



Domestic Violence—Lesson Plan

Student Objectives

- Discuss the roles of health care and criminal justice service providers in responding to domestic violence.
- Appreciate the tension between the right to self-determination and the right to safety in policy decisions about domestic violence.
- Understand the dynamics of domestic violence and, particularly, its relationship to gender inequality.
- Examine how democracies that share common principles and face similar problems can still develop very different solutions.
- Analyze the reasons supporting and opposing the government’s requirement that health care providers report evidence of domestic violence to police.
- Identify areas of agreement and disagreement with other students.
- Decide, individually and as a group, whether the government should require health care providers to report evidence of domestic violence to police; support decisions based on evidence and sound reasoning.
- Reflect on the value of deliberation when deciding issues in a democracy.

Question for Deliberation

Should our democracy require health care providers to report evidence of domestic abuse to the police?

Materials

- Lesson Procedures
- Handout 1—Deliberation Guide
- Handout 2—Deliberation Activities
- Handout 3—Student Reflection on Deliberation
- Reading
- Selected Resources
- Deliberation Question with Arguments
(optional—use if students have difficulty extracting the arguments or time is limited)



Domestic Violence—Reading

1 Imagine you are in a relationship with an abusive individual. In a fit of rage, your partner hits
2 you. These blows injure your face. You want to go to the hospital for treatment but know that
3 doctors are required by law to report this violent incident to the police. You wonder: Will this
4 report prevent more abuse by holding your partner accountable for the violence? Or will a police
5 report lead to more violence because your partner will retaliate against you?

6 In order to protect the personal safety of their citizens, democracies must address such
7 dilemmas when trying to stop domestic violence. Because “domestic violence transcends all
8 boundaries and occurs in all cultures” (Baban, 2003), governments around the world are
9 developing policies to confront it. Requiring health care providers to report domestic violence to
10 state authorities is one proposed policy. Making an informed decision in favor of or opposing
11 such mandatory reporting requires an understanding of the forces involved in domestic violence.

12 **The Dynamics of Domestic Violence**

13 “It is estimated that one in every five women faces some form of violence during her
14 lifetime, in some cases leading to serious injury or death.”

15 —World Health Organization (WHO), *Addressing Violence against Women*

16 Domestic violence is the physical, psychological, or sexual abuse of an intimate adult
17 partner. Domestic violence differs from other forms of violence because it disproportionately
18 affects women. In Europe, “25% of all violent crimes reported involve a man assaulting his wife
19 or partner” (European Commission, 2000). Additionally, findings from a large-scale U.S. survey

20 of women and men reveal that three times more women experience intimate partner violence
21 than men (Tjaden & Thoennes, 2000).

22 This gender-based violence is “a complex and multidimensional problem” (Baban, 2003).

23 People who have not experienced domestic violence may blame women for remaining in an
24 abusive relationship. However, intimate relationships are rarely abusive at the beginning.

25 Women often develop love for their partners before abuse sets in. What is more, abusive

26 relationships are not constantly violent. “Abusers effectively weave together intimacy and abuse

27 to control their partners” (Missouri Coalition against Domestic and Sexual Violence, 2006).

28 Importantly, the large number of women experiencing domestic violence reflects deep-rooted

29 gender inequality (WHO, 2005). The United Nations Development Fund for Women (UNIFEM)

30 identifies power inequalities between women and men as the primary source of violence against

31 women. When cultural norms in families, schools, and workplaces perpetuate the belief that

32 women are inferior to men, women are more vulnerable to violence (UNIFEM, 2001). Therefore,

33 organizations working to eliminate domestic violence have increasingly focused on changing

34 forms of masculinity that promote violence. A program with male youth from Bosnia, Croatia,

35 Montenegro, and Serbia, for example, sought to help these young men develop a male identity

36 that supports respectful and equitable interactions with women (Eckman et al., 2007).

37 Poverty, war, and women’s lack of formal education are also linked to domestic violence

38 (WHO, 2005). Men who are unemployed or have little job security may act violently out of

39 frustration and feelings of hopelessness. In addition to men using rape and sexual violence

40 against women as tools of war, men in war-torn nations may lose their status as leaders and

41 protectors of the household. The “stress, feelings of inadequacy and low self-esteem among

42 men” in such situations increase “their likelihood to perpetrate violence” (Eckman et al., 2007).

43 Women with less education are also more likely to experience domestic violence than those
44 with higher levels of education. Although “[s]ome men may react violently to women’s
45 empowerment through education,” when enough women achieve a higher level of education,
46 they develop “greater self-confidence, wider social networks, and greater ability to use
47 information and resources” (WHO, 2005). This empowerment can shift traditional gender roles
48 and enable women to achieve economic independence, both of which lead to greater gender
49 equality and, as a result, less gender-based violence.

50 **The Contested Role of Mandatory Reporting**

51 The complex nature of domestic violence leads many to argue that solutions to it must also
52 be complex. Some advocates therefore argue that a coordinated community response is the only
53 way to ensure survivor safety and hold abusers accountable. Such a response includes “law
54 enforcement agencies, advocates, health care providers, child protection services, local
55 businesses, the media, employers and clergy” (Stop Violence Against Women, 2006).

