

SIMMONS School Of Social Work

Massachusetts NASW Committee on  
Domestic Violence & Sexual Assault

---

# Domestic Violence

## Training Program

---

### Table of Contents

introduction	2
unit 1: definitions and prevalence	4
unit 2: interviewing and screening	8
unit 3: legal aspects	12
unit 4: risk assessment and providing options for safety	19
unit 5: resources and referrals	24
unit 6: children and domestic violence	30
unit 7: perpetrators	34

# Introduction

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 first version of the “Web-based Domestic Violence Training Curriculum.” In order to make the Training more widely available, it was extensively revised in 2004.

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, containing the text of units one through seven, which can be down-loaded as a PDF file and kept as a reference.

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 revised in 2004.

## **Producers and writers:**

Ann Fleck-Henderson (project director)

Susan Jensen (project co-director)

Wendy Emory

Jacqueline Savage

## **Additional contributors in 2002**

Ellen Golden

Juan Gorlier

Sarah Nickels

*We gratefully acknowledge consultation with:*

David Adams (Emerge)

Tony Burns (Common Purpose)

Susan Fineran (Boston University School of Social Work)

Mary Gilfus (Simons College School of Social Work)

Mary Gleaves (Family Service of Greater Boston)

Susan Hoyer (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 and Sue Boyer, Pottruck Technology Resource Center, Simmons College, for technical support and training and to Simmons College Graduate School of Social Work for financial support.

The Committee on Domestic Violence and Sexual Assault meets monthly. Other committee products are available in the resource section of the training program.

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

# unit 1: definitions and prevalence

## Objectives

- Understanding what constitutes an abusive intimate relationship
- Ability to identify "red flags" for domestic violence
- Awareness of varied forms of abuse, e.g. sexual, emotional, economic, and social, as well as physical
- Knowledge of the incidence of domestic violence, as documented in survey research
- Awareness of the limits of research on domestic violence

## Defining an Abusive Relationship

Domestic violence refers to abuse in 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, as well as the intent behind the behavior and its effect.

There are some behaviors which everyone in American 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. For instance, would you consider calling someone degrading names abusive? Or forbidding them to leave the house? Is a slap in the face abusive? How about threatening to get rid of the cat?

Think for a minute about your own definition of abuse. When you have given it some thought, make a quick note of it.

## Defining an Abusive Relationship (2)

Possibly, you found yourself saying, "it depends." We suggest it depends on 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" for abuse include: a person experiences fear 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 indicative of an abusive relationship, the concept 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. It is important to take the time to assess the perceived intention of the behavior, what effect it had/has on the recipient, and the risk of physical danger.

## 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. (Power and Control Wheel)

**Physical abuse** is the most obvious. However, some physically aggressive behaviors, e.g. 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 their will. Other kinds of sexual abuse include denial of contraception or being forcibly subjected to pornographic or violent sexual material.

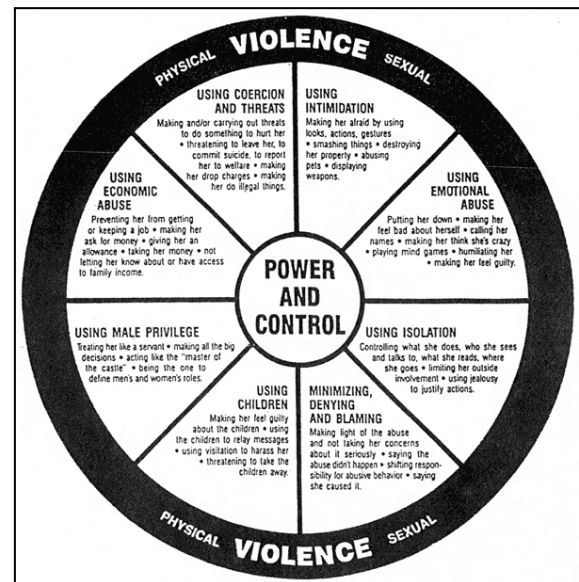
**Emotional abuse** includes systematic verbal humiliation and/or intimidating threats aimed directly at the partner or at what is precious to the partner. It may include attacks against property or pets. It may include threats of suicide or harm to self.

**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, 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 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 greater 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; lack of support from police, courts, clergy, friends or family.

Some are more "**internal**", such as: desire to maintain the household; a wish to preserve the children's relationship with the other parent; feeling responsible for the relationship and/or the partner's welfare; love of the partner.

Sometimes the costs of leaving outweigh the benefits of escaping the abuse.

## Prevalence

Although we have all seen and heard statistics about domestic violence, the actual prevalence and incidence are 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, cohabiting women, women in shelters.
- Different time periods are studied, for instance: A year, a relationship, a lifetime.
- Different research methods are used, for instance: Surveys, in depth interviews.
- Different definitions or criteria for violence are used.

