

# Contents

Introduction

Acknowledgments

1	Definitions and Prevalence	4
2	Interviewing and Screening	8
3	Legal Aspects	12
4	Risk Assessment and Providing Options For Safety	19
5	Resources and Referrals	23
6	Children and Domestic Violence	28
7	Perpetrators	32

References

Resources

## Introduction to the manual

Social workers, whatever their specific role, will inevitably encounter families and individuals affected by domestic violence. Therefore, given the prevalence of domestic violence and the serious risks to physical and emotional health associated with it, all social workers should have, at the least, a basic level of training in this area.

To that end, between June, 2000 and June, 2002, the Massachusetts NASW Committee on Domestic Violence and Sexual Assault developed the “Web-based Domestic Violence Training Curriculum”, of which this manual is part.

We know that a couple of hours with a self-paced training program can do little more than raise consciousness over the long-term. We believe that consciousness raising is, in this case, important. Hopefully, you have come away from the self-paced training aware of “red flags” for domestic violence, some resources, and basic safety planning principles. It is unlikely, however, that you will remember much of what you were exposed to in the self-paced program unless it is reinforced in some way. Hence, this manual.

We hope the manual will be useful to you as a resource when you encounter domestic violence issues in your work. Some of the information should be of enduring value. However, some laws and many resources (especially phone numbers) often change. The manual was produced in the early part of 2002.

Producers and major writers:

Wendy Emory

Ann Fleck-Henderson (chair and project director)

Ellen Golden

Juan Gorlier

Susan Brostrup-Jensen (project co-director)

Sarah Nickels

Jacqueline Savage

We gratefully acknowledge consultation with:

David Adams (Emerge)

Tony Burns (Common Purpose)

Susan Fineran (Boston University School of Social Work)

Mary Gleaves (Family Service of Greater Boston)

Susan Hoye (Suffolk County Child Advocacy Center)

Crystal Jackson (Department of Social Services)

Cindy King-Frode (Bridgewater State College Department of Social Work)

We are indebted to Wendy Koff, Office of Academic Technology, Simmons College for technical support and training.

We are grateful for technical assistance from Lisa Yen (Spring, 2001) and Heather Russell (Winter, 2002), who were supported by financial assistance from Simmons College Graduate School of Social Work.

The Committee on Domestic Violence and Sexual Assault meets monthly. A prior project, "Guidelines for finding a counselor if you may be in an abusive relationship" is available in the resource section of the training program. Ruth Ginsburg was a consultant to that project.

Comments should be directed to Ann Fleck-Henderson, Simmons College School of Social Work.

## UNIT 1 DEFINITIONS AND PREVALENCE

### Objectives

- To understand what constitutes an abusive intimate relationship
- To identify “red flags” for domestic violence
- To increase awareness of varied forms of abuse, e.g. sexual, emotional, economic, and social, as well as physical
- To increase knowledge of the incidence of domestic violence, as we know it from survey research
- To possess an awareness of the limits of research on domestic violence

### Defining an abusive intimate relationship

Domestic violence refers to abuse within an intimate relationship. Defining “abuse” or even “intimate relationship” is not as easy as one might first think. An intimate relationship is one in which two people, heterosexual or homosexual, are dating, living together, married, or separated. Basically, the two people are well known to each other and have, or have had, emotional ties to each other. In many cases, they will also have economic, family, and other ties.

Abuse is difficult to define because it involves not only the behavior, but also the behavior’s meaning to the people involved, its intent and its effect. There are some behaviors that everyone in our culture would agree are abusive: physical battering, rape, and threats to kill are the most obvious. Beyond that, however, there is considerable variation among subcultures and individuals about what kinds of behavior are abusive.

We suggest abuse is constituted by: the **intention** of the perpetrator, the **effect** on the victim, and the **patterned or repetitive** nature of the behavior. An abuser intends to control by frightening or harming the victim. A victim is frightened or harmed. The incident is not unique in the relationship, but part of a pattern in which the abuser uses his or her power against the victim.

“Red flags” that may indicate domestic violence include: a person experiences terror with their partner, feels unsafe at home, or is physically injured; a partner is consistently controlling a person’s actions, speech, and/or relationships. (See Unit 2)

Not all nastiness is abusive. Remember that people in intimate relationships almost inevitably have moments when they are hurtful to each other. If every such incident is considered abusive, the term becomes meaningless, and the implications for response unclear.

Some behaviors that seem wrong to you are acceptable to others. Social workers see people from diverse backgrounds with diverse assumptions about behavior in intimate relationships, particularly between men and women.

### Forms of abuse

Abuse can be physical, sexual, emotional (intimidation, denigration, humiliation), economic, or social (isolation of the victim). Because in intimate relationships the abusing partner usually knows the victim well, it is possible to be hurtful in ways tailored to the particular person. (See the Power and Control Wheel at the end of this manual.)

Physical abuse is the most obvious. However, some physically aggressive behaviors, such as a slap, may not be abusive if done in self-defense or without frightening the target person.

Sexual abuse includes a wide range of behaviors. A partner may be forced to have sex or perform certain kinds of sexual acts against her or his will. Other kinds of sexual abuse include denial of contraception, or being forcibly subjected to pornographic or violent sexual material.

Emotional abuse includes systematic verbal humiliation and/or intimidating threats aimed directly at the partner or at what is precious to the partner. It may include attacks against property or pets. It may include threats of suicide or harm to self.

Economic abuse means control of financial resources in a way that blocks the partner's access to them when needed. It may include denying access to money or credit cards; refusing to pay bills; denying food, clothing, or transportation.

Social abuse means isolation of the victim, blocking access to social supports and resources. Possessiveness, jealousy, suspicions of sexual infidelity or emotional disloyalty, and/or extreme demands for the partner's time and attention may result in the partner's increasing isolation.

### Leaving and staying

You cannot assume that someone will be safe once they have decided to leave or have left an abusive partner. In fact, the opposite is true. People are most at risk of violence when leaving, or having recently left, a relationship. Maintaining power and control over the partner is the essence of domestic violence. Leaving threatens the abusive partner's control, and therefore often evokes violence.

In addition to the risks involved in leaving, many factors contribute to abused partners' staying in a relationship. Some of these are "external," such as: lack of housing or money; religious, family, and/or community dictates; and lack of support from police, courts, clergy, friends or family. Some are more "internal," such as: desire to maintain a household; wish to preserve children's relationship with the other parent; feeling responsible for the relationship and/or the partner's welfare; and love of the partner. Sometimes the costs of leaving outweigh the benefit of escaping the abuse.

## Prevalence

Although we have all seen and heard statistics about domestic violence, the actual prevalence and incidence is difficult to ascertain. As you can imagine, the research presents many challenges. Results will vary depending on the populations studied, the definition of and criteria for domestic violence, and the research methods used.

Different populations are studied, for instance:

- All women in a population
- Women in or formerly in a coupled relationship
- Cohabiting or married women
- Clinical samples, shelter samples, and convenience samples

Different time periods are studied, for instance:

- Violence within the year
- Violence over a lifespan
- Violence over the current relationship

Different research methods are used, for instance:

- Surveys, which may be done by mail, telephone, or in person
- In depth interviews – often with shelter or volunteer samples

As there are risks in acknowledging intimate violence, it is likely that the research underestimates the real incidence and prevalence.

Different definitions or criteria for violence are used.

Given all the difficulties, this is what we think we know:

- More than 25% of couples studied in a US sample reported at least one incident of physical aggression in the relationship (Straus & Gelles, 1990).
- 16% reported at least one such incident in the year prior to survey (ibid).
- Between 21% and 34% of all women will be physically assaulted by an intimate male during adulthood (ibid).
- More than 3% of women in couples studied were severely assaulted in the year prior to the study (Close to 2 million women) (ibid).
- 14% of ever-married women in a random sample were raped by a husband or ex-husband at least once (Russell, 1982).
- About 20% of a sample of Dutch women reported unilateral violence; about 5% mutual violence (Romkens, 1997).
- Of women reporting unilateral violence, about half reported “mild and incidental” violence; (and) half moderate or severe, i.e. battering (Romkens, 1997).
- Rates are higher (more than double) for those under 30 years old than for those 31-50 (Gelles, 1997).
- Rates are higher for those of lower income (Gelles, 1997).
- Violence is most severe immediately after a break up (Gelles, 1997).

- Reports of violence in prior relationships are systematically higher than reports of violence in current relationships (Romkens, 1997).
- While national studies are of heterosexual couples only, evidence suggests that rates are similar for homosexual couples (Stahly & Lie, 1995).

