

# TRANSFORMATION



# DETROIT REPORT

INTERVIEWS WITH PROFESSIONALS  
WHO ENCOUNTER DOMESTIC VIOLENCE VICTIMS  
IN THE EXECUTION OF THEIR DUTIES

J U N E 2 0 1 6

# S U M M A R Y

**D**omestic violence advocates, social workers, civic leaders and health professionals must collaborate to develop a “coordinated strategy for success” in order to effectively identify, respond to and significantly reduce incidents of gender-based violence throughout the U.S.

That was one of the conclusions that emerged from a roundtable discussion this summer convened by IDVAAC and Transformation Detroit, a collaborative of advocates, representatives from state agencies and other professional stakeholders.

While many activists and professionals do a good job of identifying and responding to domestic violence independently, those efforts frequently are fragmented and, therefore, less effective, panelists said. By collaborating to share ideas, develop integrated approaches and review evidence-based “best practices,” those efforts could be much more effective, panelists said – ultimately leading to fewer victims of gender-based violence.

“The research shows that there are several professions within the black community that are doing good work in recognizing and addressing gender-based and intimate partner violence,” said IDVAAC director Dr. Oliver J. Williams. “The problem is that these organizations don’t engage or interact with one another around the issue, so everyone is effectively reinventing the wheel.”

“These organizations need to do a better job of collaborating with each other so they can develop an integrated approach that 1) identifies ways to recognize and treat abuse victims, 2) brings their own unique insights and expertise to bear, and 3) makes recommendations that can be applied to larger systems.”

“Essentially, these groups need to connect the dots and share ideas and resources that can be exported to communities throughout the U.S.,” Williams said.

The Transformation Detroit panel discussion was an outgrowth of IDVAAC’s Domestic Peace Initiative, which aims to build the capacity of local communities to engage stakeholders in efforts to effectively address intimate partner violence and intersecting issues within the African-American community. Specifically, the initiative seeks to: raise awareness around the issue of domestic violence in metropolitan Detroit; promote cohesion among domestic violence activists and advocates for related social issues (such as substance abuse, homelessness, HIV/AIDS, child abuse and mental health); cultivate leadership in mobilizing community efforts toward expanding and sustaining culturally relevant responses to assist battered women and their families; and promote safe, healthy, prosperous families and communities.

The panel consisted of a cross-section of health professionals, civic activists, educators and social workers who encounter domestic violence victims in the execution of their duties, even though they are not directly involved in domestic violence work, per se. The session was designed to establish ways that such professionals could do a better job of recognizing abuse when they see it and develop more compelling ways to respond to domestic violence victims.

The core question presented to the roundtable participants was this:

*“Victims of domestic violence receive treatment services at different venues in different ways. If you’re a professional whose work is not specifically focused on domestic violence, how does this abuse come to your attention and how you respond to it?”*

## TRANSFORMATION DETROIT PANELISTS

### **LADONNA M. COMBS**

Executive Director / Sisters Against Abuse Society  
Evangelist / Greater Grace Temple (Bishop Charles H. Ellis III)

### **VANESSA L. ROBINSON**

MD, FACP  
Senior Staff Physician / Henry Ford Hospital  
Department of Internal Medicine

### **AUGUSTINA FRAZIER**

Ph.D student, MACM, BA  
Walden University, Ashland Theological Seminary, Davenport University  
Professional Clinical Chaplain/Counselor;  
Adjunct Professor

### **ANITA B. POSEY**

President  
B.W.A.R.E. (Battered Women’s Awareness Reaching Everyone, Inc.)

### **OPAL MURPHY-HICKS PH.D**

President/CEO  
Murphy’s Educational Center Inc.

### **ELLECE MCKINLEY**

Health education and dance instructor  
Detroit International Academy of Young Women

### **DEBORAH MYLES**

M.S. (mental health)  
Director of Preschool  
Creative Montessori Academy



onvening at historic Greater Grace Temple in Detroit, Michigan, the Transformation Detroit roundtable participants recommended several “action steps” professionals can and should take to more efficiently and effectively recognize domestic abuse and/or respond to abuse victims. Those steps included:

- *Develop and prioritize an action plan for mobilizing professionals who encounter abuse victims to address domestic violence.*
- *Create a community-based educational/promotional campaign that teaches average citizens about domestic violence and empowers them with practical action steps they can take when they experience or encounter domestic abuse.*
- *Undergo training on what to look for when interacting with clients who might be domestic violence victims. Once codified, share that knowledge with staff members who interact with potential domestic violence victims.*
- *Through research, education and training, develop a greater understanding of why many women stay in domestic violence situations.*

Panelists also said that professionals who encounter domestic abuse survivors should stay alert, be sensitive, watch for signs of irregular behavior, and pay attention to what victims say – and don’t say.