56 Others argue that requiring health care providers to report domestic violence to state
57 authorities is a more limited but effective remedy to domestic violence. Viewing domestic
58 violence as a criminal and health care issue, supporters of mandatory reporting want police and
59 health care providers to work together to resolve it. They argue that involving health care
60 providers in the reporting process helps to ensure that physicians understand the dynamics of
61 domestic violence. Physicians who receive training on domestic violence will have a greater
62 awareness of the issue and thus be able to identify and treat injuries associated with it (Colorado
63 Coalition Against Domestic Violence, 2006).

64 Those who view survivor safety as the first priority in responding to domestic violence
65 frequently oppose mandatory reporting. According to the Commission of Human Rights, police
66 cultures in many countries show discriminatory attitudes toward women in general and female
67 survivors of domestic violence in particular (Coomaraswamy, 1997). Women therefore often
68 mistrust police officers and do not want to report abuse to them. “If [survivors] fear that
69 reporting will place them and their children in greater danger, [they] may not seek medical care
70 or may not tell their providers about the abuse” (Hyman, 1997). When survivors avoid medical
71 treatment because they do not trust the police and/or fear retaliation by their abusers for
72 involving state authorities, they often do not receive the care and resources—such as counseling,
73 shelter, and legal services—they need to prevent further abuse.

74 Indeed, some health care providers argue that mandatory reporting weakens their ability to
75 offer effective interventions for domestic violence. If survivors hide their abusive situation from
76 health care providers in order to avoid mandatory reporting, health care providers cannot refer
77 them to appropriate resources and support services. Some health care providers also view
78 mandatory reporting as violating provider-patient confidentiality. If patients do not want violent
79 incidents reported, many health care providers want to honor that decision. If a mandatory
80 reporting policy is in effect, however, health care providers violate the law when they refuse to
81 report domestic violence incidents (United Nations, 2006; Association of Women’s Health,
82 Obstetric and Neonatal Nurses, 2007).

83 Proponents of mandatory reporting counter that because many survivors do not call the
84 police, governments have a difficult time assessing the frequency and extent of domestic
85 violence. Without accurate statistics about the problem, policy makers have a difficult time
86 obtaining the resources and support necessary to help survivors and create effective violence

87 prevention programs. Mandatory reporting by health care providers can help governments better
88 document the domestic violence incidents affecting their citizens (Stop Violence Against
89 Women, 2006). With a more precise identification of the problem, governments can treat
90 domestic violence as a public policy issue that deserves immediate attention and remedies.

91 Supporters also insist that mandatory reporting allows state authorities to find abusers. If
92 survivors do not go to law enforcement or social service agencies to report abuse, governments
93 are unable to prosecute those committing domestic violence. When health care providers report
94 violent incidents, on the other hand, the criminal justice system can grant the survivor an order of
95 protection. Additionally, the evidence of abuse that health care providers record in survivors'
96 medical files can be used to prosecute and convict identified abusers.

97 Those opposing mandatory reporting charge that it denies survivors the right to make their
98 own critical life decisions. By not allowing survivors to decide if they want to report abuse,
99 mandatory reporting "perpetuates harmful stereotypes of battered women as passive and
100 helpless" (Hyman, 1997).

101 Supporters of mandatory reporting contend that it improves survivor safety by treating
102 domestic violence as criminal acts of assault and abuse rather than a "family matter" (Sachs,
103 2000). To eliminate domestic violence, governments need to inform the general public that it "is
104 a serious crime that will not be ignored" (Colorado Coalition Against Domestic Violence, 2006).

105 Human rights activist Charlotte Bunch argues, "There is nothing immutable about the violent
106 oppression of women and girls...But because it has been so deeply ingrained, for so long, in
107 virtually every culture remaining on earth, the effort to dismantle the societal structures that
108 tolerate it, or patently refuse to see it, will require creativity, patience and actions on many
109 fronts."