What does this mean? The chances for a woman or homosexual man of being physically assaulted by an intimate partner over a lifetime are about one in four. Serious physical abuse is less prevalent, perhaps one in ten. Emotional, economic, or social abuse is not measured independently. People under thirty and poor people are at greater risk. Anyone having just left, or leaving, a relationship is at greater risk.

### Implications for the social worker

Abuse in intimate relationships is common enough that some of your clients will be affected by it, no matter what the nature of your practice or its setting. Therefore, it is important that you can recognize it and respond sensitively.

Sensitive response involves the recognition that individuals and relationships are complicated and multifaceted. Intimate relationships in which a partner is abusive may also have times of closeness, comfort, and happiness. “Batterers” can also be model citizens. “Victims” can also be CEO’s.

It is our challenge as social workers to recognize abuse, join those who are abused in maximizing safety, work to hold those who are abusive accountable, and not lose sight of the whole people who are more than “abusive” or “abused.”

## UNIT TWO INTERVIEWING AND SCREENING A SURVIVOR

### Objectives

- To develop skills to interview survivors of domestic violence
- To increase awareness of indicators of domestic violence
- To develop skills to identify strengths both within the survivor and in the environment around the survivor

Since domestic violence is something that can affect anyone, it is important to screen all clients for a history of domestic violence, regardless of the setting. Asking questions about abuse as a standard part of an intake process can make it less threatening for some survivors to respond than if they feel they are being singled out. It is much better to ask the question and be told there is no history, than to miss an opportunity to provide some support and information to a person who is at risk. The techniques and skills identified in this section can be adapted for any social work setting.

### Interviewing basics

#### (1) Interview the person by herself or himself

You should always assume that anyone with the person you are helping could be the batterer. Domestic violence can occur in any relationship—heterosexual, homosexual, parent-child, child-parent, or sibling. It is important to take some time early in the interview to meet with the individual by her or himself. You can tell her or him that it is standard procedure and ask anybody accompanying to have a seat in the waiting area for a few minutes. Alternatively, depending on the organizational setting you are in, there may be a natural moment during which you are alone with the individual. Once you are alone with her or him, you can ask about the nature of the relationship more specifically.

#### (2) It is always okay to ask the question

It is much better to ask someone needlessly about violence in her or his life, than not to ask someone who could use help. Most people will not be offended by your showing concern for their well-being. This is true even for survivors who might not be ready to talk with you about their situation.

### Sensitive questioning

#### (1) Avoid loaded words

Some people who are dealing with domestic violence do not define their situations as being “abuse” or “domestic violence”. It is better to ask about behaviors, rather than use a label. For example, you can ask:

- What happens when you and your partner have a disagreement?
- Have you ever been afraid of your daughter?
- Is there anyone in your life that is harming you?

You can also start with more general questions, such as:

- How would you rate your stress level?
- Have you noticed any changes in your eating/sleeping habits or how you spend your free time?

If the person describes a situation that you feel might be abusive, you can ask more specific questions about what happens in the relationship.

- How often does your partner scare you?
- What was the scariest time you have had with your partner?
- Have you ever felt afraid you would be seriously injured or killed?
- Has your partner ever hit you or hurt you physically?
- Does your partner have access to, or threatened you with weapons?

(2) Avoid questions that begin with “why”

Questions that begin with “why” can often sound accusatory to the individual being asked. A lot of battering behavior is geared towards making the victim feel responsible for the violence in their lives, so most survivors will have a heightened sensitivity to anything that might confirm feelings of self-blame. The batterer is the one who is responsible for the violence.

(3) Ask questions that elicit broad responses

Try to get as full a picture of the relationship and the survivor’s supports as possible. This will help you with safety planning and with determining how you can best help the individual with being safe.

If you believe that the person is at risk of harm

(1) Safety planning

Try to do some safety planning with them. See Unit Four for more information on this.

(2) Regard survivors as experts on their own lives

He or she knows the batterer well and can therefore usually judge his or her own risk pretty accurately. If the person tells you that something you are recommending will escalate her or his risk, this is probably true. If the person tells you that some other option has worked well for them in the past, then support them in taking that step again now.

Denial is a critical and useful strategy for survivors. It is difficult to meet the normal demands of life if you are constantly thinking that someone you live with is going to harm or kill you. Often, using denial permits one to do what needs to be done in life. Sometimes, on the other hand, denial will prevent the survivor from recognizing their immediate risk. When you think this is the case, it is important to voice your concerns for the person’s safety and your understanding of the situation. For example, “I need to tell you that I am worried about your safety. You told me that.... This makes me concerned that....”

### Some indicators of domestic violence

Survivors of domestic violence are all unique, having different personalities, life experiences, and interactions with their batterers. In this regard, it is important to be open to the individual attributes and circumstances of the survivor with whom you are talking. At the same time, there are some dynamics and effects of abusive relationships that are fairly common. The following are risk factors to which to be alert. Their presence does not necessarily indicate domestic violence; nor does their absence necessarily indicate no domestic violence.

- Most survivors will express some level of fear of their partner or other significant person in their life. This can range from terror to a general sense of unease or anxiety.
- Some survivors may appear to be generally anxious about things that you might not expect to cause anxiety, such as making a phone call from home, being late, or letting anyone know that they talked with you.
- Some survivors will have noticeable injuries when they are talking with you, or they may have a history of “accidents” or other poorly explained injuries.
- Many survivors are unable to maintain a normal degree of personal autonomy or privacy in their intimate relationship. One way this may be evident is if the batterer intrudes on your work with the client. This can be disguised as a symptom of concern about the well-being of the survivor, although the level of persistence may suggest a feeling of desperation or anger.
- Some survivors will always want to defer to their abuser. This may occur for even simple things, such as permission to spend a small amount of money, date and time of their next appointment when they have their own transportation, or buying something that one of their children needs.
- Many people with a history of substance abuse also have a history of domestic violence. Drugs can serve as a way to self-medicate or as a way to bond with the batterer. Additionally, substance abuse may be something that the survivor was forced to participate in.
- Many survivors will have limited supports outside of the home and may report high levels of stress in their lives without necessarily naming the source of the stress.
- A survivor may have a history of repeated separation and reconciliation with the batterer.
- A few survivors of domestic violence will present as homicidal, feeling that they have no other way of escaping further harm from their batterer.

### Noticing Strengths

Most survivors have some sense of what has been helpful to them in the past, although they may need someone to remind them of what they do and have done “right”. Alternatively, the person may be very angry, volatile, and demanding. It is important to remember that the rage that the person is expressing is a coping strategy and is justified, even if it appears misdirected at you. Anger is energy, and by understanding the root of

the anger, you can help the person channel this energy in a way that will help them take steps. The following interview guidelines can help elicit a safety plan based upon a survivor's strengths and experience.

- Ask questions that help you to learn about useful coping strategies and resources. Ask what the person has done in the past and what the outcome was.
- As the person tells her or his story, be sure to acknowledge out loud times he or she showed courage, resourcefulness, or strength. Note, for instance, how remarkable it is that, in spite of the abuse and how they might be feeling, they get up in the morning, take care of their children as well as they do, hold down a job, maintain friendships, or whatever “every day thing” the individual accomplishes.
- Ask specific questions about coping and self care—what activities, places, or people can and/or have functioned as an oasis for them, and is it possible to build on that oasis experience.
- Let them know that they have a right to feel the way they do, whether it is overwhelmed, terrified, angry, bitter, exhausted, tearful, desperate, or some other emotion.
- Let the person know that you know how much courage and strength it is taking for her or him to be talking with you about their situation.
- Ask specific questions about support people—does anyone in the individual's life know about the violence? Can they think of even just one person whom they would trust to start talking to about their situation? How have the other people in their life reacted to the situation?
- When it is feasible, work with the individual on a plan to further develop the strengths that have been identified.

## UNIT THREE LEGAL ASPECTS

### Objectives

- To understand when a Massachusetts social worker is required by law to report an incidence of violence or a threat of harm and how to do so in a way which best supports the survivor of domestic violence.
- To understand what a 209A restraining order is and how a survivor of domestic violence can obtain one.
- To understand the role and responsibilities of Victim Witness Advocates stationed in the District Attorney's Offices of local court houses and what a survivor of domestic violence can expect from the criminal justice system.
- To increase awareness and knowledge about the special circumstances for an immigrant survivor of domestic violence.

### Mandated reporting

Filing a mandated report is always a difficult decision, as you can run the risk of the client's refusing to work with you afterwards. Many instances have complicating circumstances that require careful thought before any action is taken. This is particularly true for domestic violence cases. It is important not to make that decision alone, but to seek the consultation and support of your supervisor.

