

DEFINING DOMESTIC VIOLENCE

Domestic violence is a systematic and coercive pattern of behaviors that is intended to gain power and control over one's intimate partner through fear, intimidation, and/or injury.

Domestic violence is **not** limited to any particular race, ethnicity, gender, socioeconomic status, sexual orientation, social background, or age. **Anyone** can find herself in an abusive relationship.

Abusive people will exploit their partners' vulnerabilities in order to gain and maintain control in the relationship. Domestic violence may include any or all of the following types of behaviors: intimidation; isolation; economic control; acts or threats of physical or sexual violence; sexual coercion; verbal or psychological abuse; interference with medical care; threats to take or harm children, pets, or others; obsessive jealousy and monitoring; and deprivation of basic needs and human rights.

SCREENING FOR DOMESTIC VIOLENCE

It is important to screen all clients for a history of domestic violence. Integrate questions about violence into your standard intake and assessment process. It is better to ask about domestic violence needlessly than to miss an opportunity to help someone who is in danger. Additionally, remain open to noticing warning signs throughout your relationship with each client.

Asking questions is an intervention in itself. It gives the person permission to talk about the violence, plants seeds of knowledge and new understanding, and shows caring and concern. Disclosure is not always the goal.

Some basic screening tips:

- Interview clients individually at first when providing couple or family counseling. This allows for safe disclosure.
- Use the language of the client when referring to possible abuse. Avoid using loaded words like

"abuse" or "domestic violence" when initially talking to clients.

- Do not ask "why" questions, as these can feel blaming.
- Ask about behaviors or feelings clients may have experienced, such as being afraid of or hurt by a partner.
- Ask questions about specific experiences, such as "What happens when your partner gets mad?"
- Ask questions designed to elicit broad responses and give you a full picture of the client's experiences and relationships.

Survivors of domestic violence do not always present in ways we expect. They may seek help for problems related to the violence, such as depression or anxiety, but deny its occurrence even when asked directly. Similarly, many survivors are not stereotypical "victims" and may seem surprisingly outspoken, angry, or unafraid when you meet with them. How a survivor presents will depend upon her own unique situation, strengths, and resources.

Possible Indicators of Domestic Violence

- ☑ Expressing fear of a partner
- ☑ Appearing anxious about something that would not normally create anxiety, such as getting home late or leaving dirty dishes in the sink.
- ☑ A history of injury that is not well explained.
- ☑ Having less autonomy in the relationship than the client desires.
- ☑ Appearing isolated from family or friends.
- ☑ Expressing homicidal feelings towards a partner.
- ☑ A consistent pattern of making and missing appointments that is poorly explained.

Not all discord indicates an abusive relationship. People in intimate relationships almost inevitably have moments when they are hurtful to each other. When screening for domestic violence, you should look at the **intention** and **effect** of the behavior, as well as for a **pattern of abuse**.

ASSESSING CLIENT RISK

Assessing risk entails understanding the history of violence in the relationship, the current context of the relationship, and the behaviors of the abusive partner. It demands an appreciation for how anticipated interventions may escalate the situation for the client.

No one can predict when an abusive person will seriously harm or kill his/her partner. Risk assessment tools can be misleading and/or give a false sense of security.

Some factors, however, are generally considered "red flags" for more serious assaults. These include an abusive partner's: past history of serious assault; specific threats to kill or harm your client or your client's children, pets, or other loved one; history of substance abuse; history of mental illness; access to weapons; obsessive jealousy about and/or preoccupation with your client; and stalking/monitoring of your client.

Additionally, some factors are typically considered protective for survivors. These include: employment of either partner; social connections of the survivor; and access to resources for the survivor.

A survivor is most at risk when she/he takes some action to separate from the abusive partner.

SAFETY PLANNING

Assisting survivors and any children in the household with planning for their safety is the most critical part of your work with them. It is an ongoing task, which should be revisited regularly as time passes and/or the client makes changes. It should be done whether the client chooses to remain in the relationship or leave it.

Safety planning involves building on what the client is already doing to survive, gathering information about local domestic violence resources and legal rights, creating detailed plans for reacting to various

dangerous situations, and providing support and encouragement. A survivor generally has multiple safety plans in order to deal with a variety of settings and scenarios.

A safety plan usually includes:

- ☑ identifying safe people to turn to for help and how to reach them in an emergency.
- ☑ developing strategies for escaping dangerous situations in the home, at work, or on the street.
- ☑ putting together a bag with emergency supplies and important documents, such as clothing, toothbrush, money, extra keys, and bank records.

A local battered women's shelter can help you and/or your client think through a more specific plan.

Your client has probably been taking steps to increase her safety for a long time. She is an expert in her own situation and generally has a good sense of what will increase or decrease her risk.

RESTRAINING ORDER PROCESS

A Restraining Order (RO) is a court order issued in either a family (probate) or criminal (district) court that can require the abusive partner to do any or all of the following: to stop abusing the survivor; to remain a particular distance away from the survivor; to vacate and/or remain away from the survivor's home and work; to turn over any weapons and right to carry a weapon; to relinquish custody of minor children; and to pay child support.

