



Podcast Transcript

Domestic Violence 101

Episode 1 – Escalation of Domestic Violence

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Guest

Allyson Cordoni, APRN, CNP, SANE-A, SANE-P

- Over 20 years' experience providing care to adults and children who have experience sexual/physical violence
- Served as forensic nurse consultant, specializing in issues related to sexual assault adult and children, child abuse and neglect, strangulation, domestic violence and development of policies and procedures as well as educational trainings
- Member of the US Military MEDCOM task force responsible for writing/implementing sexual assault policies for the US Army, authored a Shaken Baby bill for the State of Hawaii, presented at numerous International, national and local conferences, authoring several peer reviewed articles, participated in numerous MDT boards, and conducted trainings in the area of sexual assault, domestic violence and strangulation research

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Transcript

(ALLYSON CORDONI) You might have heard from before, cycle of abuse, right? But researchers are now seeing that it's more of an escalation of violence and not a cycle, right? Because if a cycle means it just keep going on and on and on. Whereas the escalation is just like an elevator, right, starts out low, goes up high and ends in homicide a lot of the time.

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(LEANA MCGUIRE, HOST): Hello, everyone. My name is Leana McGuire and I will be your host for this Elite Learning podcast series, Domestic Violence 101, a course originally published by Elite Learning in video format. Through the course of two episodes, we will hear from Allyson Cordoni, a certified sexual assault nurse examiner. As you heard in the introduction, violence is not so much a cycle as it is an escalation that can end in homicide. According to www.domesticabuse.org, about 4000 women die of domestic violence each year. And now, let's hear from Allyson.

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CORDONI: So just a quick brief about me-- I am a nurse practitioner. I have been taking care of patients of sexual violence, violence, child abuse for about 25 years now. I've worked in a variety of settings where I'm an examiner, I'm a professor. I have been an advisor. I've been testifying. I've done all kinds of things, and that's kind of the cool thing about being a sexual assault nurse examiner is that there's all kinds of things you can do within this role. With the title of course, Domestic Violence, so there's some difficult discussions that are going on here. And I always invite people that if for some reason, this triggers something or they're not able to finish the webinar, please just opt out. You can go back to it later if you need to, OK? So these are the things we're going to talk about. We're going to define interpersonal violence. We're going to recognize the statistics, which are changing every day, the different types of interpersonal violence, the dynamics that we see, and the barriers and dangers of leaving domestic violence situations. And you probably as nurses have heard some of these talks, and the question is always why can't she leave? Why doesn't she leave? And we'll talk about that a little bit more as we go along.

So intimate partner violence, we also hear it called domestic violence. It is something that is ever changing. And it is basically a control issue. It's one person controlling the other. So domestic violence among family members can take many forms. It can include emotional abuse, economic abuse, sexual abuse, threats, using intimidation, isolation, and a ton of other types of behaviors that she may not actually be able to identify but you may be able to recognize. And we'll talk about those a little bit more as we go on.

Acts of violence are categorized as psychological, physical, or sexual. And you know what? There is also emotional. There is financial, and there is subjective. So, there is a ton of different ways that we can categorize this. But what I really want you to get out of this is how that you can identify this and how you're going to be able to see it, recognize it when you see it. We still use it, the term domestic violence, but the more common term is interpersonal violence. And that means it is somebody who is a partner, right, whether it be a male partner, female partner, somebody within the family unit is how they defined interpersonal violence.

These are the statistics. And like I said, these are kind of always changing. So, one in five women and one in seven men have experienced physical violence in their lifetime. And again, these people, this is the thing about the statistic. This may be the first time, or it may be the fifth or sixth time that they're reporting. So, this is kind

of why when we look at these statistics while shocking as they are, they're not always accurate. According to the Bureau of Statistics, domestic violence accounts for approximately 17% of all violent crimes in the United States. 17%, right, so just accidents and cancers are the ones that are above those that are number one and two. Again, 10% of women and 2% of men report being stalked. This is something that has just recently starting to be tracked, right. And these are, we're talking about people who are what they used to call spying on you, right?

Intimidation. They are following you. They are recording you. They are making sure you know they are watching you. But this is something that's interesting because these statistics are pretty new. But they will continue and continue, I think, to rise. Now, most of the victims that we're going to talk about are going to be female victims with males. This is not specifically a gender specific crime like other things like strangulation, and we'll talk about that a little bit, too. However, 85% of the victims of interpersonal violence are females. And again, the lifetime risk for women suffering from interpersonal violence has been estimated to be almost 39%. 40% of people at one time have interpersonal violence in their lives. All right, so let's look at homicide statistics because this is the thing. IPV is directly related to homicide. And you'll see that with strangulation when we talk about that a little bit more, too.