#### (1) The requirement

There is **no** requirement to report incidences of abuse of a non-elderly, non-disabled adult. However, social workers **are** required by law to report incidences of abuse towards a child (Mass General Law Chapter 119A, Section 51A), an elder (Mass General Law Chapter 19A), and a person with a disability (Mass General Law Chapter 19C). Social workers who fail to report such incidences are subject to fines and possible loss of licensure. If a child witnesses domestic violence, it may be necessary to file a 51A report, although it is not legally required, at this writing. The Domestic Violence Specialists at the Department of Social Services and your supervisor can help you to decide if a situation requires filing. This is discussed in more detail in Unit 6.

Filing mandated reports when there is domestic violence in the home is likely to increase the risk of harm to the victim and/or other family members. It is imperative that this increased risk be addressed carefully throughout any intervention that is done. It is important to inform the domestic violence survivor of your decision to file and to include her or him in the process as much as possible. Not only does this convey respect for the individual, but it also provides the survivor with as much time as possible to take steps for her or his safety. You should acknowledge that there may be increased risk to the survivor and/or the child(ren). Attempt to engage the individual in some safety planning and give them the number of a hotline operated by the local battered women's program, the State-wide domestic violence hotline (1-877-785-2020), or the National Domestic

Violence Hotline (1-800-799-SAFE). Other suggestions for maximizing safety are made throughout this unit.

Having a mandated report filed is an upsetting and scary process for families. There will be a lot of strong emotional reactions to your decision to file. All such decisions should include consulting with a supervisor and/or colleague prior to taking action.

## (2) Child abuse

If you suspect that a child is being harmed or neglected by a caretaker, you must report this incident to the Department of Social Services (DSS). This report is called a 51A. The report must be filed verbally within 24 hours of learning of the harm/neglect being done to the child. A written report must be filed within 48 hours of learning of the abuse. If you feel that the child is in imminent danger of being harmed without immediate intervention and it is a night, weekend, or holiday, you should call the 24-hour DSS hotline number (1-800-792-5200). Otherwise, during business hours, call the DSS office that covers the town/city in which the family lives. DSS will need to know as specifically as possible what happened, when, who was involved, the nature and extent of any injuries, and what steps were taken on behalf of the child by the non-abusive parent. They will also want to know who you are, what your relationship is to the family, and how you learned about the abuse or neglect. Lastly, they will need to know if there are any corroborating people involved with the case, such as a pediatrician, a therapist, another witness to the incident and/or the aftermath. If you are filing a 51A report as a mandated reporter, your name and other identifying information will be kept confidential by DSS. This is important for your own safety.

In Massachusetts DSS has Domestic Violence Specialists on staff. They are specially trained regarding domestic violence and act as a resource to intake workers, investigators, and ongoing caseworkers. If you are unsure about whether a situation warrants filing a 51A, the Domestic Violence Specialist can act as a resource for you and provide guidance regarding filing safely. This can be done without disclosing any identifying information about the family.

When filing the 51A report it is critical to include the fact that there is domestic violence in the household. State that you have concerns about the report increasing the risk of harm to the non-abusive family members. Find out and include in the report the safest way for DSS to contact the non-abusive parent privately, away from the abusive parent. Include in the report, when applicable, steps that the non-abusive parent is taking to provide for the safety of the child(ren).

## (3) Elder abuse

Social workers are mandated to notify the local elder protective services program if an adult over the age of 60 is being physically, sexually, financially, or emotionally abused by a caretaker. A report of elder abuse is filed by calling the Elder Abuse Hotline run by

Executive Office of Elder Affairs (1-800-922-2275). This agency is going to want to know similar information as DSS in order to determine the need for intervention.

It is once again critical to include concerns about the survivor's safety as a consequence of filing the report and to include ideas regarding the safest way for the agency to contact the survivor. Inform the survivor of the fact that the report is being filed, so that they will be able to prepare as much as possible. Let the elder know that they have the right to refuse the help of the elder protective agency, but stress that the agency might know of useful resources for them.

#### (4) Abuse of people with a disability

A social worker is required to file a report with the Disabled Persons Protection Commission (DPPC) if a person with a disability is being physically, sexually, emotionally, or financially abused by a caretaker. The 24-hour hotline number for the DPPC is 1-800-426-9009. You will be asked to provide the same kinds of information for this report as with the others.

Again, include concerns about the individual's safety as a consequence of the report's being filed. Inform the survivor of the fact that you will be filing the report and attempt to engage him or her in safety planning. Unlike elders or children, if a disabled person specifically requests that you maintain their confidentiality by not filing with DPPC, you must respect this. The only time that might not be the case is if the disability interferes with the individual's competence to make such a request.

#### (5) Tarasoff rule

Social workers are also mandated to report when they believe that someone is in danger of harming another person. This is known as the Tarasoff Rule or "duty to warn". Under this rule, social workers must inform the police as well as the intended victim of the potential harm. The police will need to know: the name of the person making the threat; the name of the intended victim; the nature of the threat; reasons for believing the threat will be carried out; how you learned of the threat; and what steps, if any, have been taken to ensure the safety of the intended victim. It is also important to address any concerns of retaliation by the intended victim towards the person making the threat, as well as any concerns for your own safety.

There are several circumstances involving domestic violence during which a social worker might face having to take this action. The first is while working with a batterer who discloses his or her intention to re-assault or kill the survivor. The second is while working with the survivor. Survivors who are unable to see a way out of the abusive relationship may think that their only option to be safe is to harm or kill the batterer. In this instance, telling the police and the batterer of the threat can often increase the risk of physical harm to the survivor. Additionally, it may be providing the batterer with the ammunition needed to harm the survivor in other ways, such as winning custody of the

children, bringing criminal charges against the survivor, or winning a mutual restraining order hearing.

As with the other mandated situations, it is critical to let the survivor know of your disclosure. If you believe that this will place you at risk of harm, you need to take steps for your own safety prior to telling the survivor.

### 209A restraining orders

One of the most useful options available to a survivor of domestic violence is a 209A Restraining Order (RO) or protective order. This is a civil court order available to survivors through both district (criminal) and probate (family) courts. Because probate courts are more experienced with family-related legal matters and are, therefore, in a better position to assess and enforce issues concerning child support, visitation, and custody, any subsequent order that is issued by a probate court concerning these matters will supercede a district court-issued RO. For example, if a survivor gets a RO granting her custody of the children, and the batterer goes to probate court and gets an order granting him custody of the children, the batterer's order is the one that the police will enforce. For this reason, a survivor may opt to get a RO from probate court rather than district court. Alternatively, a survivor may want to move quickly to get an additional order in the probate court after getting a district court RO in order to protect her or his children. The advantage to seeking a RO in district court is that, generally, there are more supports for the survivor, as will be outlined below.

A restraining order can be sought only if a relationship meets certain criteria. The parties must be related by marriage or blood, living in the same residence, the parents of a mutual child, or in a significant dating relationship. Additionally, the survivor must report to the judge sufficient reason to believe that they or their child will be physically harmed without the RO.

A RO is only a piece of paper. It is not a guarantee of safety. In fact, survivors are most at risk when they take steps to separate from their batterers. It is critical that safety planning be done and that the survivor take some extra precautions for their and their children's safety.

A restraining order can include the following provisions:

- Refrain from abuse—orders the batterer to stop abusing the survivor.
- Vacate order—requires the batterer to move out of and remain away from the residence of the survivor and turn over any copies of keys to the residence.
- No contact order—requires the batterer not to contact the survivor in person, by phone, by mail, or through a third party. This also often includes a certain distance that the batterer is to remain away from the survivor, such as 25 yards. Additionally, there is a space in which the judge can write an additional location that the batterer is not allowed to go, such as the survivor's work place.
- Temporary custody of children—grants temporary physical and legal custody of the shared minor children to the survivor. If the batterer goes into probate court and

obtains a new custody order granting him or her custody, this will supercede a RO custody order.

- Temporary child support—provides for temporary child support to be paid by the batterer. Many criminal court judges are uncomfortable issuing this option because they do not have a mechanism to determine a fair amount for the child support. A survivor may be more successful seeking such an order in probate court.
- Additional requests—there is space for the judge to write in additional requests on behalf of the victim, such as returning personal property.

A survivor can keep her or his address confidential, by requesting this when filling out the application. This is particularly helpful for survivors who have moved or will be moving to a new address to escape the batterer. Additionally, people who have a restraining order taken out against them must relinquish any firearms and FID cards that they own. This includes people whose jobs require them to carry a gun, such as a police officer, although a judge can grant an exception.

