# DV101PS:

## Introduction to Domestic and Intimate Partner Violence Recognition, Prevention, and Advocacy for Public Safety Professionals

As a first responder or public safety professional working closely with a partner or crew you're in a unique position to notice subtle signs of distress that others might miss. Domestic violence and intimate partner violence (DV/IPV) can affect anyone, regardless of gender or profession, and first responders are not immune.



### 🧠 Module 1: Understanding Domestic Violence (DV) and Intimate Partner Violence (IPV)

- Definition of DV/IPV per CDC and DOJ standards
- Types of abuse:
    - Physical
    - Sexual
    - Emotional/psychological

    - Economic/financial
    - Technological/digital abuse
    - Coercive control
    - Legal
- Cycle of abuse:
    - Tension-building
    - Incident (explosive event)
    - Reconciliation
    - Calm (honeymoon phase)
- Myths vs. Realities
    - Myth: DV/IPV only happens in poor or uneducated families
      Reality: Abuse occurs in every socioeconomic class, culture, religion, and profession. Wealth and education do not protect someone from becoming a victim or a perpetrator.
    - Myth: Victims can "just leave" if they really want to
      Reality: Leaving is often the most dangerous time for a survivor. They may face financial dependence, threats to children, immigration status issues, lack of housing, or fear of retaliation. Emotional trauma and manipulation also create powerful barriers.
    - Myth: Alcohol, drugs, or stress cause DV/IPV
      Reality: Substance use or stress may worsen the violence, but they are not the cause. Abuse is a choice and a pattern of power and control. Many people drink or experience stress without abusing their partner.
    - Myth: If it were really bad, the victim would report it
      Reality: Many survivors don't report because of fear of not being believed, economic dependence, concerns about children, stigma, or distrust of the legal system. Underreporting is very common.
    - Myth: DV/IPV is only physical
      Reality: Abuse can be emotional, psychological, sexual, financial, legal or digital. Threats, intimidation, controlling behavior, and isolation can be just as harmful as physical assault.
    - Myth: Abusers just "lose control"
      Reality: Abuse is deliberate and purposeful. Abusers often control their actions carefully (e.g., not assaulting their boss or friends), showing it's about power, not loss of control.
    - Myth: Only women are victims and only men are perpetrators
      Reality: While women experience higher rates and more severe consequences, men can also be victims, and abuse occurs in same-sex and gender-diverse relationships.
    - Myth: Children aren't really affected if they don't see the abuse
      Reality: Even if they don't witness it directly, children are deeply impacted by the

environment of fear, tension, and instability. Exposure increases risk of long-term psychological and health issues.
    - Myth: It's a private matter, not a community issue
      Reality: DV/IPV affects workplaces, schools, healthcare systems, and the economy. It is a public health and safety issue, not just a "domestic problem."
    - Myth: Victims provoke or "deserve" the abuse
      Reality: No one deserves abuse. Responsibility always lies with the perpetrator, never with the victim.

- Statistics and prevalence (local, state, national — include public safety household rates if available)
- Underreporting
- Down-charging

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🚑 **Module 2: DV/IPV in Public Safety and First Responder Households**

- Why DV/IPV is underreported especially in public safety households
- Unique risk factors:
    - Hyper-masculine culture
    - Shift work, sleep deprivation
    - Power and control dynamics from job role spilling into home life
    - Weapons access

- Barriers to reporting:
    - Fear of professional consequences
    - Loyalty to the "brotherhood"
    - Fear of losing custody, livelihood, housing
    - Distrust of the system: Perpetrator's awareness of legal loopholes, investigative procedure, and victim safety plans
    - Close ranks & protect colleagues
    - No accountability for past incidents

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🚨 **Module 3: Recognizing Signs of Abuse in the Field**

- Behavioral indicators in patients and coworkers:
    - Hypervigilance, flat affect, anxiety around spouse
    - Excessive phone checking, seeking permission
    - Injuries with vague or changing explanations
- Physical signs:
    - Defensive injuries (forearms, back, shoulders)
    - Pattern injuries (strangulation marks, grip bruises, burns)
- Children as silent witnesses — signs of exposure to DV
- Scene safety red flags during EMS, fire, or police response

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💬 **Module 4: Trauma-Informed Communication**

- Key principles:
  - Safety, trust, choice, collaboration, empowerment
- Ground rules for interacting with possible survivors:
  - Use neutral, non-judgmental language
  - Validate without pushing for disclosure
  - Avoid leading or accusatory questions
- What to say / what not to say to victims or potential abusers
- Supporting without diagnosing: how to remain within your scope

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📋 **Module 5: Reporting and Referral Protocols**

