



Understanding the Criminal Justice Approach to Domestic Violence for Social Workers

4 hours

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Final Exam

1. Which of the following is true when defining IPV?
 - a. Intimate partner violence does not apply to non-sexual relationships
 - b. Intimate partner violence includes only physical violence
 - c. In some states, intimate partner violence can be between former intimates if there is a shared child
 - d. Women are always the victims of IPV

2. There are many problematic behaviors associated with domestic violence. According to Buzawa et al, 2017, which offender behaviors do practitioners and the criminal justice system most often misunderstand?
 - a. Physical violence
 - b. Sexual violence
 - c. Financial abuse
 - d. Coercive control

3. According to research, who is most likely to be seriously injured in a domestic violence incident?
 - a. Men
 - b. Women
 - c. Children
 - d. Pets

4. Domestic violence can result in significant medical problems. Which of the following most accurately describes how DV can impact health?
 - a. Gynecological: women may experience genital trauma, unwanted pregnancies, etc
 - b. Physical: Soft tissue, musculoskeletal, etc
 - c. Emotional/Psychological: Suicidal ideation, substance abuse, depression, anxiety
 - d. All of the above

5. According to the CDC, what percentage of women has experienced psychological aggression by an intimate partner in their lifetime?
 - a. 20%
 - b. 25%
 - c. 48%
 - d. 60%

6. Tjaden & Thoennes (2000) estimate that intimate partners assault many women each year. Approximately how many women are assaulted each year?
 - a. 600,000
 - b. 1,300,000

- c. 700,000
 - d. 2,700,000
7. Social workers can provide assistance for offenders in what way?
- a. Decrease documentation to protect the offender
 - b. Increase surveillance and expectations of the victim
 - c. Increase understanding of typologies of offenders to improve intervention and effectiveness
 - d. Nothing, social work is entirely victim-focused
8. Why should social workers be familiar with the criminal justice impact on domestic violence?
- a. It is often the first contact a victim has regarding services and resources, but victims may not be
 - b. Social workers can support victims from arrest to trial with knowledge of the process and barriers to justice
 - c. Social workers may interact with the CJ system on behalf of a DV offender or victim to improve responses from both police and victims
 - d. All of the above
9. Social workers can provide services to DV victims and offenders in ways that many police officers, due to the nature of the job, cannot. Which statement most accurately summarizes the skills and knowledge social workers provide?
- a. Social workers can provide a better understanding of the law regarding domestic violence
 - b. Social workers can provide assessment for a wide variety of factors that may impact long-term safety and success and implementing individualized plans
 - c. Social workers can provide more empathy than police officers
 - d. Social workers can provide more relevant short-term interventions
10. When a policy requires police officers to arrest a suspect of domestic violence due to probable cause regardless of warrant or witnessing, it is referred to as:
- a. A no-drop policy
 - b. A dual arrest policy
 - c. A mandatory arrest policy
 - d. A due process policy
11. Which of the following is one of the unintended side effects of mandatory arrest policies?
- a. Dual arrests
 - b. Increased intimate partner homicide
 - c. Increased trust in law enforcement
 - d. Decreased violence by perpetrators

12. Learned helplessness is...
- Descriptive of the mindset of domestic violence victims
 - A skill taught to offenders to manage their anger and hostility
 - The ability to sense when a victim cannot control their situation
 - Used to describe why domestic violence victims continue to stay with abusive partners
13. Which of the following has been a criticism of the Violence Against Women Act?
- VAWA places too much emphasis on the criminal justice system to prevent and intervene in domestic violence
 - Some suggest VAWA is ineffectively applied for some groups, such as persons of color
 - Increasing the use of law enforcement for very complex issues
 - All of the above
14. Bisexual Women report a _____ rate of negative effects of Intimate Partner Violence related impact, (such as fear, need for housing, injury, etc).
- 28%
 - 34%
 - 10%
 - 60%
15. Which theory attempts to explain violent behavior through psychopathology and substance abuse as a causal factor for domestic violence?
- Biological theory
 - Psychiatric theory
 - Social psychological theories
 - Sociocultural theories
16. Which of the following is a unique risk factor for immigrant victims of domestic violence?
- Psychological manipulation regarding custody of their children
 - Physical intimidation and fear tactics
 - Threats of deportation by the perpetrator
 - Laws that restrict their ability to report the violence
17. Which of the following statements about children exposed to violence is true?
- Children who are exposed to domestic violence can experience significant psychological, emotional, and behavioral difficulties
 - All children show adverse effects from exposure to domestic violence
 - Childhood exposure to domestic violence only impacts children who are teenagers
 - Childhood exposure to domestic violence is rare

