Domestic Violence Toolkit for Mental Health Professionals
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Domestic violence is a pattern of coercive tactics that can include physical, psychological, sexual, economic, and/or emotional abuse, perpetrated by one person against a family member or intimate partner, with the goal of establishing and maintaining power and control. Domestic violence that occurs within an intimate relationship is commonly called intimate partner violence. It may effect married couples, people who are dating, couples who live together, people with children in common, same-sex partners, people who were formerly in a
relationship with the person abusing them, and teen dating relationships.

This toolkit uses the terms victim and survivor interchangeably to acknowledge the victimizations of abuse and the strength of the women and men who experience abuse to survive.

According to the CDC, “nearly 3 in 10 women and 1 in 10 men in the US have experienced rape, physical violence, and/or stalking by a partner and report a related impact on their functioning.” ¹

In Oregon, 34 women and men were killed during the course of fatal
domestic violence incidents in the year 2013. Over 1,100 domestic violence victims were served by the state’s local programs—including shelters and resource centers—in one 24-hour period that year.
Types of Abuse

In addition to physical abuse like pushing and shoving, slapping, punching, strangulation, and throwing objects, abuse can commonly be emotional, sexual, social, and financial.

Emotional abuse

Emotional abuse is a tool used by those who want to make their partners feel scared, crazy, worthless, or responsible for the abuse. The abuser’s goal is control over the victim. Emotional abuse may include:

- Insults
- Criticizing the victim’s competence
• Ignoring the victim’s feelings
• Withholding affection as a form of punishment
• Blaming the victim for all problems
• Yelling at the victim
• Humiliating the victim in front of others
• Accusing the victim of being the abusive partner
• Threatening to take the children away from the victim
• Threatening suicide to punish the victim

Sexual abuse

Sexual abuse is one of the least discussed, but most common, forms of domestic violence. Sexual abuse may include:
• Rape
• Sexually assaulting the victim in front of the children
• Using sexual jealousy as a tool of control
• Flaunting affairs
• Uncomfortable or unwanted touch
• Demanding sex
• Criticizing the victim’s sexuality

**Social abuse**

Social abuse is used to isolate the victim from others in the community. The fewer people the victim is connected with, the more control the
abuser has over the victim. Examples of social abuse include:

- Insisting that the couple spend all their time together
- Discouraging or forbidding the victim from seeing friends or family
- Monitoring the victim’s mail, phone calls, text messages, email, and online activities
- Restricting access to the car or car keys
- Telling others the victim is crazy or abusive

**Financial abuse**

Abusers often attempt to establish financial control over victims. Victims
who are financially dependent on abusers have fewer resources for escape. Financial abuse includes:

- Making all financial decisions for the household
- Keeping financial secrets
- Monitoring the victim’s spending
- Controlling the victim’s access to cash
- Forcing the victim to turn over income to the abuser
- Ruining the victim’s credit
- Interfering with the victim’s ability to obtain or maintain employment
Indicators

The Accessing Safety Initiative provides the following list of some of the indicators of domestic violence. It is important to remember that each survivor is different and specific indicators may or may not apply.

Emotional indicators

- Fear of a partner, caregiver, acquaintance or strangers
- Sadness and/or symptoms of depression
- Emotional numbness
- Low self-esteem, low self-worth
- Helplessness
Behavioral indicators

- Addictions
- Hyper-vigilance
- Appearing isolated from family or friends
- Suicidal tendencies
- Expressing homicidal feelings towards another person
- Appearing anxious about something that would not normally create anxiety, such as getting home late or going somewhere alone
- Restrictions placed on travel, phone use, friendships,
money

- Unexplained increase in absence from work
- Missing appointments

**Physical indicators**

- Bruising, welts, lacerations or scars
- Blackened or swollen eyes
- Fractured or broken bones
- Split lip, broken teeth
- Series of ER visits
- Increase in severity of injuries
Sexually transmitted infections
Unwanted pregnancy
A history of injury that is not well explained
Screening and Risk Assessment

It is critical to screen each client for domestic violence and current safety risk. Ensure that the client is alone and able to respond to questions safely. You can explain to the client that you regularly screen for domestic violence because it is so common. The National Center on Domestic Violence, Trauma, and Mental Health suggests introducing screening questions with the statement, *I don’t know if this has happened to you, but because so many people experience abuse and violence in their lives, it’s something we always ask about. Could you tell me…*  

- Do you feel safe at home?
- Are you in a relationship in which you have been physically hurt or
threatened?