- Mandated reporting laws by state (Georgia-specific if needed)
- When and how to document suspected DV/IPV:
  - Objective language, verbatim quotes, injury photos
- What to include in EMS run reports and police narratives
- Local referral resources:
  - Shelters, counseling, advocacy services
  - Specialized resources for first responders (e.g., Firefighter Behavioral Health Alliance)
- HIPAA and victim safety considerations

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🧭 **Module 6: Prevention and Cultural Change in Public Safety**

- Creating a culture of accountability and safety within agencies
- Peer intervention techniques:
  - "I'm concerned about you" approach
  - Supervisory duty to act
- Internal support systems:
  - Employee Assistance Programs (EAPs)
  - Peer support teams and chaplain services
- Encouraging early help-seeking without career penalty
- Incorporating DV/IPV awareness into academy training and continuing ed

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🧪 **Optional: Case Studies and Scenario-Based Exercises**

- Realistic scenarios tailored to EMS, law enforcement, and fire crews:
  - DV call with conflicting accounts
  - Partner showing subtle signs of abuse
  - Firehouse colleague whose spouse is making concerning statements
- Group discussion and response planning
- Ethical dilemmas and decision-making drills

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📚 **Closing and Continuing Education**

- Post-test or knowledge check
- List of further reading, videos, and survivor accounts

- Certificate of completion option

Here are **key behavioral, physical, and situational indicators** that may suggest your work partner may be in a DV/IPV relationship:

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🚩 **Behavioral Indicators**

- **Hypervigilance**: Appears anxious or on edge when speaking about their partner, home life, or when checking their phone especially around phone calls, texts, or when discussing their partner
- **Partner contacting dispatch, fellow officers, or supervisors** to "check in" or "check on them," or ask personal questions
- **Partner showing up unexpectedly at work**, or being overly controlling about their time and location, or calls your supervisor
- **Sudden withdrawal or isolation** from coworkers, friends, or family
- **Changes in personality**: They may seem jumpy, nervous, unusually quiet, or apologetic
- **Excuses for partner's behavior**: "He's just stressed," "She didn't mean it," even when not prompted
- **Low self-esteem or excessive self-blame**
- **Avoidance or fear when discussing spouse**: Quickly changes subject, minimizes relationship issues, or becomes visibly uncomfortable
- **Changes in demeanor**: Once confident and outgoing, now withdrawn, distracted, irritable, or excessively apologetic
- **Over-compliance or fear of "getting in trouble"** for small things (e.g. working late, who they ride with, where they park the unit at post
- **Avoidance of home**: Volunteering for extra shifts, trades, or staying late to avoid going home
- **Withdrawn from the crew**: Stops joking, eating with the team, or engaging in post-call decompression
- **Hyper-defensive about personal life** or hostile when asked casual questions like "How's your wife/husband?"

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🩹 **Physical Indicators**

- **Unexplained or poorly explained injuries**, such as bruises, sprains, burns, or cuts **especially** if attributed to vague off-duty "accidents"
- **Frequent minor injuries**—especially in visible places like wrists, arms, neck, or face
- **Attempts to hide injuries**, such as wearing long sleeves in hot weather, sunglasses when not appropriate, or heavy makeup
- **Noticeable fatigue**: Insomnia, sudden weight loss/gain, or looking unusually worn out
- **Marked changes in grooming**: appears disheveled, unshaven, or notably thinner/heavier

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🕒 **Situational Indicators**

- **Frequent tardiness, absences, or last-minute shift swaps**—often attributed vaguely to "personal issues"
- **Constant or intrusive communication** from their domestic / intimate partner while on shift
- **Extreme reluctance to participate in social events** outside of work, especially if their partner is not included
- **Partner showing up unexpectedly at work**, or being overly controlling about their time and location, or calls your supervisor or dispatch to “check in” or “check on you”
- **Avoids team events or gatherings**, especially if their spouse would not be present
- **Displays excessive guilt or fear** over things like lunch breaks, route choices, or ride-alongs
- **Has to account for every minute of their time off-duty**—including who they’re with and why
- **Their partner exerts control:** particularly over finances, transportation, or medical care

🧠 **Emotional and Psychological Indicators**

- **Sudden mood changes**: Easily irritable, tearful, or jumpy during downtime
- **Low self-worth language**: "I screw everything up," "I’m not good at anything anymore," or “I am useless.”
- **Flash anger or flinching** at loud noises or unexpected touch—not typical for seasoned responders
- **Reluctance to go on DV/IPV abuse calls** or getting overly emotional afterward

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📱 **Partner-Control Dynamics**