In other words, they said, stop, look and listen.

“You have to have your antenna up in order to determine if they are victims of domestic violence,” said Dr. Vanessa Robinson, a senior staff physician and primary care physician at Henry Ford Hospital in Detroit. “If you don’t pay attention, you might miss it.”

Robinson said while she often encounters patients who are victims of domestic violence, in most cases, it’s not something those patients are prepared to readily share.

“One patient who comes to mind was a young lady who came in time after time with bruises or broken ribs and she always had a reason. I’d ask, ‘How did you break your ribs?’ She’d say, ‘Oh, I slipped and fell.’

After some dialogue, Robinson said she ultimately asked the patient: “Is your partner being abusive to you?” And she did admit it. I encouraged her to report it, which she did not want to do.”

Robinson said such unwillingness to report abuse is common among domestic violence survivors. She and other panelists said many women resist the urge to report incidents of abuse because they fear for their lives or are in denial.

“They’re being abused and they know they’re being abused, but they won’t admit they’re being abused,” Robinson said. “I asked the young lady, ‘Can you get away?’ but she felt she couldn’t get away. She felt there would be repercussions if she tried to escape from the abusive partner.”

Robinson said, however, that although her patient could not bring herself to report the abuse, the woman’s repeated visits to the hospital were, in effect, a subconscious cry for help.

“I think she came to the hospital because she wanted someone to know what was going on,” Robinson said. “She may not have had enough courage to speak up, but she wanted someone else to know that she was being abused... She was saying in effect, ‘I need some help. Even though I can’t help myself, can’t you see?’”

Roundtable participants said that denial, fear of the unknown and fear of repercussions frequently are among the key reasons why domestic violence victims decide not to report abuse.

“They have all the evidence that they’re being abused, but they’re in denial because they’re afraid of loss of income, fear of losing children, fear of the unknown and a feeling that they don’t have anywhere to turn to,” said Augustina Frazier, a professional clinical chaplain at Botsford Hospital.

Roundtable panelist Anita Posey agreed, arguing that fear of the unknown – for example, where the survivor will go, how will she live, who will take care of her kids – is a prime element in why many women fail to report abuse or try to escape.

Posey and other panelists said many other women fail to report incidents of abuse – even to trained professionals – because their trust has been violated so many times by their abuser, that they no longer trust anyone.

“When the man that you have devoted yourself to and pledged your love to betrays you, then it’s hard to trust a stranger,” said Posey, president of B.W.A.R.E. (Battered Women’s Awareness Reaching Everyone, Inc.). “You start asking, ‘Are you even capable of helping me? What can you do for me? Are you going to present another problem that I don’t want to deal with? Are you going to open up another can of worms that I’m not ready to deal with? I can’t handle this, and that too.’”

It is because of these fears and anxieties that professionals must be especially diligent in paying attention and in showing compassion, empathy, patience and understanding, panelists said. In the end, those traits will pay dividends, they said.

Posey said one strategy she used for getting a particular client to talk about her abuse was to tell the client about her own story of abuse – and survival. Exposing her own vulnerability encouraged her client to be vulnerable, Posey said.

“Finally, she opened up and she said, ‘I feel like I’m grieving him.’ I said, ‘It’s OK, I understand. You’re grieving the relationship. It’s like a divorce, a death, losing a job, losing your house. That’s perfectly normal. There’s nothing wrong with you.’ I calmed her down... And after we got done talking, she said, ‘I’m so glad I called you, I just thought I was losing my mind.’”

Frazier said showing patience and compassion also encourages domestic abuse victims to open up and share their stories of abuse. Once, Frazier said she spent a day and a half with a hospital patient who wouldn’t talk, wouldn’t let anyone touch her and was being “defiant and uncooperative” with hospital staff.

“I said, ‘I’m not going to give up on you and I’m just going to sit with you until you’re ready to talk.’ So I sat with her for hours and suddenly, she started sobbing. And I said, ‘Miss so-and-so, what’s going on? You’re crying, you won’t let them touch you. We can’t help you if we don’t know what’s going on.’ And finally she moved her garment and there was an imprint of an iron on her chest. And she explained that she’d been suffering this kind of abuse for 26 years.”

The victim might not have revealed what was going on in her life if Frazier had not been sensitive, alert, patient and compassionate, she said.

