Are there weapons in the home? Can they be removed or placed in a safer area separate from the ammunition?

If the perpetrator has been removed from the home:

_____ Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors and a fire extinguisher, if affordable.
_____ It is important to teach children how to use the
phone and make collect calls in case the perpetrator kidnaps them. Make arrangements with schools and daycare centers to release children to designated persons only.

Encourage the patient to tell her or his neighbors, family, and friends that the perpetrator has left and to call 911 if they are seen around the home.

**Being prepared to get away:**

Discuss the following component of a safety plan with your patient:

Encourage the patient to keep in a safe place:

- Keys (house and car)
- Important papers: social security cards, birth certificates, drivers license, etc.
- Cash, food stamps, credit cards, etc.
- Medication for parent and children, children's immunization records
- Important phone numbers and addresses
- Loose change or pre-paid calling card
- Change of clothes and personal care items
- Have the patient plan with the children. Identify a safe place for the children.
- Contact local domestic violence program to find out about laws and community resources before they are needed.

---

**Domestic Violence Assessment: Victim**

Do not initiate an assessment with a series of rapid fire, personal questions, which can be intimidating and off-putting. The caseworker should talk with the victim about his or her situation, which helps engage the victim in the process. It is important to ask specific questions, however, to determine the level of domestic violence affecting the victim.

1. **Types and patterns of abusive tactics.**
   
   a. **Controlling, coercive, and threatening tactics**
      
      - Does your partner prevent you from visiting friends and family?
      - Does your partner prevent you from going to school or work?
      - Does your partner tell you what to wear, what to do, where you can go, or whom you can talk to?
      - Does your partner control the household income?
      - Does your partner follow you to "check up" on you or check the mileage on your car?
      - Does your partner telephone you constantly while you are at work or home?
      - Does your partner give you threatening looks or stares when he does not agree with something you said or did?
   
   b. **Verbal, emotional, sexual, or physical abuse**
      
      - Does your partner call you degrading names, put you down, or humiliate you in public or in front of friends or family?
- Does your partner blame you or tell you that you are at "fault" for the abuse or any problems you are having?
- Does your partner deny or minimize his abusive behaviors towards you?
- Has your partner ever destroyed your personal possessions? Broken or destroyed household items?
- Has your partner ever pushed, kicked, slapped, punched, or choked you?
- Has your partner ever threatened to kill or harm himself, you, the children, or a pet?
- Has your partner ever threatened you with a weapon or gun? Does your partner have access to a dangerous weapon or gun?
- Has your partner ever been arrested for a violent crime or behaved violently in public?
- Has your partner ever forced you to commit illegal activities, use illegal drugs, or abuse alcohol?
- Has your partner ever forced you to engage in unwanted sexual activity or practices (e.g., pornography, multiple sexual partners, prostitution)?

2. **Risks and impact on the adult victim.**
   - How has your partner's abusive behavior affected you?
   - Do you suffer from anxiety or depression?
   - Do you have difficulty sleeping, eating, concentrating, etc.?
   - Do you suffer from headaches, stomachaches, breathing difficulties, or other health problems?
   - Have you had to seek medical assistance for injuries or health problems resulting from your partner's violence?
   - Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse?
   - Do you abuse alcohol or other substances?
   - Have you ever been hospitalized for a mental illness? Do you have a mental health diagnosis? Are you taking psychotropic medication?
   - Have you ever thought about or tried to hurt yourself or someone else?

3. **Risks and impact on the children.**
   - Has your partner called your children degrading names or verbally threatened them?
   - Has your partner ever threatened to make a report to CPS, take custody of the children, or kidnap the children?
   - Does your partner physically discipline or touch the children in a manner that you don't agree with or that makes you uncomfortable?
   - Has your partner ever asked the children to report your daily activities or to "spy" on you?
   - Has your partner ever forced your children to watch or participate in his abuse of you?
   - Has your partner physically hurt you in front of the children?
   - How do you think the violence at home affects your children?
   - Do your children exhibit problems at school or at home (e.g., sleeping and eating difficulties, difficulty concentrating in school, aggressive behaviors)?
   - Have your children ever intervened in a physical or verbal assault to protect you or to stop the violence?
   - Do your children behave in ways that remind you of your partner?
   - Has a school or daycare center ever contacted you regarding behavioral problems of your children?