A RO can be obtained 24 hours a day. During non-holiday week-days, a survivor can go to the local district or probate court and inform the clerk that they would like to obtain a RO. In the district court, the clerk will direct the survivor to the Victim Witness Advocate who will assist the survivor with the paper work, help her or him prepare to talk with the judge, and stand with the survivor during the hearing. The role of the Victim Witness Advocate is discussed in more detail in the next section. After completing the application for a restraining order, the survivor will go in front of the judge and explain their reason for seeking an order. The judge will make a decision to grant or not grant the RO. Generally, at this first hearing, the judge will grant a Temporary RO (TRO). Once the judge decides to grant the TRO, the survivor will wait for the clerk to process the paperwork and obtain his or her copy of the TRO. It is critical that the survivor carry this piece of paper at all times, in the event there is an incident and the police are called. Additionally, the survivor should distribute copies of the RO to the schools and/or day cares where his or her children attend. This is especially important if there is a custody order as part of the RO.

A TRO is good for 10 days. During this 10-day period the batterer should be served with a copy of the TRO. A survivor can facilitate this process by providing the court and the police with addresses where the batterer is likely to be. At the end of the 10-day period, there is a second RO hearing in the court. At this hearing the batterer is given an opportunity to present his or her side of the story. The survivor will have to reiterate in front of the batterer the reasons why she or he sought the TRO. The judge then makes a decision. The judge is permitted by law to extend the TRO for up to one year, at which point it is referred to as a RO. At the end of the one-year period, there will be another hearing. The survivor may return to court and request additional extensions. Generally, the survivor will need to demonstrate a continued state of risk in order to qualify for the extension. The Victim Witness Advocate can again serve as a support and a resource for this hearing. It is important for the survivor to consider taking some additional safety measures for the court hearing. These can include such things as a police escort to the

court house and into the court room, bringing a friend with them, or staying in the district attorney's office until her or his case is called.

If the survivor needs to obtain a RO during the night, on a weekend, or on a holiday, he or she can get one by calling or going to the police station. This type of RO is called an Emergency RO (ERO). In order to obtain one during non-court hours, the survivor would need to demonstrate that he or she is in imminent danger of harm without the ERO. Often this means that a recent incident of violence or threat of violence has to have occurred. The police will contact an on-call judge, who will speak to the survivor by phone. The judge will then decide whether to issue an ERO. If an ERO is granted, it is good only until the next day that the court is open. At that time, the survivor must appear in court and request an extension. If the batterer is served with the ERO, the judge may grant the RO for up to a year. If the batterer is not served, the judge will only grant it for up to 10 days, and the survivor will have to come back to court again for the year extension.

### Role of the victim witness advocate

The Victim Witness Advocate, although a member of the District Attorney's Office (DA's Office), is not an attorney. Victim Witness Advocates are available in every district (criminal) court in Massachusetts. They are often not available in the probate (family) courts.

This person is responsible for acting as a contact person for victims of crimes in the DA's Office. He or she contacts all victims of crimes and informs them of their rights. He or she also finds out what the victims would like to have as the disposition of the case, or what they would like to see happen if the perpetrator is found guilty. Additionally, the Victim Witness Advocate provides support to the survivor, discusses safety planning with the survivor, and refers survivors to other services and resources. The Victim Witness Advocate also assists with the restraining order process, as outlined above.

### Immigrant concerns

Survivors who are immigrants often have additional concerns. Frequently language is a major barrier to accessing any kind of help. Some domestic violence programs have staff who speak different languages. It may be necessary for you to take a more active role in assisting the survivor to find appropriate services, although this should always be with the survivor's knowledge and permission. If you speak the language of the survivor, you may need to act as a translator on their behalf.

If a survivor is undocumented, meaning she or he does not legally reside in this country, it is critical that the risk of deportation be considered. Some batterers will retaliate against their victims who are undocumented by reporting them to immigration. This is a common threat used by the batterer that is extremely powerful. Under the Violence Against Women Act, some undocumented immigrants are eligible to apply for legal status independent of their batterer or for other sorts of relief. This is a very complicated

and constantly changing system. It is important that an undocumented survivor seek consultation with an attorney who specializes in immigration and domestic violence. Some legal service offices are able to provide such expertise free of charge to those survivors who qualify.

Regardless of immigration status, an immigrant survivor of domestic violence is eligible for police intervention and to apply for a RO in Massachusetts. It is very rare that the legal system will report a survivor's immigration status to Immigration and Naturalization Services (INS). However, if the batterer is also undocumented, he or she may be reported to INS as a consequence of criminal charges being filed against him or her. Sometimes this will jeopardize the survivor's safety and well-being. Again, it is recommended that consultation with a knowledgeable expert be sought before encouraging the survivor to take any steps unless there is an imminent risk of harm.

An immigrant survivor is also eligible in Massachusetts for battered women's program services, including the 24-hour emergency hotlines, shelter, and counseling services, regardless of their legal status. However, with recent changes in legislation, undocumented immigrants are often ineligible for the support services necessary to remain separated from their batterer, such as welfare and Section 8. Some agencies may be required to ask clients about their immigration status and report undocumented people to INS. You should caution the survivor never to answer questions about their immigration status, unless they are sure of the purpose for the question. You should consider calling agencies on behalf of the survivor and researching whether immigration status is relevant to accessing help before referring her or him to the agency.

## UNIT FOUR RISK ASSESSMENT AND PROVIDING OPTIONS FOR SAFETY

### Objectives

- To learn how to assess risk in a domestic violence situation.
- To learn how to assist a survivor in developing a safety plan.
- To understand precautions that can be taken to keep you and your agency safe when working with batterers and survivors.

### Risk Assessment

No one can predict which batterer will escalate, harm, or kill his/her partner. Although we know in the aggregate which characteristics are associated with more lethal violence, it is still not possible to make accurate predictions for the individual person. Risk assessment tools that rate abuse on a scale (high/severe; medium/less severe; or low/mild) can be misleading and sometimes give both the provider and the survivor a false sense of security. Nonetheless, it is important to assess and understand risk indicators and protective factors. This enables a social worker more effectively to assist a survivor with safety planning.

These factors have been statistically associated with perpetrating domestic violence:

- Unemployment or underemployment
- Youth (under 30)
- Witnessing domestic violence as a child
- Substance abuse

As a general principle, risks are greater when batterers perceive that they are losing control over their partner. The term “separation assault” has been used to indicate that assault is against the separation and occurs as a partner is leaving or threatening to leave the relationship or becoming more independent. Outside interventions also increase the risk of dangerous assault, as does pregnancy of the victim.

While we are, unfortunately, not able accurately to predict deadly assault, certain indicators are “red flags.” These include:

- Past assaults which caused serious injuries
- Threats to kill partner, self, children, or pets
- Batterer’s substance abuse
- Batterer’s history of mental illness
- Access to and/or use of weapons
- Obsessive jealousy about and/or preoccupation with partner
- Batterer’s stalking/monitoring/following of partner

### Protective factors

Protective factors are those characteristics or conditions which are associated with safety, given the presence of risk factors. Important protective factors include:

- Employment of batterer (who therefore has something to lose)
- Employment of survivor (who therefore is less isolated)
- Social connections of survivor
- Access to resources for survivor

Three components of risk assessment involve understanding:

- The history of the domestic violence
- The batterer's current behaviors and the current context of the abuse
- How any anticipated intervention may increase risk or escalate the situation

### Safety Planning

In order to intervene effectively with a survivor experiencing domestic violence, it is necessary to explore a range of options and resources. Safety planning is a process that is done alone with a survivor, and it is based on her/his individual needs, circumstances, and choices. It is informed by an understanding of the survivor's strengths, meaning what she/he has done in the past to survive, as well as a current risk assessment of the situation.

Safety planning always involves the following:

- Information about local domestic violence resources and legal rights
- Detailed plans in case of dangerous situations. This includes identifying safe friends and safe places and knowing the essential items to take should one need or decide to leave home
- Support and encouragement
- Building on what a survivor is already doing to survive

Safety planning is an ongoing process, which is important regardless of the decisions that the survivor is making about the relationship. Safety planning should occur whether a survivor is deciding to stay in an abusive relationship, preparing to leave the relationship, already out of the relationship, or deciding to return to the abusive relationship.

If the person decides to leave the relationship, she/he is potentially in the greatest amount of danger. Given that the batterer may be experiencing a loss of control, he/she may resort to new and potentially more lethal forms of violence. Therefore, it is critical at this time to reassess the level of risk while strategizing ways the survivor can safely leave.