Domestic Violence—Selected Resources

- Association of Women's Health, Obstetric and Neonatal Nurses, *Mandatory Reporting of Intimate Partner Violence* (Washington, D.C.: AWHONN, 2007), http://www.awhonn.org/awhonn/binary.content.do;jsessionid=CB320B57897F5C93C5A4152FB03D5F40?name=Resources/Documents/pdf/5H1_PS_IntimatePartnerViolence.pdf.
- Baban, Adriana, *Domestic Violence against Women in Albania* (New York: UNICEF, 2003), http://www.unicef.org/albania/domviol_eng.pdf.
- Bunch, Charlotte, "The Intolerable Status Quo: Violence against Women and Girls," in *The Progress of Nations 45* (New York: UNICEF, 1997), <http://www.unicef.org/pon97/40-49.pdf>.
- Colorado Coalition Against Domestic Violence, *Mandatory Reporting by Health Care Professionals* (Denver, CO: CCADV, 2006), <http://www.ccadv.org/publications/CCADV-MandatoryReportingIssueBrief.pdf>.
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- Eckman, Ann, et al., *Exploring Dimensions of Masculinity and Violence* (Washington, D.C.: International Center for Research on Women & CARE, 2007), http://www.wave-network.org/images/doku/balkan_gender_based_violence_report.pdf.
- European Commission, "European Campaign to Raise Awareness of Violence against Women" (2000), http://ec.europa.eu/employment_social/equ_opp/violence_en.html.
- Hyman, Ariella, *Mandatory Reporting of Domestic Violence by Health Care Providers* (San Francisco, CA: Family Violence Prevention Fund, 1997), <http://www.endabuse.org/health/mandatoryreporting/policypaper.pdf>.
- Missouri Coalition Against Domestic and Sexual Violence, *A Framework for Understanding the Dynamics of Domestic Violence* (Jefferson City, MO: MCADSV), <http://www.mocadsv.org/Resources/CMSResources/pdf/dv101.pdf>.
- Sachs, Carolyn, "Should Physicians Be Required to Report Domestic Violence to the Police?" (2000), *Western Journal of Medicine* 173 (4): 225.
- Stop Violence Against Women (Minneapolis: Minnesota Advocates for Human Rights, 2006), <http://www.stopvaw.org>.
- Tjaden, Patricia, and Nancy Thoennes, *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence against Women Survey* (Washington, D.C.: U.S. Department of Justice, 2000), www.ncjrs.gov/txtfiles1/nij/181867.txt.

UNIFEM, "Masculinity and Gender-Based Violence," *UNIFEM Gender Fact Sheet No. 5* (Bangkok, Thailand: UNIFEM East and Southeast Asia Regional Office, 2001), <http://unifem-eseasia.org/resources/factsheets/UNIFEMSheet5.doc>.

United Nations, *Secretary-General's Study on Violence against Women* (New York: UN Division for the Advancement of Women, 2006), <http://www.un.org/womenwatch/daw/vaw/violenceagainstwomenstudydoc.pdf>.

World Health Organization, *Addressing Violence against Women and Achieving the Millennium Development Goals* (Geneva, Switzerland: WHO Press, 2005), <http://www.who.int/gender/documents/MDGs&VAWSept05.pdf>.



Domestic Violence—Deliberation Question with Arguments

Deliberation Question

Should our democracy require health care providers to report evidence of domestic violence to the police?

YES—Arguments to Support the Deliberation Question

1. Domestic violence is both a criminal and health issue. For that reason, solutions to it must involve health care providers. Mandatory reporting encourages health care providers to work with police, which leads to more effective responses to domestic violence.
2. Involving health care providers in the reporting process helps to ensure that physicians understand the dynamics of domestic violence. Physicians who receive training on domestic violence will have a greater awareness of the issue and thus be able to identify and treat injuries associated with it.
3. Governments need to be able to accurately assess the frequency and extent of domestic violence if they are to treat it as an important public policy issues that deserves immediate attention and remedies. Because many survivors do not go to the police, governments have a difficult time documenting domestic violent incidents. Mandatory reporting by health care providers helps governments identify this issue more precisely so they can mobilize the resources and public support needed to combat it.
4. Mandatory reporting helps state authorities find and punish abusers. When health care providers report domestic violence incidents, the criminal justice system can grant survivors orders of protection. Evidence of abuse that health care providers record in survivors' medical files can also be used to prosecute and convict identified abusers.
5. Mandatory reporting improves survivor safety by treating domestic violence as a criminal act rather than a "family matter." Such treatment sends the message that domestic violence is a serious crime that the government will not ignore.



Domestic Violence—Deliberation Question with Arguments

Deliberation Question

Should our democracy require health care providers to report evidence of domestic violence to the police?

NO—Arguments to Oppose the Deliberation Question

1. Domestic violence is a complex problem that demands complex solutions. Although mandatory reporting involves health care and criminal justice service providers, it does not promote a coordinated community response to domestic violence. Such a response requires the additional participation of advocates, child protection services, local businesses, the media, employers and clergy.
2. Although supporters of mandatory reporting have good intentions, the policy is not an effective way to ensure survivor safety. Most domestic violence survivors are female, and many police cultures show discriminatory attitudes toward women. Therefore many women do not trust police officers and do not want to report abuse to them, directly or indirectly. If survivors decide that mandatory reporting by health care providers will put them in more danger, they may not seek medical care for their injuries.
3. Mandatory reporting weakens health care providers' ability to offer effective interventions for domestic violence. If survivors hide their abusive situation from health care providers to avoid mandatory reporting, health care providers cannot refer them to appropriate resources and support services.
4. Mandatory reporting violates provider-patient confidentiality. If patients do not want violent incidents reported, many health care providers want to honor that decision. Mandatory reporting turns this ethical refusal to report domestic violence into a violation of the law.
5. Survivors are autonomous adults who have the right to make their own critical life decisions. By not allowing survivors to decide if they want to report abuse, mandatory reporting "perpetuates harmful stereotypes of battered women as passive and helpless" (Hyman, 1997).