4. **Help seeking and protective strategies.**
Have you told anyone about the abuse? What happened?
Have you ever left home because of the abuse? Where did you go and what happened?
Have you ever called the police or 911? What was their response?
Have you ever filed a restraining order or criminal charges? What was your partner's response?
Have you ever used a domestic violence shelter or services? Was it helpful?
Have you fought back? What happened?
How do you survive the abuse?
What have you tried to keep you and your children safe from your partner?
What has made it difficult for you to keep you and your children safe?
How will your partner react if he finds out you talked with me?

http://nccanch.acf.hhs.gov/pubs/usermanuals/domesticviolence/domesticviolencek.cfm

Domestic Violence Assessment: Alleged Perpetrator

Increasingly, CPS develops service plans with perpetrators, as appropriate. These plans not only work toward holding the perpetrator accountable for the abuse, but also guide decisions about involvement and interaction with the children. It is as equally important to engage the perpetrator, as it is the victim and children, in order to obtain accurate and useful information.

1. **Expectations of the abused partner and the relationship.**
   - Describe your relationship with your partner? For example, how do you communicate with one another?
   - What type of things do you expect from your partner?
   - How would you describe your partner?
   - What do you do when you and your partner disagree?
   - What do you do when you become angry?

2. **Types of abusive behavior and tactics.**
   - Have people told you that your temper is a problem? Who? And why did they tell you that?
   - How do you feel about your partner visiting his or her friends and family?
   - How do you and your partner manage your household duties and income?
   - Do you ever yell at your partner? Call your partner degrading names? Put your partner down?
   - Have you ever physically harmed or used force on anyone in your family? In what way? When?
   - Has your partner made you so mad that you pushed, kicked, or slapped him or her? Held him or her down? Grabbed him or her by the neck?
   - Have you ever threatened to harm or kill yourself, your partner, your children, or your pet?
   - Have you ever threatened or used a weapon or gun against your partner? Do you have access to a weapon or gun?
   - Have the police ever come to your home? How many times? Why? What happened?
   - Have you ever been arrested, charged, or convicted of a domestic violence assault? If so, what happened?

3. **Risks to the children.**
   - How would you describe your children?
1. Types and frequency of exposure to domestic violence.
   - What kinds of things do mom and dad (or girlfriend or boyfriend) fight about?
   - What happens when they argue?
   - Do they yell at each other or call each other bad names?
   - Does anyone break or smash things when they get angry? Who?
   - Do they hit one another? What do they hit with?
   - How does the hitting usually start?
   - How often do your mom and dad argue or hit?
   - Have the police ever come to your home? Why?
   - Have you ever seen your mom or dad get hurt? What happened?

2. Risks posed by the domestic violence.
   - Have you ever been hit or hurt when mom and dad (or girlfriend or boyfriend) are fighting?
   - Has your brother or sister ever been hit or hurt during a fight?
   - What do you do when they start arguing or when someone starts hitting?
   - Has either your mom or dad hurt your pet?

3. Impact of exposure to domestic violence.
   - Do you think about mom and dad (or girlfriend or boyfriend) fighting a lot?
   - Do you think about it when you are at school, while you're playing, when you're by yourself?
   - How does the fighting make you feel?
   - Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
   - Why do you think they fight so much?
   - What would you like them to do to make it better?
16

o Are you afraid to be at home? To leave home?
o What or who makes you afraid?
o Do you think it's okay to hit when you're angry? When is it okay to hit someone?
o How would you describe your mom? How would you describe your dad?