It is important to recognize and remember that it may be very challenging and dangerous for a survivor to leave an abusive relationship. Therefore, it is crucial that the survivor have supports in place prior to leaving. A survivor's safety plan at this stage of the relationship should include ways to leave safely, options of where to go, and means to remain safe. The survivor's plan may involve obtaining a restraining order or going to a domestic violence shelter.

In any case, decisions need to be left up to the discretion of the survivor. The survivor is the expert and is the best one to anticipate how the batterer will respond to any changes that occur in the relationship. In constructing a safety plan it will be helpful to talk with the survivor about what might happen in the event that the batterer finds her/him after leaving or if there is some unexpected contact that is threatening.

Many survivors are not in a position to leave their batterers for various reasons. These may include a lack of resources and support. Also, leaving may not be an option because of the increased threat of violence. Sometimes children are involved, and sometimes the survivor may still be in love with the batterer. If the survivor chooses to stay, a safety plan will include some of the following:

- Develop an escape plan in case violence escalates
- Identify "safe" people for support
- Learn about legal rights
- Identify local resources
- Keep a packed bag with clothes, extra keys, important documents and money in a safe place
- Possibly, attend a support group for survivors of intimate partner abuse

#### Social worker personal safety

Working with survivors of domestic violence can be dangerous for the social worker involved. Although most batterers focus only on their partners, some will also focus on those people whom they see as a threat to their control over their partner. It is important to think about this and put in place some measures for your own personal safety prior to becoming a target of the batterer.

The following are some simple steps that you can take to help plan for your safety:

- Try to keep your last name from becoming known to the batterer. This sometimes means not telling the client your last name. If your last name is hyphenated, use only part of it professionally. If you are married and changed your name, use your maiden name professionally.
- Have your phone number unlisted or unpublished.
- When possible use a different name on household bills, such as a roommate's name or a partner's name.
- Never give out your home address or phone number to the survivor or allow it to be on a document or list that the batterer might see.

### Office/agency safety

Things to consider for safety within your workplace:

- Meet with a survivor and especially a batterer in a setting where there are other people.
- Find out what security measures there are for you in your workplace.
- If possible, have “panic buttons” installed
- Have people sign in or be “buzzed” in when entering the office or building.
- Consult with any on site security guards.
- Install a good lock on the outer office door.
- Have a plan for yourself if you ever have to work alone.
- Park in a well-lit place.
- Have someone escort you to your car or home if needed.

If your job entails going to the home of someone who is abusive or who is being abused, you should take additional steps for your safety:

- Bring another worker with you to your meetings.
- Carry a cell phone
- Depending on the level of risk, you may not want to go to the home, but instead have the client meet you at an office or a public location.

Try to create change on an institutional level if worker safety is an ongoing issue. If your job has an Employee Assistance Program (EAP) consider speaking with them. If your work environment is unresponsive to your safety concerns, consider changing jobs.

## UNIT FIVE RESOURCES AND REFERRALS

### Objectives

- To become knowledgeable about the various resources that are available to survivors of domestic violence in Massachusetts.
- To understand how you as a clinician can assist a survivor with accessing the most appropriate resources.

### Hotlines

If a person is in immediate danger of physical harm, they should always call 911 or their local police emergency number.

Alternatively, if a survivor is looking for shelter, a trained counselor to talk to, or help with safety planning, there are several types of hotlines that can be accessed. Massachusetts has a state-wide hotline called Safe Link, 1-877-785-2020 (TTY: 1-877-521-2601), and there is a National Domestic Violence Hotline number, 1-800-799-SAFE. Both of these numbers are staffed 24 hours a day and can provide assistance in Spanish and English. They can provide assistance in safety planning during a crisis and advise around legal options. Additionally, they can refer women to shelter programs in Massachusetts and/or around the country and to a local program that will have a hotline, counseling, legal advocacy, and other support services for survivors.

Although most programs are trained in providing services to battered lesbians, in Massachusetts, the Network for Battered Lesbians specializes in working with the unique circumstances facing battered lesbians. The 24-hour number is (617) 423-SAFE. Also within Massachusetts, the Gay Men's Domestic Violence Project provides specialized services to gay men who are survivors. The 24-hour hotline is 1-800-832-1901.

Survivors can call a hotline anonymously and confidentially to get assistance and information regarding their particular situation. Hotlines can also serve as a resource to service providers who may have questions regarding how best to support a client who is dealing with domestic violence.

Although it may be initially helpful for you to offer to contact these numbers on a survivor's behalf, the program staff will usually need to speak with the person directly.

### Shelters

There are over 35 battered women's shelters across Massachusetts. These shelters provide a safe place for many women and children to escape the violence in their homes. Most shelters will provide additional support services to the residents, including individual counseling, case management, support groups, children's services, and legal advocacy. Most shelters are funded to allow a family or individual to stay for 14-90

days. The goal of a shelter program is to provide a safe place for the family or individual to manage the crisis and begin to recover from the violence while they locate safe and more long-term housing.

Battered women's shelters generally operate differently from homeless shelters because of the safety risks to the residents. Battered women's shelters are usually located in undisclosed locations and have rules that residents must follow in an effort to maximize everyone's safety. These rules may include not telling people where they are, taking a leave of absence from their jobs, and having no contact with their batterer.

Unfortunately, shelter beds are not always available. Shelters may be full or for various reasons unable to meet the needs of the family. For example, many shelters will not allow a woman to bring a son over the age of 12; most will not accept adult male survivors of domestic violence; and some are not equipped to accommodate certain physical disabilities, medical or dietary needs. Increasingly, there are programs to meet these special needs.

If a battered woman's shelter is unavailable for any reason, it is important for you to identify with the person another place where she or he may seek emergency shelter. Shelter bed availability changes from day to day. Sometimes if an alternate safe place can be found for a night or two, space will open up in a shelter. In some circumstances the survivor may feel safe temporarily staying with family, friends or others. Some local hospitals offer a safe-bed to women to stay during an emergency. Additionally, there are short-term residential programs called safe homes that are discussed in more detail below. Lastly, it is possible for a family or individual to seek shelter outside of the state when the shelters within Massachusetts are full. The National Hotline can provide a referral to a program outside of Massachusetts. Some survivors may prefer to leave the state as a way to feel safer.

### Safe Home Programs

Massachusetts has established some safe home programs. These are similar to shelter programs, but are very short term—usually providing a place to stay for only a few days. Some of the safe home programs are designed to meet the needs of those survivors that the shelter programs cannot accommodate. A safe home program will work with the family or individual to find another safe place to go at the end of their stay. Similar to shelters, safe home programs will provide some support services to survivors, including crisis intervention, case management, and advocacy.

### Hospitals and health centers

In the last decade, many hospitals and health centers have begun to establish domestic violence programs or hire domestic violence advocates. These programs typically offer safety planning, individual and group support, as well as information and referrals. The program staff train medical personnel on how to intervene safely and effectively with survivors. The programs are typically free and confidential. Participation in the program

does not usually appear in the survivor's medical record, although it is recommended that the survivor ask about this to be sure.

### Employee Assistance Programs

Employee Assistance Programs (EAPs) have also been developing expertise in working with survivors of domestic violence in the workplace. Typically, EAPs have been able to offer short-term counseling, information, and referrals to survivors. Additionally, EAPs can help with conflicts that might arise at work related to domestic violence. Domestic violence is one of the leading causes of employee absence.

### Legal and court services

Many people who have been abused seek support and protection through the district (criminal) and/or probate (family) court systems. Frequently, this takes the form of a protection order (restraining order) from the court. This is explained in more detail in Unit Three.

In most district courts in Massachusetts there is a Victim Witness Advocate who can assist survivors with restraining orders and provide support through the prosecution of the batterer. The role of the Victim Witness Advocate is discussed in more detail in Unit Three. To determine if the survivor's local court has a Victim Witness Advocate and to obtain that individual's name, you can call the Massachusetts Office of Victim Assistance (MOVA) at 617-727-5200, which oversees and funds this position.

Many police departments in Massachusetts have officers designated to follow domestic violence cases and/or civilian advocates stationed in the department. The domestic violence officer or advocate can assist the survivor with filing a police report for an incident, enforcing a restraining order, or following up on abuse incidents. In an emergency, a survivor should work with any police officer. However, after an incident, it is useful for the survivor to contact the domestic violence officer or advocate and update them regarding the situation. This allows for more consistent response by the police.

Survivors of domestic violence can seek additional relief from the probate court in the form of custody and/or visitation orders and/or divorce. A few probate courts will have legal clinics at which a person can get free or low-cost legal advice for the day. Even though it is possible to pursue probate court assistance without legal representation, it is generally not recommended. In addition to the fact that the legal system is fairly complicated to negotiate, an attorney can provide a buffer between a survivor and the batterer.