A RO can be obtained 24 hours a day. During normal business hours, a survivor applies for a RO at the court. During weekends, nights, and holidays, a survivor contacts the police and speaks with an on-call judge by phone. A survivor typically has to appear in court for at least two hearings before being granted a RO which will usually be in effect for a year.

A Victim Witness Advocate in the District Attorney's Office and local domestic violence programs can explain this process more fully and assist a survivor through all the steps.

DOCUMENTATION

Case Files: What and how information is documented in case files requires careful consideration in situations of domestic violence. Abusive partners often attempt to subpoena or otherwise gain access to records if they are aware of their existence. Using objective rather than subjective language decreases the risk of the case record being used against your client. Additionally, detailed information about the incidents of violence may be supportive of your client. It is important to discuss with your client what information you normally document and accommodate her concerns to the extent you ethically can.

Insurance: Survivors who have to access their abusive partner's insurance in order to cover the cost of therapy may need some special consideration as the abusive partner will probably be aware of the therapeutic relationship. Discuss what information their partners may have access to through the insurance company and assist your clients with thinking about how to safely explain your relationship or gain support without using insurance. Battered women's programs typically offer free support services.

INTERVENTION STRATEGIES

Clinical Strategies: Survivors of domestic violence often feel disempowered in many aspects of their lives. Empowerment and strengths-based clinical strategies can help clients regain a sense of control over their lives and confidence in their perceptions and reactions.

Advocacy: Survivors are often isolated from personal and social resources and may not be aware of other potential resources, such as financial, legal,

or housing programs, available to them. Researching these resources and providing advocacy yourself or assisting clients with accessing an advocate through a battered women's program are important intervention strategies. *You can locate a local shelter program by calling one of the hotlines listed at the end of this brochure.*

Culture: While domestic violence is not linked to any specific culture or group, cultural norms can serve to support or hinder a survivor's efforts to be safe. It is important to be open to learning about these influences in your client's life and supporting her with recognizing any ramifications she faces for her choices.

Couple Counseling: Survivors may seek to address the violence in their lives by pursuing couple counseling. Couple counseling requires that both people be honest and open. In the case of domestic violence, survivors may face serious consequences for sharing information about the relationship. Alternatively, survivors may choose to not share vital information to protect themselves. *It is important that you recognize both the limits of your influence and control and the real danger survivors face in their daily lives.*

Child Abuse: Sometimes children are sufficiently at risk to require filing a report with child protective services. If you find you need to do this, it is critical to include the survivor in the process and create a plan for her and the children's safety when the abusive partner learns of the report. It is also critical to explicitly include in your report your concerns about domestic violence so that the child protective organization can intervene safely.

CHALLENGES TO THE WORK

Countertransference: Ongoing work with a client surviving domestic abuse is undeniably challenging and often creates various countertransference reactions in the therapist. When working with someone whose physical and emotional safety is

consistently undermined, it is normal to feel concern and anxiety about the risks for your client.

Power: Realize the **limits of your control** over the circumstances for your client. You are there to provide validation, safety planning, options and support; you cannot, however, remedy the situation. Be vigilant about monitoring the power dynamics inherent in the therapeutic relationship.

Self-care: While always important in the field of social work, self-care is particularly vital when working with survivors of partner abuse. Identify and evaluate your current coping strategies, and create realistic self-care practices.

Personal Safety: You may also begin to feel concern for your own safety. Although abusive people typically victimize only their partners, **planning for your own safety** is an integral part of this work. Be aware of the ways someone may be able to access information about you - through the internet and otherwise. Consider details such as where your name, phone number, office location and professional licensure information are listed.

Collaboration/consultation: It is essential to **utilize supervision/peer consultation** when doing this work, so that you are not providing services in isolation. **Massachusetts area shelters** are staffed by skilled advocates and can be used for consultation, collaboration, and referrals.

The Massachusetts Statewide 24-hour Hotline
"Domestic Violence Safelink"
1-877-785-2020

National Domestic Violence 24-hour Hotline
1-800-799-SAFE

Domestic Violence On-line Training Program
Simmons College School of Social Work
www.simmons.edu/ssw/dvtraining

*Survivors of Domestic Violence***



Guidelines for Therapists

Given the prevalence of domestic violence, it is likely that all therapists will work with survivors of intimate partner violence, whether you are aware of the situation or not. This set of guidelines is designed to provide you with some basic tools for effectively recognizing and intervening with a client who may be dealing with domestic violence.

We encourage you to pursue additional information and training in order to address the specific needs of the survivors you will encounter in your practice.

Prepared by the
**Massachusetts Chapter of the
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Domestic Violence and Sexual Assault
Committee**

** *This brochure will generally refer to abused persons as women given the prevalence rates. It is important to recognize that men and women in same-sex relationships are victimized at the same rates as women in heterosexual relationships. Heterosexual men can also be victimized, although at lower rates.*