But when you have an instance of violence, right, it's also an escalating form of violence. So that what might start out as emotional abuse or maybe calling names or maybe just kind of following, maybe stalking you, right, these-- this doesn't get-- that doesn't get the satisfaction, right, so they have to keep stepping it up, stepping it up. And this is where the homicide statistics come in.

All right, so total homicides, and interpersonal violence, 81%. That is huge, right? You see this with a lot of cases on the TV that talk about domestic violence, talk about a family call, talk about just a domestic, right? So this is a very significant factor. And what are we to prevent this, right? So hopefully, we can teach you a little bit of what we can do to prevent some of these cases from happening.

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MCGUIRE: We just heard Allyson say that the escalation of violence could have its beginnings in verbal abuse - such as name calling. When that is no longer satisfying to the abuser, it can escalate from there.

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Now, we talk about that mostly this is a male dominated. But there are some women. But what we're finding from some of these studies is that the motives of the female perpetrator is different from the males. The violence by women is usually short acting, and it's usually more severe. So, it's not something that is thought out. It's not something that is planned. This is mostly they get in a fight, right? And the woman just starts wailing off on the man and/or or the partner, and she has a small period of violence. Again, this is not something [new], this is from an old article from Mary Goldberg from 2012. But a lot hasn't been studied about actually female victims. All right, so again, these homicides are almost following a history of violence, threats, and stalking, and other forms of abuse. These aren't the ones where you just have somebody jumping out of the bushes and killing them for no reason. That doesn't happen as much as the media likes to you to think it does. These are by people who know their behaviors. These are people who know what the patterns are. They know how to manipulate these people.

So it's kind of like a period of time, kind of goes back to what I was talking about with the escalating of behavior. There's another study out. It's an older study to 2015, but it shows that 43% of murder victims were related to their acquaintance. That means they knew them in some way not necessarily intimate partner but maybe it's somebody they worked with. Maybe it was somebody they play ball with.

But basically, the fact that those murders that we talked about that jump out of the bushes, really not a common factor at all. And most of these because, again we talked about intimate partner, families are involved. So, families when you hear about that, families need to be they-- families know your behavior. Families know how you behave and what's normal for you and what is it normal for you. So, a lot of times in these cases, you see all the family members of a person of interest or somebody that's going to be interviewed because they do know that person, right? They know how that person works and if there's anything different that they need to look at.

All right, so we talked about the escalation of violence. And this is something really important. It starts out something small and then when that person, the abuser cannot get enough, and that doesn't satisfy him enough, the violence gets stronger. And it may jump from different things. And I'm going to talk about that in a second. But you might have heard from before, cycle of abuse, right? But researchers are now seeing that it's more of an escalation of violence and not a cycle, right? Because if a cycle means it just keep going on and on and on. Whereas the escalation is just like an elevator, right, starts out low, goes up high and ends in homicide a lot of the time.

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MCGUIRE: We have heard that most victims of interpersonal violence are females. 87%. The escalation of violence, beginning with something small and ending in homicide for these women, is sobering. Let's listen as we learn how the abuser is able to control their victim.

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All right, one of the first goals of the abuser is to instill fear in that victim, fear which gives him all the power and all of the control. Once that fear is established, they just build on that fear with the objective to control that person, right? So abusers always need to be in control, always. So when you see people on TV, if you see people being interviewed, usually the person who is making a report or doing the abusing is very nonchalant. They may be smiling. They may be cooperating with the police. They may be saying, Yes: Yes, had to I had to hit her because I had to control her. She was going crazy. She was just hitting on me, and I didn't had nothing else to do. But I had to subdue her so I sat on her, and I had to strangle her." Again, and this always happens in the beginning of a relationship, right, too. That's the other thing that these abusers will start off being very nice. Because what they're doing is they're testing out their victim. They're testing out to see if this somebody I can't control. Is this somebody how easily I can control them? How can I do this, right? But a lot of times, early in the relationships, we don't recognize it. Or we don't see it because we don't want to see it, right? So these are some of the things that when a friend talks to you and says, "There's something not quite right about him. Maybe you look into that a little bit more or her."

