



## 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](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](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>.
- Coomaraswamy, Radhika, *Report of the Special Rapporteur on Violence against Women, Its Causes, and Consequences* (Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights, 1997), <http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/043c76f98a706362802566b1005e9219?Op=endocument>.
- 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](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](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](http://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.



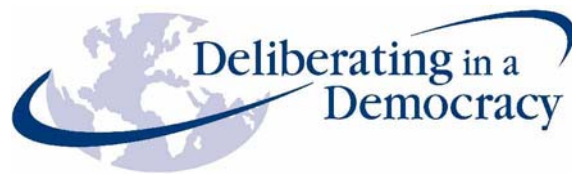
## **Domestic Violence—Deliberation Question with Arguments**

### **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).



## Lesson Procedures

### Step One: Introduction

Introduce the lesson and the Student Objectives on the **Lesson Plan**. Distribute and discuss **Handout 1—Deliberation Guide**. Review the Rules of Deliberation and post them in a prominent position in the classroom. Emphasize that the class will deliberate and then debrief the experience.

### Step Two: Reading

Distribute a copy of the **Reading** to each student. Have students read the article carefully and underline facts and ideas they think are important and/or interesting (**ideally for homework**).

### Step Three: Grouping and Reading Discussion

Divide the class into groups of four or five students. Group members should share important facts and interesting ideas with each other to develop a common understanding of the article. They can record these facts and ideas on **Handout 2—Deliberation Activities** (Review the Reading).

### Step Four: Introducing the Deliberation Question

Each **Reading** addresses a Deliberation Question. Read aloud and/or post the Deliberation Question and ask students to write the Deliberation Question in the space provided on **Handout 2**. Remind students of the Rules for Deliberation on **Handout 1**.

### Step Five: Learning the Reasons

Divide each group into two teams, Team A and Team B. Explain that each team is responsible for selecting the most compelling reasons for its position, which you will assign. Both teams should reread the **Reading**. Team A will find the most compelling reasons to **support** the Deliberation Question. Team B will find the most compelling reasons to **oppose** the Deliberation Question. To ensure maximum participation, ask everyone on the team to prepare to present at least one reason.

**Note:** Team A and Team B do not communicate while learning the reasons. If students need help identifying the arguments or time is limited, use the **Deliberation Question with Arguments** handouts. Ask students to identify the most compelling arguments and add any additional ones they may remember from the reading.

### Step Six: Presenting the Most Compelling Reasons

Tell students that each team will present the most compelling reasons to **support** or **oppose** the Deliberation Question. In preparation for the next step, Reversing Positions, have each team listen carefully for the most compelling reasons.

- Team A will explain their reasons for **supporting** the Deliberation Question. If Team B does not understand something, they should ask questions but NOT argue.
- Team B will explain their reasons for **opposing** the Deliberation Question. If Team A does not understand something, they should ask questions, but NOT argue.

**Note:** The teams may not believe in or agree with their reasons but should be as convincing as possible when presenting them to others.

## Step Seven: Reversing Positions

Explain that, to demonstrate that each side understands the opposing arguments, each team will select the other team's most compelling reasons.

- Team B will explain to Team A what Team A's **most compelling** reasons were for **supporting** the Deliberation Question.
- Team A will explain to Team B what Team B's **most compelling** reasons were for **opposing** the Deliberation Question.

## Step Eight: Deliberating the Question

Explain that students will now drop their roles and deliberate the question as a group. Remind the class of the question. In deliberating, students can (1) use what they have learned about the issue and (2) offer their personal experiences as they formulate opinions regarding the issue.

After deliberating, have students find areas of agreement in their group. Then ask students, as individuals, to express to the group their personal position on the issue and write it down (see My Personal Position on **Handout 2**).

**Note:** Individual students do **NOT** have to agree with the group.

## Step Nine: Debriefing the Deliberation

Reconvene the entire class. Distribute **Handout 3—Student Reflection on Deliberation** as a guide. Ask students to discuss the following questions:

- What were the most compelling reasons for each side?
- What were the areas of agreement?
- What questions do you still have? Where can you get more information?
- What are some reasons why deliberating this issue is important in a democracy?
- What might you or your class do to address this problem? Options include teaching others about what they have learned; writing to elected officials, NGOs, or businesses; and conducting additional research.

Consider having students prepare personal reflections on the Deliberation Question through written, visual, or audio essays. Personal opinions can be posted on the web.

## Step Ten: Student Poll/Student Reflection

Ask students: "Do you agree, disagree, or are you still undecided about the Deliberation Question?" Record the responses and have a student post the results on [www.deliberating.org](http://www.deliberating.org) under the partnerships and/or the polls. Have students complete **Handout 3**.



## **Handout 1—Deliberation Guide**

### **What Is Deliberation?**

Deliberation (meaningful discussion) is the focused exchange of ideas and the analysis of arguments with the aim of making a decision.

### **Why Are We Deliberating?**

Citizens must be able and willing to express and exchange ideas among themselves, with community leaders, and with their representatives in government. Citizens and public officials in a democracy need skills and opportunities to engage in civil public discussion of controversial issues in order to make informed policy decisions. Deliberation requires keeping an open mind, as this skill enables citizens to reconsider a decision based on new information or changing circumstances.

### **What Are the Rules for Deliberation?**

- Read the material carefully.
- Focus on the deliberation question.
- Listen carefully to what others are saying.
- Check for understanding.
- Analyze what others say.
- Speak and encourage others to speak.
- Refer to the reading to support your ideas.
- Use relevant background knowledge, including life experiences, in a logical way.
- Use your heart and mind to express ideas and opinions.
- Remain engaged and respectful when controversy arises.
- Focus on ideas, not personalities.



## Handout 2—Deliberation Activities

### Review the Reading

Determine the most important facts and/or interesting ideas and write them below.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Deliberation Question

### Learning the Reasons

Reasons to Support the Deliberation Question (Team A)	Reasons to Oppose the Deliberation Question (Team B)

### My Personal Position

On a separate sheet of paper, write down reasons to support your opinion. You may suggest another course of action than the policy proposed in the question or add your own ideas to address the underlying problem.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

## Handout 3—Student Reflection on Deliberation

### Large Group Discussion: What We Learned

What were the most compelling reasons for each side?

Side A:

Side B:

What were the areas of agreement?

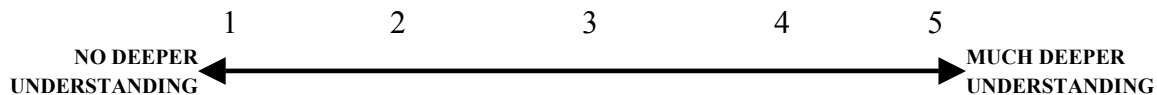
What questions do you still have? Where can you get more information?

What are some reasons why deliberating this issue is important in a democracy?

What might you and/or your class do to address this problem?

### Individual Reflection: What I Learned

Which number best describes your understanding of the focus issue? [circle one]



What new insights did you gain?

What did you do well in the deliberation? What do you need to work on to improve your personal deliberation skills?

What did someone else in your group do or say that was particularly helpful? Is there anything the group should work on to improve the group deliberation?