## Given all the difficulties, what do we think we know??

- Between 21% and 34% of all women will be physically assaulted by an intimate male during adulthood. (Straus & Gelles, 1990)
- More than 3% of women in a national survey of couples were severely assaulted in the prior year (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)
- 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).

- While national studies are of heterosexual couples only, evidence suggests the 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, but still not rare, perhaps one in ten women.
- 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 CEOs.

### 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
- Not lose sight of the whole person who is more than "abusive" or "abused."

### References for Unit 1

Gelles, R. (1997). Intimate violence in families, 3rd edition. Thousand Oaks, CA: Sage.

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 2: interviewing and screening

### Objectives

- To develop skills with interviewing survivors of domestic violence
- To increase awareness of indicators of domestic violence
- To develop skills at identifying strengths both within the survivor and in the environment around the survivor

### The Importance of Screening for Domestic Violence

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. **Making questions about abuse 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

#### **Interview the person by themselves.**

*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 themselves. You can explain that it is standard procedure and ask anyone accompanying the person 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 the person, you can ask about the nature of the relationship more specifically.

#### **It is always okay to ask about a person's safety.**

Most people will not be offended by your expressing concern for their well-being. This is true even for survivors who might not yet be ready to talk with you about their situation.

### Sensitive Questioning

#### **Avoid loaded words**

Some people who are dealing with a violent relationship do not define their situations as being "**abuse**" or "**domestic violence**". It is better to ask about behaviors and feelings, rather than using 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.

For example, you can ask:

- 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 son ever hit you or hurt you physically?
- Does your boyfriend have access to, or has he ever threatened you with, weapons?

### **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.

### **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.

## **Person At Risk**

**If you believe the person is at risk of harm, try to do some safety planning with them.** See Unit Four for more information on this.

### **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...."*

### **Regard survivors as experts on their own lives**

Although denial is common, survivors know their partners well and can usually judge pretty accurately what will increase their risk. If the person tells you that something you recommend will escalate the risk (place her/him in greater danger), this is probably true. If the person tells you that some other option has worked well for the family's safety in the past, then support her or him in taking that step again now.

## **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, although not present in every case.

- Most survivors will express some level of fear of the abusive person. 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 their desired degree of personal autonomy or privacy in their intimate relationship. Occasionally, persistent, desperate, and/or angry intrusions into the social work relationship may be part of this pattern.
- Some survivors will defer to their abusive partner for even simple decisions, such as spending a small amount of money, purchasing a needed item for a child, setting the date and time of their next appointment, or calling a friend to chat.
- 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.
- 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".

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 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.

### **A word about anger:**

A survivor 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.

## unit 3: legal aspects

### Objectives

- To understand those circumstances in which a social worker is required by law to report an incident 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.

*Note: This unit describes the general legal issues all social workers should understand related to domestic violence, with special attention to Massachusetts-specific laws. To access the laws specific to other states see:*

<http://www.ncadv.org>

<http://ndvh.org>

### Mandated Reporting

#### Incidents that require reporting

**Social workers are required by law to report** incidents of abuse to a child, an elder, or a person with a disability.

**Social workers who fail to report mandated incidents** are subject to fines and possible loss of licensure.

**There is no requirement to report incidents of abuse of a non-elderly, non-disabled adult.**

**If a child witnesses domestic violence** it may be necessary to file a 51A report, although it is not legally required at this writing. People 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 a mandated report is always a difficult decision. It is important not to make that decision alone, but to seek the consultation and support of your supervisor. Many instances have complicating circumstances that require thought and care before action. This is particularly true for cases in which there is domestic violence.

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 survivor of domestic violence 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.

Attempt to engage the individual in some safety planning and give them the number to 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.

## 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 believe that a child is in imminent danger of being harmed without immediate intervention and it is a night, weekend, or holiday, you call the **24 hour DSS hotline number (1-800-792-5200)**.

Otherwise, during business hours, call the DSS office which 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 your relationship to the family, how you learned about the abuse or neglect, and if there are any corroborating people involved, such as a pediatrician, a therapist, or a witness to the incident. 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.

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 children.

In Massachusetts DSS has **Domestic Violence Specialists** on staff. They are trained regarding domestic violence and act as consultants to intake workers, investigators, and ongoing caseworkers. If you or the survivor would like the Domestic Violence Specialist to be involved, you should mention that to the DSS worker.

Additionally, if you are unsure about whether the situation warrants filing a 51A, you can consult with someone at the local DSS office. This can be done without disclosing any identifying information about the family.

## Elders and Disabled

### 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 the **Executive Office of Elder Affairs (1-800-922-2275)**. This agency requires similar information as DSS in order to determine the need for intervention.

**It is critical to address concerns about the survivor's safety as a consequence of filing the report.**

- Inform the elder of the fact that the report is being filed, so that they will be able to prepare as much as possible.
- Consider the safest way for the agency to contact the elder.
- 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.
- Create a safety plan with the individual (see unit 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.