But we often miss it, or we gloss it over or think, this is the other thing, we think we can change that behavior. And we really cannot do that. Sometimes people have this behavior. Sometimes they've grown up with it. Sometimes they've mirrored it from their family members. Sometimes they've learned it from other things. But it's very hard to change that behavior. For example, say somebody says, "That's a nice dress." Right, the guy says, or girl says, "Hey, that's a really nice dress." And then goes on to say, "I like pink, but my favorite is red." So, what happened right there, right? So, the next time maybe whoever is going to wear the dress is thinking, "Well, he really likes red. So, I'm going to wear that." So that's just one little example of how somebody can start being- doing using the power and control in violence [00:10:48.00] So what happens when they lose control? What happens when an abuser is not what they're telling you. What that-- all of a sudden you start wearing a green dress. Then what happens, right? They feel, the abuser feels that they're losing control, so they need to escalate their tactics. They need to push that up. So they may say, "If you wear that, if you do not wear a red

dress, you know I'm not taking you out tonight." Or, "If you don't wear a red dress, I'm not going to let you see the kids today."

So you see kind of how where they-- you start very small, and then you kind of build, and build, and build upon that. They feel that power and control in terrorizing. They feel that power and control watching your reactions, right, the reactions of the person that they are trying to control. They look at them. Is there a look of fear that she says, "Oh my God, I got to find that red dress." Or is there fidgeting? Or does she just, say, flip them off, right? So I think you have to kind of keep a look at some of these things that may be very benign but, again, maybe a little bit more telling.

One another example that I had heard from one of my victims was-- is hugging. Hugging to everybody else is pretty benign, right, give them a hug. What happens is that that person-- I had a woman who said her husband, every time that she was, quote "getting out of line" he would come and hug her. He would not only hug her, but he would scare her, and kind of she would jump. And when she did, he would put his arms around her, hug her and say, "Don't do that again. Don't tell anybody our business."

So in a party situation, to everybody else, that looks like he's messing with her, or he's just showing her love but not to that person. So what happened-- what used to happen is that after he would whisper in her ear, after he hugged her, he'd let her go, and he would look at her face to know if she understood what he meant and what he said, right? Because it wouldn't be unusual for him to pull her out of a party if she was talking too much or telling too much about their business. And he actually got off on that. He got off on looking at her and making sure that she is scared, right, by his words and what he's saying. Keep in mind, he hasn't touched it yet, right, it's just those words.

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MCGUIRE: In this party situation case study, the relationship appears not to have issues to the casual observer. But as Allyson noted, beneath the surface - and if you are a keen observer, you will notice the verbal and nonverbal cues - whispering in her ear, hugging, squeezing of the shoulder. These are all methods of control that he is using on her.

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Another thing-- another example is I had a neighbor who was being physically assaulted. And any time that she would get next to me, and we would start be talking about something, he would move and sit closer. Then he would put his arm around her. And what I would see in his arm that he kept pushing her shoulder, so every time she said something that he didn't like, he reminded her that he was in control and that she better not talk anymore or there's something else that's going to happen. So there's all kinds of things. These men or women who are doing this are actually weaponizing their words.

So what kind of profile do we have, right? And again, you probably know this. We have no single profile that fits abused man or woman. How many times do you hear well, I can't believe he did that or that's not how they were like or they were a great family. They were not that kind of a family. So it can be from any, any types. I've had numerous doctors. I've had numerous lawyers whose family members I have seen for domestic violence.

These are some of the things that I hear. And this is just very, very small. But these women actually and men think that they are going to die. These are words, these are quotes that I hear. And these are quotes that I write down in my medical notes. But when they tell me because what it does, it puts validity to what they're saying. It puts validity to the fact that they are scared and they are being threatened, right? And again, these women are just fighting to stay alive and also to keep their kids alive. They're trying to figure out how I can do that. And

sometimes, medical care and getting medical care is not the best way to do that. And we can talk about that a little bit more.

Again, abusers the same way, all right. And we just talked about this, but they come from all age groups, religions, ethnic race, from everybody. You really cannot stereotype an abuser. And again, sizes and physical conditions don't matter because when we're talking about physical, that's a different story. But when we're talking about emotional, and we're talking about words, words don't have a specific height, and they don't have a specific weight.