Survivors who are financially eligible, may access a family law attorney through a local legal service that provides free or reduced fee legal assistance. Shelters may also provide limited legal assistance around specific matters and/or have a listing of attorneys that provide free or reduced fees.

## Department of Social Services

The Department of Social Service (DSS) is the child protection agency in Massachusetts. For a large percentage of the caseload in this agency, abuse between the parents or a parent and a significant other is an issue. Although having DSS involved in a family's life can be very distressing and scary for the survivor, DSS can often be a source of support as well. Sometimes, this agency is able to assist the family with accessing services that they might not otherwise be able to access. For example, DSS may offer assistance with accessing shelters, specialized counseling for the survivor and/or children, or a batterer's intervention program for the batterer. Additionally, DSS may be able to provide funding for an after-school program, day care, or other child-related service, depending upon the specific needs of the family.

DSS employs Domestic Violence Specialists who are able to provide support, information, and referrals to DSS caseworkers, as well as assist with safety planning. The Domestic Violence Specialist acts as a consultant to the worker involved with a family. The role of the Domestic Violence Specialist is discussed in more detail in Unit Three.

## Counseling

Survivors of domestic violence benefit from having a safe, supportive person with whom to talk. There are many potential sources of counseling available, including domestic violence counselors in battered women's programs and licensed professionals such as social workers, psychologists, and mental health workers. The National Association of Social Workers offers a free therapist referral service, which includes a listing of the clinical social workers' areas of expertise. With any referral, it is hard to know if the person is a good match for you. The links for this training program include a pamphlet to assist survivors with finding a counselor.

Survivors often wonder if couple's counseling would be helpful in ending the battering. Sometimes, a batterer will tell the survivor that this is the only form of help that he or she will agree to. It is widely accepted that couple's counseling is not an appropriate or safe option, particularly if there is ongoing violence in the relationship. People seeking couples counseling rarely identify domestic violence as a presenting issue. It is always important, therefore, to interview each member of a couple separately before agreeing that couples therapy is an appropriate form of help.

## Support groups

Many survivors find a support group very helpful. Most battered women's programs in the community, in hospitals, and in mental health clinics will offer groups for survivors. There are some programs that will offer support groups in languages other than English. To locate possible groups, call Safe Link at 1-877-785-2020. The Network for Battered Lesbians runs support specifically for lesbian survivors (617-423-SAFE).

### Rape crisis services

Some battered women's programs are affiliated with a rape crisis center or also provide rape crisis services. Often overlooked, sexual assault within an intimate relationship is a very common occurrence. Some survivors may find it helpful to get support specifically around the sexual abuse they are experiencing.

Most Rape Crisis Services offer a 24-hour hotline, individual and group counseling, medical advocacy and accompaniment, legal advocacy and accompaniment, and information and referrals. The services at most Rape Crisis Centers are free. The name and number of a Rape Crisis Center can be obtained through information or through Jane Doe, Inc. 617-248-0922.

### Batterer intervention programs

There are many programs to which a batterer may be referred. Some of these are State certified Batterer Intervention Programs. These programs are intended to reduce the amount of abuse perpetrated by batterers. Groups usually meet over a period of 40 weeks. During this time, the abuser is engaged in a process of taking responsibility for his behavior and is held accountable for his actions by both the group facilitators and other group members. These groups are offered in different languages and are also offered to lesbian and gay batterers.

During the first stage of the group, a Partner Contact will get in touch with the survivor. This person's role is to maintain confidential, periodic contact with the survivor in an effort to assess the current abuse in the relationship and to provide resources and support around safety. For more information on Batterer Intervention Programs and batterers in general see Unit 7. For a referral to a Batterer Intervention Program call the Department of Public Health at 617-624-5489. This is the state agency that oversees and certifies Batterer Intervention Programs.

### Immigrant Services

Immigrant survivors of domestic violence may have difficulty finding appropriate resources. Frequently an immigrant survivor is more isolated as a result of language barriers, immigration status, and lack of knowledge about options and services in the United States. Some battered women's agencies are able to provide services in different languages. To get a referral to such an agency, call Safe Link at 1-877-785-2020.

It is strongly recommended that if there is any concern regarding the immigrant survivor's legal status, an attorney specializing in immigration law be consulted. Some legal service offices have attorneys with this specialization. It may also be possible, depending on the financial resources of the survivor, to locate a private immigration attorney.

## UNIT SIX CHILDREN AND DOMESTIC VIOLENCE

### Objectives

- To increase awareness of the relationship between partner violence and child abuse
- To increase knowledge of effects of domestic violence on children
- To identify interventions with children who witness domestic violence
- To identify resources for children who witness domestic violence

### The relationship between partner violence and child abuse

By now many studies have revealed the significant intersection of partner violence and child abuse. We can draw some clear conclusions from the research. First, many habitual and frequent abusers of their partners also physically abuse their children. Second, victims of domestic violence are more likely than other mothers to abuse their children. Third, the most serious cases of child abuse often occur in families where the mother is a victim of domestic violence.

Here are some findings of major studies:

- 50% of men who frequently assault their wives also frequently abuse their children (Straus & Gelles, 1990).
- The more frequent the violence against woman, the more likely the violence against children (Ross, 1996).
- The rate of child abuse by abused mothers is about twice that of non-abused mothers (Schechter & Edelson, 1994).
- Forty-one percent of severe abuse cases (critical injury or death) reviewed by the Oregon Department of Human Resources in 1993 involved domestic violence (Schechter & Edelson, 1994).
- 70% of child fatality cases reviewed by the New York City Administration for Children's Services Fatality Review Board involved mothers who were victims of domestic violence (Magen & Conroy, 1998).
- Forty-five to seventy percent of battered women in shelters report some form of child abuse (McKay, 1994).

### Effects of domestic violence on children

- Most studies find significantly higher instances of hyperactivity, aggression, and conduct problems (behavioral effects).
- Most studies find significantly higher instances of emotional difficulties (emotional effects).
- Studies have equivocal findings about the effects on social competence, cognitive development, and physical health.
- Although higher incidences of behavioral and emotional difficulties are found among children who have witnessed domestic violence, there are still no measurable effects in about half these children. This points to the resilience of children, given protective factors, and/or suggests that measurements are insufficiently sensitive.

Children in homes with domestic violence are often, themselves, the target of violence. This can occur because the batterer physically abuses children; because the children get into the “line of fire,” either accidentally or when trying to intervene; or because an abused parent becomes punitive to the children out of frustration and/or an effort to keep them safe. Even if children are not themselves the victims of abuse, their welfare may be jeopardized. There is increasing concern and research about the damaging effects witnessing domestic violence has on children.

The effects of domestic violence on children are greater if the children are also victims of violence. The effects of being a victim of violence or witnessing violence vary with the duration and severity of domestic violence as well as the availability of protective factors.

Protective factors include:

- A positive relationship with a non-abusive adult.
- Safe and accessible places of refuge.

Although parents may believe their children are not aware of domestic violence, practitioners believe this is not usually the case. In any case, the violence may have indirect effects. Specifically,

- Parent-child relationships may be damaged.
- Inconsistent or very harsh discipline may be associated.
- Stressors on family (isolation, economic losses, physical injuries) may ensue.

### Interventions

Appropriate interventions depend on the age and developmental stage of the child. Basically, there are three goals: safety, emotional support, and social support.

(1) Safety planning with children. Even very young children (some preschoolers) can think with you about how they have kept themselves safe when the situation feels dangerous and what they can do to stay safe. Relevant questions include: Where can they hide? Whom can they call? Is there a safe adult they can stay with? Do they know how to call 911? Non-abusive adults in the home and in the child’s natural environment should be included in this planning as much as possible.

(2) Emotional support. Your basic knowledge about child development and about useful clinical responses to children under stress are as applicable in this situation as in others, such as children dealing with divorce or illness in the family. As with divorce situations, children's loyalty to both parents should be respected. It is very important to avoid demonizing the abusive parent. A child's fear of a parent does not preclude love and attachment.

As with any upsetting experience, it is helpful for the child if someone listens and acknowledges their distress. However, it does not help to insist on a child's telling or retelling the story. Children are often reluctant to talk about abuse in their home, perhaps out of shame, loyalty, or fear of consequences. Drawings and/or play can help young children tell their story and express their feelings without having to be verbally explicit.

(3) Social support. It is often easier to enhance protective factors than to decrease the risk of violence. This means identifying adults, and sometimes friends of older children, who can be allies for the child in staying safe and in seeking physical and psychological refuge and comfort.