If a disabled person specifically requests that you maintain their confidentiality by not filing with DPPC, you must respect this. Unlike children and elders, their wish overrides your mandate, unless the disability interferes with the individual's competence to make such a request.

If you do file, address concerns about the individual's safety as a consequence of the report being filed.

Inform the person of the fact that you will be filing the report, and attempt to engage him or her in safety planning.

### 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 for harm.

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 sometimes think that their only option to be safe is to harm or kill the batterer.

In either instance, reporting as required may increase the risk of harm to the survivor and to you, the reporter. It is important to address potential safety risks for yourself as well as the survivor (see unit 4 on safety planning).

As with any mandated reporting situation, it is critical to seek consultation and to inform the survivor of your actions. These situations are clinically, legally, and ethically complex and should be considered carefully.

## 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.

In order to be eligible to request a RO, the survivor and the abusive person must be related by marriage or blood, living together, the parents of a mutual child, OR in a significant dating relationship.

Additionally, survivors 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, this is a high-risk time for the survivor. **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.

## Types of Restraining Orders

Restraining orders can incorporate any or all of the following conditions:

**Refrain from abuse** — orders the batterer to stop abusing the survivor. This option should always be included, but it is generally recommended that it not be the only option chosen, as it provides the least protection by itself.

**Vacate order** — requires the batterer to move out of and remain away from the residence of the survivor and turn over any copies of the keys to the residence

**No contact order** — requires the batterer to not contact the survivor in person, by phone, by mail, or through a third party. Typically, such an order provides a minimum distance the batterer is to remain from the survivor, such as 25 or 50 yards. The judge can also include an additional, specific location the batterer may not 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. Although district (criminal) court judges will grant custody through a RO, custody orders obtained through probate (family) court will supercede it. It is wise for survivors to follow-up with probate court regarding custody whenever possible.

**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. People who have a restraining order taken out against them must relinquish any fire arms 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.

## Restraining Order Process

**A restraining order (RO) can be obtained 24 hours a day.**

**During non-holiday weekdays**, a survivor can go to district (criminal) or probate (family) court to obtain a restraining order. They begin this process by speaking with someone in the **court clerk's office**. 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 the reason for seeking an order. Usually, 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.

**A TRO is only 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 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 the reasons for seeking the RO in front of the judge and batterer. The judge will then make a decision based on whose story is found to be most credible.

**The judge is permitted through the law to extend the restraining order for up to one year.** At the end of the one year, there will be another hearing date to request a further extension if needed. Generally, the survivor will need to demonstrate a continued state of risk in order to qualify for such extensions.

It is critical that the survivors carry the restraining order with them at all times, in the event there is an incident and the police are called. Additionally, the survivors should distribute copies of the RO to the schools and/or day care centers where their children are. This is especially important if there is a custody order as part of the RO.

**If the survivor needs to obtain "a RO" during the night, on a weekend, or on a holiday**, he or she can call or go to the police station. This type of RO is called an **Emergency RO (ERO)**. In such cases, the survivor will need to demonstrate that he or she is in imminent danger of harm without the ERO. Usually 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 and decide whether to issue an ERO.

**An ERO is only good 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.

### **Special Considerations with Children**

Because probate courts are more experienced with family-related legal matters (such as child support, visitation, and custody), any subsequent order 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 a new order through the probate court after getting a temporary RO through district court 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.

### **Role of Victim Witness Advocates**

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 (or criminal) court in Massachusetts. They are often not available in the probate (or 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 (what they would like to see happen if the alleged perpetrator is found guilty).

Additionally, the Victim Witness Advocate provides support to survivors, discusses safety planning with survivors, and refers survivors to other services and resources. The Victim Witness Advocate also assists with the restraining order process, by explaining the steps, helping with filling out the application, and accompanying the survivor at the hearing.

## Immigration Concerns

Survivors who are immigrants usually have additional concerns.

**Language and cultural differences are often major barriers** to accessing any kind of help for many immigrants. 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.

### **Undocumented immigrants have special concerns.**

If a **survivor is undocumented**, meaning she or he is not legally in this country, the risk of deportation must be considered. Reporting victims to immigration authorities is a common and extremely powerful threat used by batterers. Additionally, as a consequence of new legislation, some social services agencies are required to report undocumented immigrants to Immigration and Naturalization services (INS).

If a **batterer is undocumented**, involving the police or courts can lead to the batterer being deported. This is often a concern for the partner and prevents their taking legal action, particularly if they are financially dependent, they have children together, or deportation would endanger the batterer.

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. In addition the Massachusetts Department of Public Health coordinates programs for immigrant battered women and can be a resource.

**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.

**Immigrant survivors regardless of their legal status are also eligible in Massachusetts for battered women's program services, including the 24-hour emergency hotlines, shelter, and counseling services.** 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 housing. 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 and feel safe responding. Before referring immigrant survivors to any agencies, you should consider calling the agencies on their behalf and researching whether immigration status is relevant to accessing help.