So excuses and minimizing, this is something that we see a lot in almost every single abuser that I've seen. They-- they're-- it is often a learned behavior. So if you have somebody that comes from a family or has been abused as a child whether physical, emotional, verbal abuse as a child, they are more likely, of course to be abusers as adults. They minimize the seriousness and fail to accept responsibility. This is actually called gaslighting. And I think you guys have probably heard that before. And gaslighting comes from a 1944 movie called Gaslight. And what was happening was is the man in the house was actually dimming the lights. So the woman in the house thought she was going blind. And he kept saying, "No, I didn't do it. No, I don't know what you're talking about. No, you're crazy." And that's kind of how gaslighting works. It's a manipulation tactic. It's used to gain power and to make a victim doubt themselves. All right, it's slow. It's insidious so the victim doesn't even realize how much they've been brainwashed. And it has a lot of different components, and it looks a lot of different ways in different settings. One of the things is they tell blatant lies, right. And then once they start telling these lies, is that we begin to believe them, right, or the victims start to believe these lies and take that as truth because they don't know any different. They deny that they ever said anything. That never happened. You imagine that.

And how many times are we arguing? Well me, arguing with my spouse, and I can't remember what I said, right, because I'm just talking so fast. But this happens to victims on a daily basis. So this is like, well no, you didn't take the clothes out of the dryer and clothes dryer out of the dryer. No, you didn't do that. So it makes them seriously doubt themselves in just very simple behavior, not anything in a bad way, not anything in like when you're in an argument or any kind of specific behaviors but everyday things just keeps making them doubt. And they use what is near and dear to them as ammunition. So what is the one thing that in families that is dear to parents, moms especially, too? My kids, so they will use and weaponize their kids. They will say, "Well, you know what? I think you're not feeling good today, or I don't think, I don't feel very comfortable leaving the kids with you because you forgot to pick them up." Maybe he changed the time, right? You forgot to pick them up. They wear them down over time. And then after a while, people just give up, all right? Because they do truly think that they are crazy or they aren't remembering things or they didn't put something on the counter when they knew they did. They throw in different reinforcements to confuse them. So you look great, a bit slutty, but you look great, right? So started with a positive kind of put something in the middle of it that maybe will dehumanize her and then go back to the positive. So did he really say that? Or does you really like it? Or does he really not like it?

So you can kind of see where these women and the victim start to kind of believe their abusers, and when this keeps happening day after day, time after time, it actually weakens people, right? And it's just like and not just emotionally, but also physically all right, because your brain is truly changing a lot of times with the emotional abuse. But most of all of this is done in a common demeanor. So the abuser is actually a matter of fact, he's not upset. He's not angry. It's kind of a matter-of-fact behavior. So again, then they believe it a little bit more until this isn't enough and then the physical part comes in, the physicality.

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MCGUIRE: Gaslighting is a fascinating concept. I appreciate Allyson shedding light on how the process works and why the victim believes their abuser is right. Now we turn to the "why." What does the perpetrator gain? Here is Allyson.

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The different methods of control we talked about, the physical, emotional, sexual, financial, technological, . And legal. Again, every single one of these if it's done is done for power and control over the victim. I can't even say that enough. A lot of these are very deliberate. They're ongoing, and they're predictable or they can be unpredictable, right? There's a lot of times that I have victims say, "Well, you know, I can't go home until 8 o'clock or you know what's going to happen."

But what's going to happen? Well, it's going to make me go up my room until he's done playing poker with the boys. I'm like, OK, so you wait until after 8 o'clock. That's predictable behavior. He knows she knows what's going to happen. She knows what is going to happen if she's late, all right. If she's late from coming in, or she doesn't come in the same time, she may get hit. But they know that. And I will tell you that there's a lot of victims that live their life around potential of what could happen or violence that may happen to them.

But basically, when you talk about physical abuse, all right, we're talking about just basic stuff. It could be hitting. It could be punching. It could be strangling or choking. And a lot of times, we'll see bruises. If you see people in the middle of summer wearing a turtleneck, maybe they're doing it to hide bruises or a long sweater, maybe they're looking to hide injuries.

With kids sometimes, we will go ahead and look at are they repeatedly coming in for injuries? Are there repeated injuries in the same place? Look for dragging, pulling of hair. A lot of times you'll get some, you'll get hematomas around the hairline, get a little hematomas, and even sometimes subdural hematomas if your heads are knocking against walls. But again, these will disappear over time.

And so when we do have patients that have this, a lot of times we will have that, they don't want to come in for a medical appointment. And I will try to get them a telehealth appointment. And I just want to make sure that they are OK. All right, if they're not ready to come in to me and report then that's OK, but I do need to make sure that they're OK, and so telehealth is one of those ways that we can do that.

So we're going to talk about strangulation really quickly. This is something that has if you've I don't know if you've noticed it but it has been coming up more and more when we're talking about the domestic violence patients. And I will tell you this is not anything new. I have been seeing patients who have been strangled for 20 years. It's just I don't know how it started coming up, but it came up.

