

Why Don't You Just Leave Him?:

Answers to Your Questions About Domestic Violence



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You know the old saying "Home is where the heart is." But home isn't a haven for everyone. Here's how to identify a victim of domestic abuse and help her find safety.

During my 15-year marriage to a psychologically and physically abusive man, I must have heard one question a thousand times: "Why don't you just leave him?"

I thought I had a satisfactory answer, although no one-not other nurses, law enforcement officers, or friends-seemed to buy it. It took me years to understand why.

As a woman with both personal and professional experience with domestic abuse, I can help you understand how an abused patient feels and what practical assistance you can offer to stop the cycle of violence. I'm willing to share personal details of my life so you can understand this person's pain, loneliness, and hopelessness-and perhaps, by intervening knowledgeably, save her life.

According to FBI statistics, the majority of victims of domestic violence are female. So in this article, I'll refer to victims as female and abusers as male. Remember, however, that men and same-sex partners can also be victims, and women can be abusers. The information and interventions I'll outline here apply to everyone.

Why does she keep quiet?

The typical victim of domestic violence is a woman who's afraid to speak up. Her abuser has told her, "You tell and I'll kill you!" And she believes he could do it.

Frightening statistics back up her belief. Seventy percent of domestic violence victims who are killed by their abusers die while trying to leave. So in a literal sense, the decision to leave can be life-threatening.

From a medical professional's viewpoint, dealing with a victim of domestic violence can be frustrating. She arrives late for appointments, children in tow. Then she asks them to please hurry because she has to get out of there. She evades their questions or lies to explain away her bruises. No one can imagine why she's willing to protect an abuser.

But all of us should be careful how we interpret her behavior. What we're seeing are coping behaviors for someone whose belief system is very different from ours. This is a woman who may be beaten again if she answers our questions. She's been warned that she'd better be out of the medical clinic in 30 minutes "or else." Perhaps he's threatened to hurt the children if she provokes him in any way.

Each detail of her life, down to when she can use the car and for how long, is controlled by her partner. Every one of her frustrating behaviors is an indicator of domestic violence.

Innocent beginnings

She wasn't always like this. In the beginning, she didn't have a clue that the man she was about to marry or start a relationship with had a strong need to control her - a need that would lead to abuse. How could she? During courtship, he was on his best behavior. Soon she was emotionally committed to someone who said he loved her, too.

The abuse started with the partner's offhand put-downs or tasteless jokes about women. Then he began isolating her from her world, her friends and family, and her options. Verbal put-downs evolved into pushing, slapping, and restraining, then to beatings and sexual abuse.

The level of abuse can progress slowly or escalate overnight. The one certainty is that unless he participates in a long-term treatment program, it will progress.

A typical treatment program consists of weekly group sessions, individual therapy, and aftercare or follow-up, facilitated by at least one licensed therapist. This treatment is usually ordered by a judge as an alternative to incarceration.

Cycle of violence

Domestic violence is cyclical, occurring in three repeating phases. In the tension-building phase, the abuser's behavior starts escalating. For example, he may become moody or overly critical, then yell or swear, then begin making threats. Knowing what comes next, the victim becomes hypervigilant and tries to keep peace at all costs. She believes that if she keeps things in order and does everything he expects her to do, she can prevent another crisis. But because she can never be "perfect" in the abuser's eyes, she can't defuse the situation.

The second and shortest phase is the explosion, an emotionally traumatic episode that can include physical abuse. When the abuser loses control, the victim may fight back and call for help.

The third phase, calm, is what keeps the victim stuck in the relationship. Her partner will often apologize profusely, promising never to hurt her again. He may buy her gifts to prove his sincerity. She remembers their courtship and the man she fell in love with. Both believe he won't abuse her again. Mistakenly believing it's over, she may cook his favorite meal. She tells herself, I'm not really crazy, and makes every excuse in the book for his behavior. Even if she called the police earlier, she refuses to press charges or seek help now.

But sooner or later, tension builds again and the cycle repeats itself.

Who is she?

A victim of domestic violence may belong to any ethnic and socioeconomic group. Like me, she may even be a respected professional.

She may or may not have been abused as a child. What she has in common with other victims of abuse is the mistaken belief that she can take care of, rescue, and "fix" her partner, particularly if he was abused as a child. She and her partner develop an unhealthy, dependent relationship that they call "love." He'll say, for instance, "I'm doing this because I love you"-and she'll believe him.

Like a prisoner of war, the victim may begin to identify with and psychologically join the abuser. To an outsider, their thought processes and behaviors seem irrational and illogical-but it's the real world to them.

In retrospect, I know that I had a distorted belief system during the years of my abuse. Among my misconceptions was a belief that no one in this world is really happy. When friends would ask, "Can't you see how well my husband treats me?" I'd think, You're lying or faking it....No, I don't believe you.