- **Partner is overly involved in their life**: Constant texting, GPS tracking, or showing up at the station
- **Says things like**:
  - “If I don’t answer, she loses it.”
  - “He’s real strict about where I am—even when I’m at work.”
  - “It’s just easier to let them win the argument.”
- **Partner isolates them from colleagues** discourages station events, BBQs, or nights out

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🏠 **Off-Duty and Personal Life Clues**

- **Never joins group outings**—even if they used to
- **Always has a reason their spouse "won’t let them" do something**
- **Missing gear, damaged vehicle, or signs of control over finances or belongings**

## 💬 What You Might Hear

- **Jokes or comments** about being "in trouble" with their partner for working late or interacting with others
- **Expressing guilt or fear** about basic activities, like talking to coworkers or spending money
- **Offhand remarks** about their partner tracking them, controlling finances, or restricting access to transportation
- **Partner monitoring their location**: You may overhear them say things like:
    - "They track my phone," or "I have to send a photo or they'll flip out"
    - "If I don't text back in 5 minutes, they get pissed."
    - "I'm not allowed to go out unless they're with me."
    - "They always want to know where I'm at—even at work."
    - "It's easier if I just say yes. It keeps the peace."
    - "They just don't like me hanging out with coworkers."
    - "They run off all my friends," or, "I'm not allowed to have friends."

## 🚑 Why It's Easy to Miss in Public Safety

- Injuries are common in this work—an abuser may exploit that
- Hypervigilance and stress are normalized in first responder culture
- Victims may **minimize**, **deny**, or **rationalize** abuse, especially in a setting where "toughness" is expected
- **Culture of silence** and belief in solving problems "internally"
- **Survivors fear losing their badge** or custody of children if they speak up
- **Abuse doesn't always look like bruises**—it often shows up as control, intimidation, or isolation
- **Mental health stigma** discourages disclosure of trauma symptoms

## 🧭 What You Can Do (Without Overstepping)

- **Create a safe, non-judgmental space**. Let them know you're available to talk, no pressure.
- Use **indirect openers** like:
  *"You've seemed a little on edge lately—everything okay at home?"* Or just a simple: *"hey... you good?"*
- **Avoid pushing** or trying to investigate—the goal here is support, not rescue.
- If they disclose abuse, **believe them** and connect them with resources (e.g., EAP, domestic violence hotlines, or crisis centers).
- **Don't confront.** Instead, offer space to talk when they're ready.
    - Try: "You've seemed off lately—everything good at home?"
- **Express concern without judgment.** Reassure them that they won't be seen as weak or incapable.

- **Use private moments and places, not the station in front of others**.
- **Don't confront. Listen.** If they share, don't jump to action. Just validate.
- **Offer connection to resources**—not ultimatums
- **Reassure them:** "This doesn't make you weak. We've all got battles—this one's just harder to talk about."
- **Know your internal resources**:
    - Department EAP (Employee Assistance Program)
    - Peer support units
    - External confidential DV support lines (for first responders)

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🚨 **National Resource**

- **National Domestic Violence Hotline:** 800-799-7233 or thehotline.org

# 🔍 Ideal Traits for a DV/IPV Peer Advocate in Public Safety:

Below is a targeted list of character traits, qualities, attributes, skills, and experience ideal for a DV/IPV Peer Advocate in a Police, Fire, or EMS settings. These individuals don't need to be perfect — they need to be **trusted**, **discreet**, and **compassionate**, with a willingness to learn and help others navigate difficult personal circumstances.

### Character Traits & Personal Qualities:

- **Trustworthy** – Known for discretion and integrity; respected across ranks
- **Empathetic** – Able to listen and validate without minimizing or judging
- **Approachable** – Seen as "safe" by peers, not intimidating or dismissive
- **Emotionally Grounded** – Can manage emotional conversations calmly
- **Nonjudgmental** – Keeps personal bias in check; accepts others' experiences
- **Humble** – Willing to admit they don't know everything and ask for help
- **Courageous** – Willing to speak up and intervene appropriately
- **Discreet** – Understands confidentiality, even under pressure

### Professional Qualities & Interpersonal Skills

- **Strong communication** – Clear, respectful, calm dialogue under stress
- **Active listening** – Uses silence, reflection, and open-ended questions well

- **Boundary-setting** – Knows how to support without becoming overwhelmed or overly involved
- **Team player** – Has credibility with peers and command staff / administration
- **Cultural competence** – Aware of how gender, culture, and identity shape DV/IPV dynamics
- **Trauma-informed mindset** – Understands how trauma can impact memory, behavior, and help-seeking