18. Who or what is a victim-perpetrator?
- Someone who does not have a history of child abuse, who then becomes a domestic abuser
 - Someone who was a victim of domestic violence, and was arrested and incarcerated for a related crime
 - Someone who treats victims of domestic violence
 - Someone who engaged in mutual domestic violence
19. Women who are incarcerated are more likely than non-incarcerated women to have histories of:
- Domestic violence
 - Child abuse
 - Substance abuse
 - All of the above
20. One of the limitations of the criminal justice system, and an area where social workers are specifically trained to intervene, is:
- The one-size fits all approach to domestic violence
 - The cost of resources
 - Safe arrest policies
 - Orders of protection
21. What is self-determination?
- The push from social workers for victims of domestic violence to create healthy environments for themselves
 - The role of self-identity in treatment
 - When a person's behavior comes from their own decisions
 - The coaching of a victim or offender towards making changes to their behavior
22. Social workers can provide assistance in which way?
- Co-create service plans and adjust as necessary
 - Create specific interventions for the victims and maintain those plans
 - Limiting their knowledge of domestic violence
 - Avoiding documentation to protect the victim or offender
23. When considering intervening with an offender, social workers should consider which of the following?
- Their own safety
 - Offenders using manipulative tactics or techniques
 - Gathering collateral information
 - All of the above
24. What is mandated treatment?
- Recommended treatment by the court

- b. Recommended treatment by a professional
- c. Required treatment by the court
- d. Required treatment by a professional

25. Which of the following is true of biases and stereotypes of DV victims?

- a. Trained professionals are immune from the impact of stereotypes
- b. They can impact DV victims' inclination to come forward to seek services
- c. They impact the criminal justice system only
- d. They do not impact service provision toward victims

Biographical Summary

Kori Ryan, Psy.D. is an assistant professor of behavioral sciences at Fitchburg State University. Dr. Ryan has been involved in the areas of research, program development, teaching and training, and clinical assessment and intervention in the intersecting systems of criminal justice and mental health. In addition to her academic career, Dr. Ryan has provided evidence-based interventions and conducted clinical and forensic evaluations with diverse populations presenting with major mental illnesses and criminal behaviors, including court-mandated adolescents and adults. Dr. Ryan has provided clinical and forensic services in a variety of settings, including educational, psychiatric, and correctional. Additionally, Dr. Ryan has program development experience in the broader areas of violence, abuse, and trauma. Dr. Ryan's research and clinical interests include improving multi and interdisciplinary teaching and training across disciplines, the intersection between the criminal justice system and human services, clinical and forensic assessment, and clinical and forensic ethics.

Course Abstract

The goal of this course is to provide the practicing social worker with additional knowledge and tools to provide appropriate resources and support to the victims and perpetrators of domestic violence by recognizing potential issues when working within the system of criminal justice. This course is appropriate for moderately experienced social workers. Social work practitioners unfamiliar with domestic violence concepts would improve their knowledge base with this training as well.

Learning Objectives:

1. Define the theoretical and legal terms of “domestic violence” and “intimate partner violence”
2. Describe the historical and contemporary issues when social work intersects with the criminal justice system and domestic violence
3. Identify potential clinical issues when working with domestic violence victims and offenders in the legal system
4. Identify diversity in domestic violence victims and offenders, including barriers and obstacles to intervention
5. Describe how to integrate issues of diversity into case conceptualization/management of domestic violence victims and offenders

Understanding the Criminal Justice Approach to Domestic Violence for Social Workers Outline

A. Introduction

1. What is Domestic Violence?
2. Why Does Language Matter?
3. Behaviors in Domestic Violence
 - a. Physical Violence
 - b. Emotional/Psychological Abuse
 - c. Coercive Control
 - d. Sexual Abuse
 - e. Economic or Financial Abuse
 - f. Stalking/Cyberstalking
4. Theories of Domestic Violence
5. Risk Factors
6. How Common is Domestic Violence?

B. The Criminal Justice System and Intimate Partner Violence

1. Law Enforcement
2. Mandatory Arrests
3. Court-Related Issues
4. Restraining Orders/Orders of Protection
5. No-drop laws
6. Attorney and Judicial Response to Domestic Violence
7. The Law and Legal Issues
8. Confidentiality versus Mandated Reporting

C. Diversity and Intimate Partner Violence: Intervention Issues

1. Men vs. Victims
2. Lesbian, Gay, Bisexual, Transgender, Queer+
3. Persons with Disabilities
4. Person of Color
5. Immigrants and Domestic Violence
6. Children Exposed to IPV and Child Maltreatment
7. Correctional System

D. Tying it All Together

1. Intervention Considerations – Victim
2. Intervention Considerations – Offenders
 - a. Mandated Treatment
3. Keeping Current