“By me just coming back in the morning and the evening and sitting with her for hours let her know, ‘I’m here for you.’ It took that consistency to build that rapport. She had to believe that she could trust me. It gave her a chance to hope. People in that situation want to hope. Because, in the past, they’ve trusted a lot of people and it didn’t get them anywhere.”

Establishing a non-judgmental rapport, opening a comfortable line of communication, showing patience and building trust are key elements in getting victims to share their stories of abuse, Frazier and other panelists said.

“You have to have patience with victims [because it sometimes] takes time for your brain to calm down,” Frazier said. “It takes a minute to say, ‘I can do this. I can actually do this. I can tell this woman this and she’s going to help me. I’m in a safe environment, there’s no one here who can hurt me, just health care professionals who have my best interest at heart.’”

Ellece McKinley, a health education and dance instructor at the Detroit International Academy of Young Women, said showing vulnerability and sharing an intimate part of your own life can sometimes encourage others to do the same.

“If you can’t break down your walls and leak out something, then no one’s going to want to talk to you,” she said. “When I commit, I commit 100 percent – and people can see that. My willingness to give a part of me tells them, ‘I can trust her.’”

Debra Miles, a counselor and director of preschool at Creative Montessori Academy, said she gets children to talk by asking open-ended questions while doing arts and crafts with children and young adults.

“I might just say, ‘How’re things at home?’ and then we’ll start talking. And over the course of days or hours, they’ll start opening up. There’s a mental thing they may be going through, they feel like they have no support or no one believes in them, so I become a voice to say, ‘Your story is real; what happened to you is real.’”

Panelists also said some women – especially black women – decide not to report abuse because they are haunted and silenced by a feeling of shame. That shame sometimes causes some women to self-medicate to anesthetize their pain, they said.

“The reason many women don’t open up about [abuse] is because it’s shameful,” Posey said. “I’m supposed to be the strong black woman. And I’m going to let a man beat on me? I’m strong. I’m supposed to be able to deal with this – but I don’t. And since I don’t know how to deal with it, I’m going to escape. I’m going to go off in another direction. I don’t even have to think about it anymore.”

“It’s like wanting to break out of prison – you can’t see how you’re going to do it, so in order to exist within it, feeling that you have no way out, you say: ‘OK, I’m going to internalize.’ And the only way for you to internalize is in an altered state of mind,” she said, so you start drinking alcohol or doing drugs to cope with the pain.

Augustine agreed, adding: “What I’ve heard over the last 11 years is that doing drugs is their way of escaping. One employee, whose husband beat her all the time, she said the reason she did drugs is because it numbed her. When she did drugs, she didn’t feel anything. It takes you outside of yourself and (helps) you cope better with it.”

Robinson added that since many poor and minority women are less likely to visit the doctor, they share street drugs or pain pills to numb themselves. Such sharing can lead to further health and mental complications, she said.

At the end of the day, panelists said, professionals who encounter domestic violence victims must mobilize their efforts to develop and prioritize an action plan for recognizing, treating and/or dealing with domestic abuse victims.

For example, a “steering committee” of professionals from various disciplines could be created that would convene regularly, share experiences about how to identify abuse victims, share information about treatment services, and develop a plan to export knowledge among professionals and within the broader community, panelists said.

An educational campaign that defines domestic violence, identifies the signs of abuse and lists treatment services and options would be especially useful to professionals and to victims or potential victims, panelists said. Once that campaign is developed, it could be promoted within professions and advertised at various venues within the community – such as beauty shops, schools, churches, community centers, grocery stores, block clubs and public restrooms.

Professionals also could more assertively integrate questions about domestic abuse into their routine operations, panelists said.

“For example, I just went for my annual physical the other day, and while the nurse was taking my blood pressure and temperature and all that, she asked me questions: ‘Do you feel safe in your home? Have you ever been abused?’ They’re making this a part of what they regularly do,” Posey said. “Other professions could do the same type of thing.”

Dr. Opal Murphy-Hicks, president and CEO of Murphy’s Educational Center Inc., said the old adage is true – knowledge is power.

“For women, we have to get to that point where we’re not going to take it anymore. And that starts with educating women about what abuse is before it happens or while it’s happening,” she said. “It’s all about education and awareness.”

“And for me, this all starts with our kids – the little kids. It starts with educating them about what’s really going on and getting them to understand that things can be different. It starts with telling them, ‘It shouldn’t be like this. You don’t have to live like this. You don’t have to stay connected to something that ultimately is going to destroy you.’”

“That’s why my thing is educate, educate, educate, educate – you can’t get enough of that,” she added. “If you have enough knowledge and awareness, you can change the environment. You can change the culture.”





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