I also believed that once married, I was married for life. My well-intentioned clergyman told me that staying married was God's plan for me and that divorce was a fate almost worse than death. This is one of the biggest reasons I stayed in my marriage as long as I did. My destiny, I believed, was to live hell on earth, and through that, I would earn my entry into heaven.

Sound crazy? It was crazy. But it made perfect sense to me at the time.

Who is he?

Like his victim, the abuser suffers from low self-esteem. But unlike his partner, who will likely display submissive behavior, he acts overconfident and arrogant.

Like victims, abusers come from all walks of life. I've known some who were homeless and others who were judges, physicians, and corporate chief executive officers.

He's likely to have grown up in a violent home, where he formed the beliefs that shape his behavior. For instance, he believes that his woman is his possession and that he has the right to make her behave no matter what. It's not just his right but his responsibility to discipline her and be "in charge." Extremely jealous, he may accuse her of having affairs or flirting with other men. He may also abuse her sexually-behavior she'll be especially reluctant to reveal to anyone.

An abuser seeks total control. He chooses whom he is going to abuse, as well as how, when, and where (usually behind closed doors). The attacks are often unprovoked. The worst battering I ever experienced occurred after I was awakened from a sound sleep. Common triggers for violence include drinking and drug abuse by the abuser, the victim's attempt to leave, money problems, and child-rearing conflicts.

The couple's friends and acquaintances may find the abuser charming and tell his partner how lucky she is. When he's a respected figure in the community, she'll have even more trouble getting the support she needs from friends, law enforcement, the medical community, counselors, or the court system. If she lacks economic resources or job skills, she may feel totally dependent on the abuser's income to house and feed her family.

When working with victims today, I ask them to describe the worst episode of abuse they can remember. Almost always, they tell me about a humiliating emotional experience. It's something I can understand. The physical pain of a beating will subside; injuries will heal. But you carry the emotional damage inside of you for years.

Recognizing signs of abuse

No matter what your personal circumstances are, you may meet someone who's been battered or abused in some way. Consider these facts:

- Nearly half of the 1.4 million people treated for injuries caused by violent acts in 1994 knew their attackers.
- Domestic violence causes more injuries to women than muggings, rapes by strangers, and car accidents combined.
- Between 40% and 50% of murdered women were killed by intimate male partners.
- One out of four families is affected by domestic violence.
- Victims of domestic violence, including children, will visit their physicians eight times more often than persons not being abused. Consider frequent visits to the Emergency Room, medical clinic, or doctor's office to be red flags.
- In most parts of the country, health care professionals are not required to document and report evidence of domestic violence. The reason is concern for the safety of victims.

Knowing that a domestic violence victim may be reluctant to talk about it, you can learn to recognize telltale signs, including:

- history of accidents or an "accidental" injury that isn't consistent with the reported event
- delay in seeking care
- drug or alcohol abuse
- behavior suggesting fear or shame
- injuries with a central pattern to the face, neck, throat, chest, breasts, abdomen, or genitals

- injuries to a forearm or hands, suggesting a defensive posture
- multiple injuries in various stages of healing, suggesting repeated beatings.

What you can do

The quickest way to get help for a domestic violence victim is to alert a medical professional. This person need not be an expert on the dynamics of domestic violence to help. They can make a difference just by asking the right questions, documenting their findings, and offering appropriate referral and assistance.

For the medical professional, a few practical techniques will help. First, make sure you have total privacy before you begin questioning a patient about your suspicions. If her partner insists on staying with her, you may have to get creative. Consider a ruse like this: "Now I need to take you to the rest room to obtain a routine urine specimen." Then escort her to a private place to talk.

The easiest and most effective way to start is by asking a universal screening question-for example, "Violence in the home is so common that we now ask everyone this: Are you being threatened or hurt by your partner?"

If the patient denies being hurt or threatened but you don't believe her, you may respond by telling her that people don't deserve to be hurt and that resources are available for those who are. You might then consider providing her with a safety plan (see Making a Safety Plan) and including information on local shelters, hot lines, and other resources.

If she acknowledges she's being hurt or threatened, sit down next to her and just listen. You don't have to say much, but validate her story with statements like this: I believe you....You're not alone....You deserve respect....I'm here to help you.

Avoid phrases and words that might sound judgmental, belittling, or blaming-for example, "just," "only," "Why?" "Is that all?" or "Why don't you just leave him?"

I can't overemphasize the value of complete, accurate charting. Your documentation can help the victim prevail in a court hearing, get custody of her children, or obtain a civil protective order. Record all physical findings-both old and new injuries-on a body map. Include as much detail as possible. If she consents, take instant photographs of her injuries and place them in the medical record.

In your narrative charting, include answers to the following questions:

- Who injured you?

- How is the abuser related to you?
- How many times has this happened before?
- What's the worst episode you can remember?
- What did he use to hurt you?
- Were any children at home during the abuse? If so, were they injured?