# unit 4: risk assessment and providing options for safety

## Objectives

- Learn how to assess risk in a domestic violence situation
- Learn how to assist a survivor in developing a safety plan
- Understand precautions that can be taken to improve your and your agency's safety when working with batterers and survivors.

## Risk Assessment

Although we know in the aggregate which characteristics are associated with more lethal violence, it is still not possible to make accurate predictions for individual persons and situations. Nonetheless, it is important to assess and understand risk indicators and protective factors. This enables a social worker to more effectively assist a survivor with safety planning.

## Lethality indicators

Although they do not necessarily predict deadly assault, some indicators are considered “red flags”. These include:

- Past assaults which caused serious injuries
- Threats to kill partner, self, children, pets, or others
- 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
- Stalking or monitoring partner

## General Risk factors

Some conditions or characteristics, in addition to those above, are associated with increased risk of violence and injury. These include:

- Partner’s separating, threatening to leave the relationship, or attempting to leave
- Any intervention

- Unemployment of the abuser
- History of serious violence
- Youth – being under 30 years old

Note: Interventions increase risk in the short term, as does separation. Generally, risks increase when abusers perceive that they are losing control over their partner.

### **Protective factors**

Protective factors are those characteristics or conditions which are associated with safety. 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 of survivor
- Survivor's ability to protect self and children in the past.

### **Safety Planning**

Safety planning is an ongoing process which needs to be revisited as decisions are made and changes occur in the survivor's circumstances. Safety planning is a process of exploring options and resources. It is done individually with a survivor, as it must be based on her or his unique needs, circumstances, and choices. It is informed by an understanding of the survivor's strengths as well as an assessment of the current risks.

Safety planning should occur whether a survivor is remaining in an abusive relationship, preparing to leave the relationship, already out of the relationship, or deciding to return to it.

### **Safety planning always involves the following:**

- Information about local domestic violence resources and legal rights.
- Detailed plans in case of dangerous situations occurring.
- Identification of safe friends and safe places.
- List of essential items to take should one need or decide to leave home.
- Support and encouragement.
- Review of and building on what a survivor is already doing to manage and survive.

## If the person is preparing to leave the relationship

Once a survivor decides to leave, she/he is potentially in the greatest amount of danger. Therefore, it is critical to reassess the level of risk while strategizing ways the survivor can safely leave.

In addition to what is listed above, the following are important if the person is leaving:

- A plan for where to go upon leaving.
- Possibility of using a domestic violence shelter.
- Supports (emotional and financial) in place.
- Consideration of obtaining a restraining order.
- Consideration of what to do if there is unexpected contact.

## Leaving a Violent Relationship

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 crucial that the survivor's level of risk is reassessed continuously, a strategy for leaving safely is outlined, and supports are in place prior to leaving.

A survivor's safety plan at this stage of the relationship should include:

- 1) a specific plan for physically leaving and what to bring with them;
- 2) options of where to go; and
- 3) means to maintain safety.

For example, a survivor may :

- 1) plan to leave the house while the batterer is at work, having packed some clothes, important documents, and a few sentimental belongings, with the assistance of her or his best friend;
- 2) choose to go to the best friend's house temporarily until finding an apartment; and
- 3) plan to go to court to get a restraining order that afternoon, have an escort to and from the parking lot at work, and create a safety plan for what to do if the batterer appears at the friend's house.

In constructing a safety plan it will also 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.

Regardless of what decisions are being made, they 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.

## Staying in a Violent Relationship

Many survivors decide not to leave their batterers for various reasons. This may be due to a lack of resources and support or because of the increased threat of violence. Additionally, survivors of abuse may remain because of circumstances involving children or because they still love the person who is abusing them.

If the survivor chooses to stay, a safety plan will include some of the following:

- Developing an escape plan in case violence escalates
- Identifying "safe" people for support
- Learning about legal rights
- Identifying local resources
- Keeping a packed bag with clothes, extra keys, important documents and money in a safe place
- Discussing the possibility of attending 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 your risk and put in place some measures for your own personal safety prior to becoming a target of the abusive partner.

There are some simple steps that you can take that can help plan for your safety:

- Try to keep your last name from becoming known to the abusive partner. This sometimes means not telling the client your last name. It can be a safety advantage to use a different name professionally (part of a hyphenated name or a former name), for example.
- Have your phone number unlisted or unpublished.
- 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.
- Research and be aware of the ways information about you can be accessed – through the internet or otherwise. Consider details such as where your name, phone number, office location and professional licensure information is listed.

## Office/Agency Safety

Things to consider for safety within your workplace:

- Meet with a survivor, and especially an abusive partner, 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.
- If possible, drive an agency car.
- If you feel your level of risk is high, have the client meet you at an office or public location rather than going to the home.