4. **Protective factors.**
o What do you do when mom and dad (or girlfriend or boyfriend) are fighting?
o If the child has difficulty responding to an open-ended question, the worker can ask if the child has:
- Stayed in the room
- Left or hidden
- Gotten help
- Gone to an older sibling
- Asked parents to stop
- Tried to stop the fighting
o Have you ever called the police when your parents are fighting?
o Have you ever talked to anyone about your parent's fighting?
o Is there an adult you can talk to about what's happening at home?
o What makes you feel better when you think about your parent's fighting?

http://nccanch.acf.hhs.gov/pubs/usermanuals/domesticviolence/domesticviolencel.cfm

---

**Inside A Killer's Mind**

Aug. 9, 2001

Since the days of London's "Jack the Ripper," the gruesome acts of serial killers have instilled fear — and a morbid curiosity — in the general public. The victims, murdered in horrendous fashion, are often society's most innocent and vulnerable.

But these seemingly random acts of violence often follow some deliberate paths into which the innocent have unwittingly wandered.

Retired FBI agent Gregg O. McCrary spent a good part of his career climbing inside the minds of these remorseless killers to find out the method to their madness. He says it's all about control.

"If there is any one common motive among serial killers, it's playing God, having the power over life and death of another individual," says McCrary. "It's a very intoxicating experience."

McCrary worked on just about every major serial murder case in the United States during his last 10 years with the agency.

He says the most common motive for a perpetrator is some type of sexual perversity, but adds, "there is no one single profile of serial murderer."

McCrary says there is "an underlying psychopathology that drives these offenders. It could be a sexual motive...while others may be more practical homicides," such as the "Unabomber," Ted Kaczynski, who killed in a campaign against technology.

The crimes of Tommy Lynn Sells, the convicted murderer of a 13-year-old Texas girl, don't follow a single motive pattern. McCrary says some of his crimes seem to be sexually motivated while others were possibly acts of anger or a desire to eliminate witnesses.
Most serial killers are what McCrary calls "losers in life," outcasts and failures who thrive on the exhilaration gained from overpowering a victim.

Constructing a profile of an unknown assailant begins with a careful analysis of the elements, including crime scene components, autopsy data and victim selection. This is compiled and used, says McCrary, to "find the underlying pathology and learn how to use that" against the criminal.

It is not uncommon for a killer's method to evolve, says McCrary. "Crime is dynamic and (an) offender may change...and become more comfortable over time," making it more difficult for authorities to apprehend the suspect, he says.

"They run the gamut of intelligence," adds McCrary. "The bright, adaptive ones are the ones that are most difficult to capture."

He is quick to point out that while many serial killers are mentally disturbed, few suffer from insanity. "The reality is they are not crazy, they are not insane in the terms of being legally insane," says McCrary. "They understand very well that what they are doing is wrong, but they do it anyway and they try very hard to get away with it."


---

Film: “Inside the Killer's Mind”

Dr. Dorothy Lewis is a pioneering researcher on the causes of violence. She has been an expert defense witness in many high-profile murder trials, including those of Ted Bundy, Arthur Shawcross, Joel Rifkin and Mark Chapman. A professor of psychiatry at New York University, Dr. Lewis' theories about violence are based on terrifying stories and clinical research focusing on head injuries, brain damage and child abuse.

INSIDE THE KILLER'S MIND follows Dr. Lewis through the murder cases of Arthur Shawcross and Terrance Wainright. The program relates each case to Dr. Lewis's research and familiarity with each killer's past. The psychiatrist for the prosecution is Dr. Park Dietz, Dr. Lewis's archrival, who has provided testimony opposing Lewis's views in a number of trials. Drawing on trial testimony, videotapes of psychiatric evaluations, interviews, a review of existing neurological evidence, and a surprising evaluation of Arthur Shawcross in prison, INVESTIGATIVE REPORTSTM offers an insider's view of the unusual world of expert witnesses and the demands made upon them.

III. Questions for Discussion

1. Is it possible for a person to be violent without intention?
2. How does mental illness relate to violence?
3. What are the developmental contributors to adolescent and adult violence?
4. Explain the important of noting the patient's history of violence in the report.
5. How would you explain the killings of murder Arthur Shawcross, the person in the film?
6. What are the effective responses to domestic violence victims?