Studies have shown that 70% of batterers also abuse their children. Some children are hurt while trying to protect their mothers.

Even if they're not battered, however, children who grow up in abusive homes are emotionally scarred and at high risk for teen pregnancy, drug and alcohol abuse, and various behavior problems, including truancy, running away from home, and behaving abusively as adults.

Ask your patient if she wants to file a report with the police or speak to a social worker. If she wants to find a safe place to stay, such as a women's shelter, help her make arrangements. In many communities, victim advocates will come to the emergency department, clinic, or office to see the victim.

But don't be surprised if she chooses to return home. Provide her with information she can use when she's ready to leave the relationship-including a safety plan for her and her children-and make a follow-up appointment with her, if possible, to check on her welfare. If you need a supply of printed materials, contact a local shelter or The National Coalition against Domestic Violence at (303) 839-1852. Also give her the number for the National Domestic Violence Hotline: 1-800-799-SAFE.

Making a Safety Plan

Whatever her reasons, a woman may choose to return to her abuser even after she has received medical care. But you can still help her by providing a workable plan to help protect her and her children from more violence.

I remind women that no one deserves abuse. Then I offer them a safety plan handout to take home and phone numbers for local hot lines, women's shelters, and other available resources. However, women who are going home to their abuser may not be able to take this information with them.

The following information can be adapted for use by medical professionals.

BEFORE a violent incident...

know how to identify your partner's levels of violence so you can assess potential danger

remove all weapons from your home when your partner is nearing a violent state

ask a neighbor to call the police if she hears suspicious noises coming from your home

teach your oldest or most responsible child how to call the police from your home or a neighbor's. Make sure the child can provide your name and address.

memorize your local battered women's shelter phone number

plan where you'd go in an emergency-for example, the shelter or another safe place (not a place where your partner will know to look for you)

if you're afraid your partner will approach you where you work, discuss this with your employer and implement a security plan. Many employers have workplace violence protocols that encompass domestic violence.

before your partner becomes violent again, make plans to leave when he isn't around. Make arrangements with a trusted friend-someone your partner doesn't know. Ask your friend not to tell anyone that you'll be living with her.

DURING a violent incident...

leave if possible. If you can't, get into a room with a phone where you can lock yourself in and call for help. Stay out of confined areas (such as the bathroom) and places where weapons are available, such as the kitchen, garage, or workshop.

if you can't get to a phone, have your children call 911 or scream for your neighbors to call the police.

if you leave by car, lock the doors as soon as you get in and don't unlock them until you reach your destination. If your partner follows you in another car, drive to a police station and honk your horn until someone comes out to help you.

AFTER a violent incident...

check yourself and the children for injuries and go to the hospital if necessary

if you left your children behind, call the police as soon as possible to check on them

file a report with police and consider asking the court for a civil protective order in an attempt to keep your partner away from you. (However, a court order can't guarantee your safety.) Call a domestic violence hot line or the victim's assistance program in the district attorney's office for advice.

Six items you need to make an escape

- 1. Money. Hide money for emergencies-if not in your home, somewhere where you have easy access to it night and day. Make sure you have enough for a motel room, food, gas, and phone calls. Also have coins available for pay phones.
- 2. Keys. Make two extra sets for your home and car. Hide one set in a safe place and give the other to a trusted friend.
- 3. Extra clothing. Pack a bag of clothing suitable for any season for yourself and your children.
- 4. Important documents. Copy important paperwork in advance and have a plan for quick access in an emergency. Include items like these: Social Security numbers (yours, his, and the children's), insurance policies, driver's license, birth certificates (yours and your children's), protective orders, divorce and child custody papers, pay stubs, bank statements, marriage license, ownership papers for mutual property, medication prescriptions, and monthly bills. If you're not a citizen, you'll also need your passport and immigration papers.
- 5. Important phone numbers. For example, have access to numbers for the local police department, shelters, victim assistance programs or hot lines, a trusted friend, and your social services counselor.
- 6. Other personal items. This may include jewelry, prescription medications, eyeglasses, and your children's favorite toys.

Measuring success, one step at a time

Don't judge the success of your intervention by whether the victim leaves the abuser or not-you'll just set yourself up for frustration. The average victim leaves her abuser seven times before she leaves for good. Only she can determine when it's safe to leave-after all, she's become an expert on her own survival.

Instead, measure your success by how well you assessed her situation, counseled her, informed

her about her safety options, and respected her right to self-determination without judging her. You've made a significant start at empowering your patient, and you may have laid the groundwork for her to break the cycle of violence.

SELECTED WEB SITES

U.S. Department of Justice -- Violence Against Women

<http://www.ojp.usdoj.gov/vawo>

National Coalition Against Domestic Violence

<http://www.ncadv.org>

Butterflies (Resources for Sexual Assault Survivors)

<http://www.drwnet.com/bfly>

Global Links on Violence

<http://www.mincava.umn.edu/global.asp>