**Experience and Background (Nice-to-Have but Not Required)**

- **Prior experience** with EAP, CISM, peer support, or chaplain teams
- **Personal or family** history with DV/IPV (disclosed voluntarily)
- **Involved in training**, mentorship, or education within the agency
- **Familiarity with local** DV resources, victim services, or advocacy work
- **Training in mental** health first aid, crisis intervention, or behavioral health

✅ **Bonus Attributes**

- Seen as a **"Crew Counselor"** or informal go-to for emotional issues
- **Balances command presence** with genuine care
- **Experienced navigating** high-stress calls or traumatic incidents
- **Not afraid to say:** "I don't know the answer, but I'll help you find it"

Below is a 20 - 30-minute DV101PS Roll Call Lesson Plan tailored for delivery at shift change, roll call, or huddle. It is designed to engage public safety professionals, prompt reflection, and inspire continued learning and advocacy. It should be especially appealing to those who may wish to become informal peer advocates in their agencies.

🕒 DV101PS - Roll Call Lesson Plan (30 minutes)

**Topic:** Domestic Violence Awareness in Public Safety
**Audience:** Police Officers, Firefighters, EMTs, Medics, First Responders, Emergency Medicine and Critical Care professionals
**Setting:** Shift Change / Roll Call (Briefing Room)
**Goal:** To plant the seed of awareness, reflection, and internal advocacy around DV/IPV, especially among first responders.

🎯Learning Objectives

By the end of the session attendees should be able to:

- Recognize at least 3 types of DV/IPV beyond physical abuse

- Identify common warning signs of DV/IPV in coworkers and the public
- Understand the unique risks and stigma facing public safety victims
- Leave curious or motivated to seek more training or become an informal peer advocate

📖 1. Why This Matters (5 minutes)

Instructor Talking Points:

- 1 in 3 women and 1 in 4 men experience IPV in their lifetime (CDC)
- Studies show higher-than-average IPV rates in public safety households
- Domestic violence is not just physical — it's coercive control, psychological warfare, financial abuse, and more
- DV calls are among the most dangerous for law enforcement, fire fighters, and EMS providers
- You're more likely to unknowingly work beside a victim (or perpetrator) than you think

🧠Prompt:
"What would it take for ***you*** to tell someone if you were in trouble at home?"

🔍2. Types of Abuse (5 minutes)

Quick Definitions with Examples (present verbally or visually on paper/slide):

- **Physical:** Striking, grabbing, choking, forced restraint
- **Emotional/Psychological:** Name-calling, gaslighting, intimidation
- **Sexual:** Coerced sex, reproductive control, revenge porn
- **Financial:** Blocking bank access, ruining credit, controlling pay
- **Technological:** GPS tracking, forced FaceTime, text surveillance
- **Coercive Control:** Ongoing patterns of domination and isolation
- **Legal:** Reverse TPO, threats to limit access to children, delay tactics, frivolous filings

🔥Prompt:
"Which of these would be the easiest to overlook on your own crew?"

👀3. Signs in the Field — and in Each Other (10 minutes)
Public Signs (Patients/Scenes):

- Delayed help-seeking, defensive injuries, over-controlling partner
- "Accidents" that don't match the story

Coworker/Partner Signs:

- Sudden anxiety, withdrawal, excessive texts from spouse
- Joking about "crazy" partner… then flinching when they call
- Hiding bruises, fearful of getting off late, compulsively apologizing

🧠 Prompt (pause for 15–30 sec):
"Have you ever been concerned about a colleague's home life… but stayed quiet?"

🧰 4. What You Can Do (5 minutes)

- Start small: just a simple, "You good?" on the road can mean everything
- Never confront in front of others
- Know your EAP or behavioral health contact
- Refer to local advocacy group or chaplain
- If you're in a position of trust, offer a no-pressure ear — "I got you"

💬 Prompt:
"You're trained to run into gunfire / burning buildings… Why is this harder?"

🏁 5. Wrap-Up & Call to Action (5 minutes)

Instructor Closing:

- Being trauma-informed doesn't make you soft — it makes you effective
- We need DV/IPV peer advocates in firehouses and precincts who people trust
- If you're the person that crews "open up" to, then you're already halfway there
- Optional follow-up session available for those interested in becoming an informal peer advocate

✅ Action Card (optional handout):

- 3 warning signs
- 1 hotline/resource number
- Contact name for follow-up training

📌 Materials Needed:

- Printout or slide with abuse types and signs
- Optional anonymous notecards for questions
- Advocate sign-up interest sheet
- QR code & web link to:

- www.EndingIPV.org
- local DV/IPV training resources
- local DV/IPV crisis resources

**A successful DV101PS Roll Call meeting should result in at least one attendee voluntarily contacting the instructor during or after the meeting requesting information about being an informal Peer Advocate on their shift.**