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 5: resources and referrals

## Objectives

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

*Note: This unit describes the range of resources social workers should understand related to domestic violence, with special attention to resources available in Massachusetts. To access resources in other states see:*

<http://www.ncadv.org>

<http://ndvh.org>

## Hotlines

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

Many times, however, survivors are looking for assistance and support without being in imminent danger. A hotline is a good resource for such instances. Hotlines are 24 hour numbers that are staffed by trained counselors. The counselors can provide emotional support, assistance with finding emergency shelter, safety planning, and information about legal options. Survivors can call anonymously and confidentially, although hotline counselors are also mandated reporters.

Hotlines can also be resources for other service providers. The trained counselors can act as consultants in domestic violence cases and assist service providers with understanding how best to help a client dealing with violence. Although it may be initially helpful for you to offer to contact these numbers on behalf of your client when shelter is being sought, the program staff will usually need to speak with the survivor directly in order to assess their ability to meet the needs of the family or individual and to explain the program requirements.

There are several hotline options in Massachusetts that specialize in domestic violence issues:

**The National Domestic Violence Hotline - 1-800-799-SAFE** provides safety planning, information, emotional support, and referrals to local domestic violence programs. They can assist a survivor with finding shelter nationally.

**Safelink - 1-877-785-2020 (TTY: 1-877-521-2601)** is a Massachusetts-wide hotline. It provides safety planning, emotional support, and referrals to local domestic violence programs. They can also assist a survivor with finding shelter within Massachusetts.

**Local domestic violence hotlines** are operated by local domestic violence programs throughout Massachusetts. See the next page for more information on this option.

**The Network for Battered Lesbians - 1-617-423-SAFE** is a Massachusetts-based program specializing in the unique needs of lesbians dealing with a violent partner.

**The Gay Men's Domestic Violence Program - 1-800-832-1901** is a Massachusetts-based program specializing in the unique needs of gay men dealing with a violent partner.

## 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 and community, including individual counseling, case management, support groups, children's services, and legal advocacy. Most shelters are funded to allow a stay of 14-90 days. These services are typically free.

The goal of a shelter program is to provide a safe place for survivors and their children 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 abusive partner. Additionally, most shelter programs will not take a family or individual from the communities that they serve, although they will assist them with locating space in another shelter. The reason for this is that it is easy for an abusive partner to track a survivor to the local program.

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; some are not equipped to accommodate certain physical, medical, or dietary needs. Increasingly, there are specialized programs to meet these 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. Some survivors may be able to afford to stay in a hotel/motel for a night or two. 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 can not 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. Like shelter programs, safe home programs can be accessed through all the hotlines. Safe home programs are typically free.

## **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, and information and referrals. The staff of the programs also train the medical personnel on how to safely and effectively intervene with survivors.

Survivors can access these programs by contacting a hospital or health center where they have received medical care and asking to be connected to the domestic violence services.

The programs are usually 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 and help a survivor develop a safety plan for the workplace. Domestic violence is one of the leading causes of employee absence.

## **Legal and Court Services**

### **Police Departments**

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. If the abuser is a police officer, this resource may be compromised.

## Courts

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.

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, particularly in the case of domestic violence.** 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 abusive partner.

In most Massachusetts district courts there is a Victim Witness Advocate who can assist survivors with restraining orders and provide support through the prosecution of the abuser. 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 these positions.

## Legal Assistance

Survivors who are financially eligible may access a family law attorney through a local legal service agency. Such agencies provide free or reduced-fee legal assistance and often have attorneys who specialize in domestic violence cases. 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 Services (DSS) is the child protection agency in Massachusetts. A large percentage of the families involved with this agency are dealing with abuse between the parents or a parent and a significant other.

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.

It is essential to engage in ongoing safety planning with the non-abusive parent when DSS is involved, as this intervention can escalate the abuse (See unit 4 on safety planning).

## Counseling

### Individual Counseling

Survivors of domestic violence benefit from talking with a safe, supportive person. There are many potential sources of counseling available. These include domestic violence counselors in battered women's programs and licensed professionals such as social workers, psychologists, and mental health workers.

The Massachusetts 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 whether the counselor and client will be a good match. A pamphlet to assist survivors with finding a counselor can be accessed through "Resources" on the homepage of this training web site.

### Couple Counseling

Survivors often wonder if couple counseling would be helpful in ending the violence. Sometimes this is the only form of help to which the abusive partner will agree. Often a social worker may not know if there is domestic violence. People seeking couple counseling often do not identify domestic violence as a presenting issue. It is important, therefore, always to interview each member of a couple separately, before agreeing that couple's therapy is the appropriate form of help. 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 not to 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.

**If there is on-going violence in the relationship, couple counseling is not a safe option.** Even if the abuse is not physical, there are risks to participating in couple counseling for the survivor. If couple counseling is pursued, you should regularly assess whether the survivor is being placed in greater danger or the batterer is manipulating the situation to further his control. This is likely to entail providing the survivor with the opportunity to talk with you confidentially outside of the therapy sessions.