(4) Intervening with parents. If you learn from a child about domestic violence in the home, you may wonder whether and how to talk with the parent(s). Your professional role, the child's age, the dangerousness of the violence, and other factors will shape this decision. For instance, you may work in a school where a kindergarten teacher is concerned because of the violent play of a student, or you may be a therapist in a teen clinic where a client confides in you about violence in the home. These situations are ethically and clinically different. Generally, however, if you are going to talk with parents, the child should know about your concern and your decision. If you do talk with parents it is important that the parents always be interviewed separately.

(5) Consultation. Difficult judgments abound when there are domestic violence issues. You may be in doubt about how to assess the level of dangerousness. You may be unsure about contacting parents because of confidentiality or other ethical issues. You may be concerned for your own safety. It is important to seek consultation in these situations. There may be a domestic violence specialist available through your agency. In addition, you can call a domestic violence hotline, the NASW ethics hotline, or a domestic violence specialist at the Department of Social Services (see below) and get advice without revealing the identity of the family.

### Domestic violence and child protection

In a few jurisdictions (not, at this writing, in Massachusetts), witnessing domestic violence is being defined as abusive to children. Even where that is not the case, including in Massachusetts, situations where children witness domestic violence are increasingly being reported to child protection services. Obviously, then, the incidence of domestic violence in child protection caseloads can no longer be taken as an indicator of the overlap between domestic violence and child maltreatment (since domestic

violence is being defined as child maltreatment.) The best evidence predating this trend suggests that about 1/3 of all child protective cases, and more than 1/3 of the most serious cases, involve domestic violence.

When a child is the victim of abuse from a parent, you are mandated to report this to Protective Services, the Department of Social Services (DSS) in Massachusetts. If the child is a witness, but not abused, you may be in doubt about filing a child abuse report. You can consult with one of the Domestic Violence Specialists by calling the domestic violence unit at DSS.

While it may seem to you that reporting is always the safer decision, that is not necessarily the case. Intervention with a family is likely to increase the chances of violence in the short run, as it threatens the control of the abusing parent. It is also likely to be perceived by the non-abusing parent as a threat to remove the child(ren).

### Resources

Support within the child's natural environment is important. This means becoming aware of the child's ecological niches and finding ways to support the natural helping system. Safe adults in the family or the neighborhood are resources as are teachers and other school personnel. These people are built into the child's life and are not dependent on special transportation, funding, and effort. They are, therefore, much more likely to be a continuous and long-term presence in the child's life than are specialized referrals.

If a child shows disturbed behavior or serious emotional upset, specialized services may be indicated. Accessing these services depends on the involvement of a parent. As with any intervention in a family, you need to be aware of possible unintended consequences and maximize the chances that any arrangements for special services will be realistic, safe, and non-stigmatizing.

In addition to the regular therapeutic services for children, there are a few specialized treatment programs for children who witness domestic violence. Some agencies and schools are developing groups for children who have witnessed violence. In addition, violence prevention programs in some schools can be a resource, especially for older children whose behavior may reflect the violence at home. In all these cases, parents must be involved in the referral, and work with the parent becomes important.

## UNIT SEVEN PERPETRATORS

### Objectives

- Recognition of the importance of your own feelings, expectations, and safety.
- Knowledge of factors to consider in assessing risk
- Gaining an overview of the main interpretations of the abusers' behaviors
- Knowledge of interventions for perpetrators of domestic violence.

### Your feelings and expectations

You may find that you have very strong and automatic gut-level responses to batterers: anger, disgust, fear, dismissal, sympathy, compassion. There is often a temptation to marginalize the batterer. Sometimes this is sound clinical practice (if you are feeling threatened or at risk). Sometimes it's a position you adopt by default - the perpetrator simply is not available. Sometimes it's a result of not knowing how to proceed in a way that doesn't increase the risk to anyone.

If you are working with a batterer, it is important to seek consultation, to attend to your own feelings, and to take precautions about your own safety. Unit four goes into more detail on safety planning for yourself and family members.

Be realistic about the goals of direct intervention with perpetrators of domestic violence. Even highly motivated perpetrators change only over a long period of time. For some perpetrators the pattern of abusive behavior runs deep and has been repeated in many relationships. Becoming a perpetrator is a long-term process. Therefore, becoming non-abusive is, usually, a long-term process. In addition, the community's ambivalence and inconsistency in viewing violence against women as unacceptable, and in holding perpetrators responsible for stopping their violence, often works against an individual perpetrator's efforts at change.

### Assessing a potential perpetrator

When doing an assessment of the perpetrator's lethality it is important to keep in mind that there is no typical batterer, and one cannot assume that someone should "look like a batterer" to be one. In fact, since batterers are usually very much in control, they may appear more respectable and articulate than their victims. The risk assessment process should focus not only on the safety of the perpetrator's partner, but also on family, children, and his own safety.

It is useful to ask simple, straightforward questions when assessing a perpetrator's potential lethality through an intake or short interview. Important questions concern: previous injuries to partner; prior or current threats to kill, especially with weapons; prior

or current restraining orders; threats to the children; efforts to stop the victim from leaving the house; and access to the victim and/or her children.

Generally, prior violence is the best predictor of future violence. Research findings from the criminal justice perspective suggest that offenders with prior domestic violence or assault and battery arrests may be at highest risk of re-offending. Therefore, it is standard practice when assessing risk and lethality to pay attention to the perpetrators' criminal records, especially those involving the same victim.

#### Factors to consider in assessing risk

##### Pattern of violent behavior over time

- prior restraining orders, criminal record
- frequency/severity of abuse in current, concurrent, and past relationships
- access to or propensity to use weapons
- threats to kill others or self

##### Perpetrator's state of mind

- obsession with victim
- increased risk-taking by perpetrator
- ignoring consequences
- depression
- desperation

##### Individual factors that reduce behavioral controls of perpetrator

- substance abuse
- certain medications
- evidence of a severe mental disorder
- brain damage

##### Situational factors

- separation violence
- increased autonomy of victim
- presence of other stresses (e.g., recent separation, job loss)
- access to weapons
- past failures of the system to respond appropriately

*Adapted from material prepared by Anne L. Ganley, PhD, for the Family Violence Prevention Fund*

It is worth noting that the seemingly strong association between alcohol/drug abuse and domestic violence does not necessarily mean that the abuse of substances "causes" battering.

If the risk of serious violence is high and the batterer is your client, you may be obliged to take action for the victim's protection. In such a case, it is important that you seek consultation. See unit 3 for the legal requirements.

Finally, demographic findings suggest risk factors for battering. Domestic violence is more common among the poor and unemployed and among males in the 18-30 year old age bracket. This does not imply that domestic violence does not occur in other groups, since the problem occurs among all race, gender and socio-economic groups.

### Why do perpetrators do what they do?

Practitioners working with perpetrators have found that they tend to minimize their violent behaviors or justify them by blaming either alcohol, or their “bad temper” or even their partners. These tendencies to minimize and to avoid responsibility for their own actions may be reinforced under certain historical traditions, cultural norms, and social institutions. Indeed, some may argue that batterers who were raised and have lived in social/cultural environments where the abuse of women is widespread and accepted, have little idea of how their behaviors affect their victims, and little reason to reconsider their attitudes and actions. Also, in contexts where law enforcement agencies disregard most violent incidents as “marital troubles” it is likely that perpetrators’ perceptions and understandings of what constitutes violence will be significantly different from those in contexts where the same agencies address such incidents as potential crimes.

Feminist advocates and scholars provide one important perspective on domestic violence, in general, and perpetrators’ behaviors in particular. During the last decades these feminist views have influenced society’s mainstream understanding of domestic violence. From the feminist standpoint, perpetrators’ abuse of intimate partners is directed to control and to dominate their victims, reproducing wider patriarchal positions of power and authority over women. Thus, from the feminist standpoint, men’s violence against women is viewed as a way to maintain the power differential of patriarchal societies. In turn, this understanding leads to a broad definition of “domestic violence” including, but not limited to, overt physical violence. Since the perpetrators’ main objective is to maintain their victims’ subordination, they can resort to a wide scope of behaviors, including economic, sexual, and emotional means of control.

Without necessarily disregarding the feminist views, some experts argue that it is possible to understand and explain perpetrators’ behaviors using psychological frames. These frames move the focus of attention from the social to the individual level, arguing that domestic violence can be caused by character flaws, personality disorders, and perpetrators’ childhood experiences of abuse.

In contrast with the individual oriented views provided by psychological theories of domestic violence behaviors, family therapy approaches analyze these behaviors as dysfunctional family interaction patterns to which not only the perpetrators, but also their partners contribute. These patterns could be caused by lack of appropriate communication skills, which can be improved through adequate treatment. It is worth noting that currently there are many practitioners who question this view arguing that it tends to transfer some responsibility from the perpetrator to the victim. Also, Massachusetts and other states have guidelines that prohibit couples therapy in cases of domestic violence.