This is do a lot of training with a few of my colleagues that works for a non-profit. And we do a lot of these strangulations and asphyxiation trainings. So these are basically the different types of asphyxiation. It's not just choking. Now, if somebody tells you they were choked or choked out, please take a listen to that. Not everybody knows the word asphyxiation or even strangulation or suffocation or what the difference is. So when you're asking somebody please ask if they've ever had any trouble breathing. Tell me about, that right? How have you ever had a time where you couldn't breathe. Tell me about that, right?

Now keep in mind they may say, "Yeah, when he put his hands around my neck." And then we have, an honestly, some of our forensic nurses, we have a full assessment on strangulation I would be happy to share with you. We have one for adults, and we have one for peds that we use. But basically, it's just asking more in-depth questions about the strangulation.

Keep in mind suffocation is another way of asphyxiation. And that basically is causing hypoxia in your tissues. And that can be just as easily as putting a hand around your mouth and your nose, doesn't have to be any pressure on the neck. It can be being pushed underwater using that aquatic component or even pouring water on somebody while they're on the floor and they're being strangled. This happens more often than you would think.

So a lot of times, people think, "Oh well, they just drowned in the bathtub." Well, a lot of people don't drown in four inches of water, so just kind of keep that in mind. And again, when I talk to them about choking, I explain the difference between choking and strangulation. And just and you all know the choking is just basically there's an obstruction in the air passages.

All right, so this is something that is really important. And I think when I give my talks, a lot of people don't understand it takes very little pressure, right, to occlude the jugular vein and the carotid artery in the neck, which is what causes strangulation. It only takes 10 seconds of pressure, five to 10, depending on the placement of the hands, depending on a lot of different kind of variables. But for the most part, it is only 10 seconds, and you can lose consciousness. When you lose consciousness, that means you're not getting air flow or blood flow to your brain. It's also not getting to your body, so you are killing blood cells.

And again, you let those hands go, then it only takes about 10 seconds, right, to come back for you to regain consciousness. Keep in mind though if you keep that pressure constant, all right, one to five minutes to kill somebody, all right? This is a longer lecture, and we will go on another day. But this is the one thing I want you to understand. And this is the one thing that I tell patients when they come in. If they are strangled one time, just one time, they are 750% more likely to be murdered after one strangulation. Because when people strangle, they are practicing homicide. They are telling that person that I can kill you, and I may kill you, but maybe not today, right? But she knows. She knows because she can't breathe, and she cannot get air into her body.

And again, another statistic, this is an older statistic from two years ago. It says 43% of women are murdered by a partner or an ex-partner with strangulation in the year prior. This actually goes for law enforcement as well. So when you talk about law enforcement agents that you see on TV that are killed, if you look at the people that killed them, the majority of those people have been involved in some kind of strangulation incident, OK?

So these are some of the things from strangulation. And when somebody says these are the things I kind of want you to look at when you're in the medical setting. Are they having headaches? All right, are they having memory loss? Is that because they're being gaslighted, or is it because they didn't have oxygen to their brain, have all of a sudden lack of-- have seizures, any kind of paralysis that kind of can come and go, any kind of increased agitation, cognitive behavioral, depression, all of these things can be tied to strangulation but again they can also be tied to interpersonal violence but ask these questions of these patients.

And then what I do is when I find out that there is a positive response to one of these, I will kind of gently go back and talk about strangulation and ask them about that, and then go back to talking about how lethal strangulation is. And that sometimes we'll get them into thinking that oh my gosh, you know, I really do need to talk to somebody. One of the things I want you to understand, too, is over 50% will have no visible injuries. So do not expect these patients to come in with strangulation marks on their neck or any ligature marks or anything because they won't. Because back when I was talking to you about it, it takes very little pressure, right? Because keep in mind, the carotid artery, what do we use that for? We use that in CPR, right? So when we're checking for heart rate, and that's how close it is to the surface, OK, I could go on with that, but I'm going to go back to this.

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MCGUIRE: Strangulation as a way to practice for a future homicide is grievous. The statistical fact that being strangled just once increases the likelihood of murder by 750% is even more so.

In this episode we've heard from Allyson Cordoni, an advanced practice nurse and sexual assault nurse examiner. She has defined interpersonal violence, shared national statistics, and identified types of interpersonal violence.

In the next episode, we will learn about power and control of the victim and available resources.

Please continue this journey of learning by joining us for Episode 2 – Power and Control. Thank you for listening. This is Leana Delle McGuire for Elite Learning.

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