### Support groups

Many survivors find a support group very helpful. Most battered women's programs in the community, hospitals, and in mental health clinics will offer groups for survivors. Often these groups are free. There are some programs that will offer support groups in languages other than English. To locate possible groups, call Safelink at 1-877-785-2020. Support groups specifically for lesbian survivors are run by The Network for Battered Lesbians at 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. This can be done through a rape crisis center, if preferred, or a domestic violence program.

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 local 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 use a group model to address the batterer's violence.

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, the survivor will be contacted by a Partner Contact. 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 Massachusetts Department of Public Health at 617-624-6000. This is the state agency that oversees and certifies Batterer Intervention Programs.

## **Immigration 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.

See Unit 3 for more information on immigrant concerns.

## unit 6: children and domestic violence

### Objectives

- To understand the relationship between partner violence and child abuse.
- To understand the effects of domestic violence on children.
- To learn how to intervene effectively with children who witness domestic violence.
- To learn about 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*, the most serious cases of child abuse often occur in families where the mother is a victim of domestic violence.

### Effects of Domestic Violence on Children

Children in homes with domestic violence are often also the targets of violence. This can occur because: the batterer physically abuses children; the children get into the "line of fire," either accidentally or when trying to intervene; or an abused parent becomes punitive to the children.

**Even if children are not themselves the victims of abuse, their welfare may be jeopardized.**

There is increasing concern about the damaging effects on children of witnessing violence between their parents.

Although parents may believe their children are not aware of domestic violence, practitioners believe this is not usually the case.

**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 and/or witnessing violence vary with the duration and severity of 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.

There is considerable new research on children from homes with domestic violence.

- Most studies find significantly more than normal hyperactivity, aggression, and/or behavioral and emotional difficulties.

- Studies have equivocal findings about effects on social competence, cognitive development and physical health.
- Research, so far, indicates that some children who witness domestic violence show no measurable behavioral or emotional difficulties. This suggests that resilience is also possible.

## Interventions

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

### Safety planning with children

Even young children (though not the youngest) 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?*

Obviously, non-abusive adults in the home and in the child's natural environment should be included in this planning as much as possible.

### 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.

### 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.

## 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 and that you **first** speak with the non-abusive parent.

### **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. Your supervisor should be consulted first. A domestic violence program can also help you think through safety issues and assess risk.

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 consult with someone at the Department of Social Services without revealing the identity of the family.

## **Domestic Violence and Child Protection**

When a child is the victim of abuse from a parent, you are mandated to report this to the Department of Social Services (DSS) in Massachusetts. Mandated reporting is described more specifically in Unit Three.

If the child is a witness, but not abused, you may be in doubt about filing a child abuse report. This is a decision that should be taken carefully, in consultation with supervisors, and potentially DSS. The goal is support and safety of the child and non-abusing parent.

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.

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 likely also to be perceived by the non-abusing parent as a threat to remove the child(ren) and can result in the family dropping out of needed services and losing potential resources. This is particularly undesirable when the situation does not warrant DSS services.

## **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, other school personnel, and coaches/instructors.

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.

**Specialized services may be indicated** if a child shows disturbed behavior or serious emotional upset. Accessing these services depends on the involvement of a parent.

In addition to the regular therapeutic services for children, there are a few specialized treatment programs for children who witness domestic violence. Some social service agencies, domestic violence programs and schools are developing groups for children who have witnessed violence. Violence prevention programs in some schools can be a resource, especially for older children whose behavior may reflect the violence at home.

**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.**

**unit 7: perpetrators****Objectives**

- To understand the importance of your own feelings, expectations, and safety when working with men who have been abusive
- To increase ability to assess risk of further abuse
- To gain an overview of interpretations of abusers' behaviors
- To increase 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 people who are abusive to their partners: anger, disgust, fear, dismissal, sympathy, and/or 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 person 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 you and family members.

Be realistic about the goals of direct intervention with perpetrators of domestic violence. Even highly motivated abusers change only over a long period of time. For some abusers the pattern of abusive behavior runs deep and has been repeated in many relationships. 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's efforts at change.

**Risk Assessment****Gathering Information**

The most urgent concern in the assessment of batterers is the risk of additional acts of violence.

The risk assessment process should focus not only on the safety of the perpetrator's partner, but also on children and on the batterer's own safety.

One of the most difficult aspects of working with cases involving domestic violence is assessing risk and living with the uncertainty that is part of this process. Risk assessment is not an exact science!

In order to make as complete an initial assessment as possible, it is important to gather information about the specific history of violence in that relationship from varied sources.