### Interventions with batterers

Different views and understandings of why perpetrators do what they do are usually associated with different preferred types of interventions. However, currently there is a tendency to combine several views and explanations, and to explore more than one type of intervention.

- (1) Batterer intervention programs (see unit 5). These programs, some of which are certified by the Department of Public Health, challenge the legitimization batterers usually receive from their natural social environments; they encourage the exploration of non-violent options; they provide an alternative support community, with the more successful group members serving as role models for the beginners; and they attend to the partner's safety through partner contacts. The more successful batterers' groups are structured in ways that combine education on feminist views of domestic violence with cognitive behavioral techniques and therapeutic interventions. These groups usually address issues of anger and substance abuse and sometimes include in-depth counseling. While duration of these groups varies, the more established services require group members to attend up to 40 weeks of group work (Healey, Kerry et al., 1998).

There are often significant barriers to accessing batterer intervention programs. This is especially the case where services matching the specific characteristics (and needs) of certain types of perpetrators are lacking. For example, some perpetrators may not be able, or may be very resistant, to pay the fees most programs charge. Also, some programs may lack culturally competent staff, and thus may be unsuitable for groups such as African-American, Latino, Asian, and gay/lesbian people. Many people who begin batterer intervention programs do not complete them. The drop-out rate is high. Nevertheless, there are some highly refined programs which not only tailor their interventions to socio cultural differences (for example, poverty, race, ethnicity, nationality, and sexual orientation) but also to perpetrators' profiles based on their psychological, criminal, substance abuse, and lethality indicators (Healey, Kerry et al., 1998).

- (2) Anger management programs offer short-term interventions designed to teach perpetrators to recognize the signs of anger and to defuse it. Through these interventions, batterers are taught different techniques, including relaxation, to control their rage (Healey, Kerry et al., 1998). There are a number of criticisms of this type of intervention, mostly related to the assumption that battering is caused by "out of control" rage. From the feminist standpoint, the "cause" of battering is not rage, but the effort to establish power and control. By leaving aside these issues, anger management interventions may provide the perpetrators with new and more sophisticated means to continue to dominate their victims. From the psychological standpoint, labeling some emotions as "anger" and working on them may hinder more than it helps honest exploration of a larger and deeper range of feelings, such as sense

of betrayal and unworthiness, fear of abandonment, and of being hurt. Both feminist and psychological perspectives challenge the idea that domestic violence related problems can be “quickly fixed” with short-term interventions targeting specific individual behaviors.

- (3) Self help groups for batterers, usually known as “Batterers Anonymous”, provide another intervention model. These groups are modeled on Alcoholics Anonymous, with groups facilitated by former batterers, and members setting the agendas to fit their personal concerns. One of the most frequent criticisms of this type of intervention is that it is too unstructured, and in most cases facilitators have neither the qualifications nor the skills to conduct them effectively (Healey, Kerry et al., 1998).
- (4) Criminal justice interventions. Physical assault is a crime, and it can be prosecuted as a crime. In addition, violation of restraining orders is a crime. These are outlined more fully in unit three. Criminal justice consequences have increasingly been involved in domestic violence incidents. Research on batterers suggests that arrest is sometimes a deterrent to further violence, but not always. In any case, it may provide some short-run safety for the victim. Criminal justice intervention may be the route to other kinds of treatment. Men who attend batterer intervention groups are most frequently mandated to do so by a court.

Arrest, however, may also lead to increased anger, resentment and violence on the part of the perpetrator. Criminal justice interventions often have other unintended negative effects for survivors, for instance in the form of lost income and personal humiliation. Because minority communities are frequently mistreated by the criminal justice system, members of such communities may be legitimately fearful of invoking the criminal justice system.

- (5) Since many perpetrators have substance abuse problems, some agencies, especially law enforcement ones, may refer them to chemical dependency services. However, once again, most practitioners working in the domestic violence field criticize the single focused tendency in referring perpetrators to substance abuse programs. They argue that substance abuse treatment should not be a substitute for domestic violence work, and recommend that the best practice is to refer substance-abusing clients to batterers’ groups where group facilitators have experience in the fields of both domestic violence and chemical dependency.
- (6) Psychotherapy has been considered an intervention for batterers. Also, social workers may discover in the course of working with a client that the person is, in fact, a batterer, although this was not a presenting issue. The research on psychotherapy and battering suggests that insight-oriented therapy is not effective to stop battering. A useful analogy is psychotherapy and alcoholism. The battering needs to be addressed specifically with appropriate interventions, or psychotherapy may have the unintended consequence of giving support to battering behaviors.

- (7) Couples' counseling is not recommended as an intervention with batterers. If you work with couples, it is best practice to have a general policy of separate interviews before committing to couples treatment. Such a policy permits you to discover if there are reasons, including domestic violence, why couples treatment is counter-indicated.

## References

### Unit 1:

- Gelles, R. (1997). Intimate violence in families, 3<sup>rd</sup> edition. Thousand Oaks, CA: Sage.
- Romkens, R. (1997). Prevalence of wife abuse in the Netherlands: Combining quantitative and qualitative methods in survey research. Journal of Interpersonal Violence 12, 99-125.
- Russell, D.E.H. (1982). Rape in marriage. N.Y.: Macmillan. Cited in Koss, M. et al., (1994) Male violence against women at home, at work, and in the community. Washington, D.C.: American Psychological Association. p. 44.
- Stahly, G. & Lie, G. (1995). Women and violence: A comparison of lesbian and heterosexual battering relationships. In Chrisler, J. & Hemstreet, A. (Eds.) Variations on a theme: Diversity and the psychology of women. Albany, NY: State University of New York.
- Straus, M. & Gelles, R. (1990). Physical violence in American Families. New Brunswick, N.J.: Transaction Books.

### Unit 6:

- Magen, R. & Conroy, K. (1998). Columbia University School of Social Work: Training child welfare workers on domestic violence, final report.
- McKay, M. (1994). The link between domestic violence and child abuse: Assessment and treatment considerations. Child Welfare 73, 29-39.
- Ross, S. (1996). Risk of physical abuse to children of spouse abusing parents. Child Abuse and Neglect 20, 589-598.
- Schechter, S. & Edelson, J. (1994). In the best interest of women and children: A call for collaboration between child welfare and domestic violence constituencies. Briefing paper for the conference "Domestic violence and child welfare: Integrating policies and practice for families."
- Straus, M. & Gelles, R. (Eds.)(1990). Physical violence in American families. New Brunswick, N.J.: Transaction Books.

### Unit 7:

- Cambridge & Somerville Legal Services and Respond (comps.)(1997). Everybody teaches, everybody learns. Somerville cops grant. Domestic violence training manual, Chapter 3 The Batterer: 76-95.
- Hanmer, Jalna (1996). Women and violence: commonalities and diversities. In B. Fawcett et al., Violence and gender relations: theories and interventions. London: Sage: 7-21.
- Healey, Kerry et al. (1998). Batterer intervention: program approaches and criminal justice strategies. Series: Issues and Practices. U.S. Department of Justice. Office of Justice Programs. National Institute of Justice.

Hearn, Jeff (1996). Men's violence to known women: historical, everyday and theoretical construction of men. In B. Fawcett et al., Violence and gender relations: theories and interventions. London: Sage: 22-37.

O'Leary, Daniel (1993). Through a psychological lens. Personality traits, personality disorders, and levels of violence. In Richard Gelles and Donileen Loseke (eds.). Current controversies on family violence. London: Sage: 7-30.

The Family Center (1998). Domestic violence intake. Somerville.

South Coast Today (1995). Shattered love, broken lives.  
<http://www.s-t.com/projects/DomVio/domviohome.HTML>  
[www.dvcme.org](http://www.dvcme.org)

Resources

Department of Public Health: 617-624-5489

Disabled Persons Protection Commission 24-hour hotline: 1-800-426-9009

Elder Abuse Hotline run by Executive Office of Elder Affairs: 1-800-922-2275

Gay Men's Domestic Violence Project 24-hour hotline: 1-800-832-1901

Jane Doe, Inc.: 617-248-0922

Massachusetts Domestic Violence 24-hour hotline: 1-877-785-2020

Massachusetts Office of Victim Assistance: 617-727-5200

National Domestic Violence 24-hour hotline: 1-800-799-SAFE

Network for Battered Lesbians 24-hour hotline: 617-423-SAFE

Safe Link: 1-877-785-2020 (TTY: 1-877-521-2601)