• Do you feel isolated or controlled by your partner or family member?

• Are you in a relationship in which you are often put down, belittled, or insulted?

If the answer to any of the screening questions is positive, ask whether it is safe to continue and assess whether the client is in immediate danger.

Risk assessment questions may include:*

• Is it safe for you to talk right now?
• Is your partner (or other family member) in the house/apartment with you? Is he/she likely to return? When?
• Do you feel you are in immediate danger? Do you think he/she is dangerous?
• Has he/she threatened to kill you or anyone you know? Does he/she have a weapon?  

If the client is in immediate danger, ask if they would like you to call 911.

*The questions you ask will vary depending on whether you are conducting an assessment over the phone or in person.
The availability of a gun, the threat or use of a weapon, threats of suicide, and substance abuse are all indicators of a high risk of lethality in a relationship.

Keep in mind that a perpetrator may respond to screening questions in a manner that represents him or herself as a victim, and that a victim may engage in behavior that is violent and aggressive to maintain her/his safety. The context of any one action or statement is important to consider. An abuser engages in a pattern of behavior with the intention of maintaining power and control within the relationship.
Supporting Survivors

Unfortunately, victim blaming often creates a barrier for survivors who reach out for help when experiencing domestic violence. Victim blaming occurs when a survivor is completely or partially held responsible for the abuse perpetrated against them. Victim blaming not only upholds common myths about domestic violence, it reinforces the negative messaging received from their abusive partner or family member.

Respond to survivors in an empathetic and empowering manner. Let them know that you believe what they have shared with you and that they know what is best for themselves and their dependents. Ask them
what their needs are, and what you can assist them with. Avoid language that imparts blame for the abuser’s behavior on the survivor, and let them know that what they are experiencing is not their fault, and that they are not alone.
Safety Planning

If you know or suspect that your client is experiencing domestic violence, offer to help the client create a safety plan that is tailored to her or his unique situation, and refer her to a local domestic violence program to continue safety planning with an advocate and access other resources.

A safety plan should assess the client’s current situation and can cover multiple scenarios, including safely preparing to leave the abusive relationship, safety during a violent situation, and safety in the workplace. It should also address topics including technology use,
emotional wellbeing, and the safety of any children present. Run through each scenario with your client so that s/he will know how to respond when the situation arises.

For a sample safety plan, see the National Center on Domestic and Sexual Violence’s “Domestic Violence Personalized Safety Plan,” at www.ncdsv.org/publications_safetyplans.html

For more information about safety planning, visit the National Domestic Violence Hotline at www.thehotline.org.
Connect to Your Local Domestic Violence Program

Your local advocacy program is available to safety plan and to provide other community resources to your clients. You may connect your client with a program or call the program yourself for guidance and resources. You can find your local program here: www.ocadsv.org/looking-help
Verizon HopeLine

Wireless phones and technology serve as a vital link for all of us. They’re also an especially safe and reliable way for domestic violence victims and survivors to reach emergency or support services in times of crisis and stay connected with employers, family and friends.

HopeLine phones are refurbished phones that are equipped with 3,000 anytime minutes of airtime and texting capabilities. They come with Verizon Wireless Nationwide Coverage, Call Forwarding, Call Waiting, 3-Way Calling, Caller ID, Basic Voice Mail and texting.
HopeLine phones are available to survivors affiliated with participating domestic violence agencies. To learn how to donate a phone, visit www.verizonwireless.com/hopeline
Endnotes


6. Ibid.
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