Information may be gathered from:

- the perpetrator
- the victim/survivor
- children
- other family members
- community/professional people (e.g. police, probation officers, medical reports)

## **Factors in Assessing Risks**

Factors to consider in assessing risk:

- Perpetrator's access to victim
- History of violent behavior
  1. prior restraining orders
  2. criminal record
  3. frequency/severity of abuse in current and past intimate relationships
  4. violence towards others outside of intimate relationship
  5. threats to kill others or self
- Perpetrator's state of mind
  1. obsession with victim
  2. increased risk-taking by perpetrator
  3. ignoring consequences
  4. depression
  5. desperation
- Individual factors that reduce behavioral controls of perpetrator
  1. substance abuse
  2. certain medications
  3. evidence of a serious mental disorder, such as paranoid schizophrenia or bipolar disorder
  4. brain damage
- Situational factors
  1. increased autonomy of victim/separation of victim from abusive partner
  2. presence of other stressors (e.g., recent loss, job loss)

3. access to weapons
4. past failures of the system to respond appropriately

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

**Generally, prior violence is the best predictor of future violence.** Research suggests that offenders with prior domestic violence or assault and battery arrests are at a high risk of re-offending. Therefore, it is good practice when assessing risk and lethality to pay attention to the perpetrators' criminal records, especially those involving the same victim.

If the risk of serious violence is high and the batterer is your client, you may be legally 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.

*Parts of this were adapted from material prepared by Anne L. Ganley, PhD, for the Family Violence Prevention Fund*

## The Importance of Culture

Cultures differ in their values and beliefs about gender roles and intimate relationships. Working with clients from cultures different from one's own always involves a process of learning about the norms, values, and beliefs of the other cultural group. It is very helpful to have a colleague or consultant who is part of or very familiar with the other culture. Cultural difference is not an excuse for physical battering or psychological abuse, which do not correspond with any culture's ideals for intimate relationships.

While domestic violence is apparently somewhat more prevalent in lower socio-economic groups, there is no evidence that race itself is a factor. Men of color and of low socio-economic status are more likely than men who are wealthier and white to be arrested, incarcerated, and/or referred to intervention programs for batterers. This reflects bias in the criminal justice system, as well as differential access to resources on the part of partners.

Sensitivity to historical and societal oppression must be part of effective work with men mandated for batterer treatment. This is particularly important if the social worker is white. Men mandated for batterer treatment are not voluntary clients, and building trust can be challenging.

## Why do Batterers Batter?

There is no simple answer to the question "Why do people batter their partners?" There are several bodies of thought and research which support somewhat different perspectives on this question. The focus of each is briefly described below.

The **Feminist perspective** focuses on the role of power with particular attention on how society reinforces power dynamics within intimate relationships.

From this perspective, abuse of an intimate partner is directed to control and to dominate the victim, reproducing wider patriarchal systems of power and authority. Domestic violence in same-sex relationships is also abuse of power and an effort at control, but the source of the power is not one's gender.

Without necessarily disregarding the feminist view, some experts understand perpetrators' behaviors in terms of **psychological disorders**. This perspective moves the focus of attention from the social to the individual level, arguing that domestic violence arises from the character flaws, personality disorders, and childhood experiences of perpetrators.

Another perspective uses **social learning theory** to explain batterers' behavior. Not only is controlling and abusive behavior modeled in homes and in media, but also the rewards gained for the batterer may outweigh the costs.

Some **family systems theorists** see abusive behavior as a sign of dysfunctional family interaction patterns to which not only the perpetrators, but also their partners, contribute. Currently, many practitioners question this view, as it tends to transfer some responsibility from the perpetrator to the victim and disregard the larger social context.

There is no simple answer to the question, "why?" and there is no easy "cure." It is clear that abuse in an intimate relationship can become a repetitive and often escalating pattern, sometimes in spite of the batterer's apologies and promises to reform.

## **Interventions - State**

### **State-certified Batterer Intervention Programs**

State-certified Batterer Intervention Programs are overseen by the Massachusetts Department of Public Health and must meet very specific treatment criteria.

These programs emphasize long-term group approaches, which combine education based on feminist views of domestic violence with cognitive behavioral techniques and therapeutic interventions. The group leaders and, hopefully, experienced members challenge the implicit, or even explicit, legitimating messages another member may receive from their natural social environment. Members are trained in non-violent options of interacting, with more successful group members functioning as role models. Lastly, the group serves to provide an alternative "support community" for the members.

Certified Batterer Intervention Programs have partner safety as a major focus. Consequently, the programs attempt to speak with and stay in touch with the partners of the batterers involved in the program. The point of this partner contact is to monitor the batterer's behavior outside of group and provide limited support and referrals to partners.

## **Interventions - Criminal Justice system**

Criminal justice consequences have increasingly been employed in domestic violence cases. Physical and sexual assaults are crimes regardless of the nature of the relationship, and, as such, they can be prosecuted as crimes. In addition, violations of restraining orders are criminal acts.

In Massachusetts, there has been an effort to remove the victim from the decision-making process to prosecute. For example, the police are mandated to arrest if there is evidence that an assault has occurred, whether or not the victim desires to press charges. Additionally, the District Attorney's Office will prosecute batterers without victim testimony when sufficient evidence exists. While it can be argued that this is disempowering for the survivor, it is designed to send a clear message that violence in intimate relationships is not condoned by the larger community.

Research on batterers suggests that arrest can sometimes act as a deterrent to future violence, although that is not always the case. In any case, it may provide some short-term safety for survivors, providing them with a chance to think through their next steps, get to shelter, obtain a restraining order, or even just get a good night's sleep. Criminal justice intervention may also be a route to other kinds of treatment for the batterer. It is common for the court to mandate attendance at a batterers' intervention program or some other type of treatment.

Arrest and prosecution can have unintended negative consequences too, the most important of which is an increased risk to the survivor due to feelings of anger, loss of power, and humiliation on the part of the batterer. It can also result in a significant loss of income for the family if the batterer is sent to jail. Lastly, survivors may feel personally humiliated and/or disempowered by the process.

Because minority communities are frequently mistreated by the criminal justice system, members of such communities may be legitimately hesitant to involve the police or courts.

A feminist perspective on domestic violence suggests that the batterer **MUST** be held accountable for his/her behavior. We, as a society, have not yet developed effective ways of doing this outside of the criminal justice system. However, other cultures and some small experimental programs within the United States are using other forms of accountability, e.g. to respected peers in the community or to friends or relatives selected by the survivor.

## **Other Interventions**

### **Anger management programs**

These programs offer short-term interventions designed to teach perpetrators of violence to recognize the triggers for and signs of anger and to defuse it. Participants are taught different techniques, including relaxation techniques, to control their rage.

This type of intervention assumes that battering is caused by out-of-control rage. Critics point out that most batterers are able to control their anger in most situations and that battering specifically and strategically targets the partner.

### **Self-help groups for batterers**

Usually known as "Batterers Anonymous," these groups are modeled on Alcoholics Anonymous and facilitated by former batterers, with members setting the agendas to fit their personal concerns.

Criticisms of this type of intervention are that the groups are insufficiently structured and the facilitators lack the qualifications and skills to conduct the groups effectively.

## Substance abuse treatment

Substance abuse treatment is sometimes mandated for batterers, since many have substance abuse problems. Most practitioners in the domestic violence field believe that substance abuse treatment should not be a substitute for treatment which directly addresses the violence. Instead, the best practice is treatment for both substance abuse and violence, either through a specialized batterers' group or by participating in separate treatment programs for addictions and for battering.

## Psychotherapy

Many people who are abusive to their partners are, themselves, in psychological distress. Psychotherapy may be considered as an intervention, or social workers may discover that clients in treatment for other reasons are, in fact, abusing their partners. While psychotherapy may be helpful to them personally, the research on psychotherapy and battering suggests that insight-oriented therapy is not effective at ending battering behavior. A useful analogy is psychotherapy and addictions. Psychotherapy is not a direct way to address addictive behaviors and may be counter-indicated. Violence, like addictions, should be addressed specifically and directly.

## Couple counseling

This topic is addressed in unit 5 from the point of view of the survivor's safety. Couple counseling is also not recommended from the point of view of the batterer's treatment. Batterers often see their partner's behavior as the cause of their own violence and believe working with their partners will help them control their violence. Unless and until a person can claim responsibility for their violent behavior, they are unlikely to end it.

## Barriers to Treatment

You may expect problems regarding the **availability of adequate services**. This is especially the case where services matching the specific characteristics and/or needs of certain perpetrators are lacking. Some services for perpetrators may not have culturally or linguistically competent staff, and thus may be unsuitable for minority, immigrant, or gay/lesbian people.

Many **batterers do not acknowledge the seriousness of their behavior** and resist taking responsibility for their behavior. They may believe that the violence is caused by their partner's behavior, by their own substance abuse, or by their psychological problems. Alternatively, they may not see their behavior as problematic, such as when cultural norms support it or the abuse is primarily psychological and/or sexual.

Often, people who are abusive to their intimate partners **resist identifying themselves as batterers** and may be more willing to seek psychotherapy or substance abuse treatment. As indicated above, such treatments may be warranted for other reasons, but they have not proven effective in stopping violence.

Most batterer intervention **programs charge fees**, which some perpetrators legitimately may not be able to pay. Others may be very resistant to pay the fees most programs charge.

In Massachusetts, the Department of Social Services contracts with a batterer intervention program, and some batterers referred by DSS (in cases where there is an open child protection case) may be able to attend a program without paying a fee.

The evidence is that those who actually attend programs and stay throughout the duration of the program do reduce their violent behavior. The dropout rate, however, from batterer intervention programs is high, even though most of the participants are court-referred and required to attend as a condition of probation.

It is important to note that an unintended risk of batterer treatment programs is that partners or their allies may relax safety precautions on the assumption that the battering will now stop. Unfortunately, this level of confidence is not warranted, and survivors should be urged to continue to develop and follow safety plans.