E. Conclusion

Introduction

A colleague of mine (and survivor of domestic violence, or DV) once said to me, “Treatment providers who work with DV ultimately make a mistake. They’ll say something inconsiderate, or ignorant. There’s so much practitioners don’t know about domestic violence.” Domestic violence is a difficult area of study. The way one social worker defines domestic violence might be very different from another social worker, which may be different from a “victim” of domestic violence, and all may be very different from the perception of a police officer or how the law defines domestic violence. This may also be very different from how a researcher might conceptualize domestic violence (Note: “victim” is here in parentheses to drive home the point that while a social worker might consider someone a victim, that individual may not, and vice versa.) Schwartz (2005) said it well; “Each year, we have more conflicting information, which leads to more disputes on how to interpret the information we do have” (p. 7). Other issues, such as myths perpetuated in the media about domestic violence, or deeply held beliefs such as, “she should just leave” can make it difficult for social workers and other practitioners to know how to make appropriate interventions with both victims and offenders of domestic violence, leading to statements such as my colleague’s.

A review of the literature suggests that social workers graduate with little knowledge regarding domestic violence (Black, Weisz, & Bennett, 2010). However, as social workers soon learn, working with domestic violence issues is a complex endeavor. While social workers may not be specifically working with domestic violence, it is clear that domestic violence is an issue that perpetuates many, if not all, of the systems that social workers are involved in. Victims of domestic violence, by nature of the offense, are

linked to another individual: the alleged offender. In the criminal justice system, domestic violence often falls under the category of a crime. There are many pathways for an individual (victim, perpetrator, or both) to have involvement in the criminal justice system. Even if a social worker does not work specifically with domestic violence victims or perpetrators, this is an issue that will undoubtedly arise during one's practice. Because training often focuses on the victim, knowledge of surrounding systems that impact the complexity of working with an individual is often learned through trial and error. This course examines one of the systems surrounding victims and offenders of domestic violence, specifically, the legal system. In addition, there is no one-size-fits-all approach. Diverse populations have different interactions with the criminal justice system. This raises significant questions about what to be aware of when considering intervening where there are issues of domestic violence, despite the role of the social worker. Social workers will encounter issues of domestic violence in a wide range of settings, such as child welfare programs, mental health services, and others. This course covers what social workers can and should consider when developing interventions for domestic violence, when the criminal justice system is involved.

The dialogue and public knowledge surrounding domestic violence has increased due to the tireless work of advocates. Advocacy has come from a wide variety of sources including dedicated domestic violence advocates, paraprofessionals, clinical practitioners, social workers, researchers, criminal justice professionals, and importantly, victim/survivors, amongst others. Domestic violence, once something that happened behind closed doors and discussed in hushed whispers (if at all), is increasingly in the media and minds of the American public. Public incidents of domestic violence such as

entertainer Chris Brown, who pled guilty to battering girlfriend-at-the-time Rihanna, and Ray Rice, videoed punching his now-wife (at the time, girlfriend), make national headlines. The National Football League (NFL) has come under fire for not taking a strong stance against domestic violence. Despite the increased media attention and the tireless work of advocates, many myths and questions regarding domestic violence remain, with common questions including, “Why doesn’t she call the police? Why doesn’t she just leave?” For social workers to accurately and appropriately assess and intervene, these myths and questions must be addressed by considering the complexities of domestic violence by increasing knowledge of the relationship between their constituents and the criminal justice system.

What is domestic violence?

This seems like it would be a relatively straightforward question, but as mentioned in the introduction, different people define domestic violence differently. Some believe that “domestic violence” is not an inclusive enough term. What does “domestic violence” really mean, though? Is it the “best” terminology? How can we be inclusive, yet specific? This section covers a variety of definitions, and limitations to various terminologies. For social workers, the language of the law can make a difference in terms of appropriate interventions.

The Office on Violence Against Women (OVW) defined domestic violence as, “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner” (OVW, 2016). These acts can be “physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person” (OVW, 2016). Additionally, OVW specifically mentions

that DV can affect everyone, including opposite and same sex relationships, married, living together, or dating. Some researchers recognize that severity plays a role in domestic violence. Others separate domestic violence from domestic abuse, for example, Neilson (2004) defined violence as a “behavior or action” whereas abuse is “a pattern.”

Other terms have been utilized to describe violence between two persons where an intimate relationship exists. For example, the term “spousal abuse” is often used in legal definitions of violence where a relationship exists (Nicholls & Hamel, 2015) but this can limit the definition to only being perpetrated by a spouse. The definition of “intimate partner” also varies. Depending on the study or law, this can include such individuals as a husband, cohabitating partner, visiting partner, boyfriend, lover, regular partners, etc. (Bott, Guedes, Goodwin, & Mendoza, 2012) An intimate partner does not have to be a current sexual partner, for example, California law considers someone with whom there was a previous relationship (Cal Pen Code § 243 (2007)); other states such as Indiana, Idaho, Massachusetts, Michigan (to name a few) consider it a domestic relationship when there is a shared child (Idaho Code § 18-918 (2008); Burns Ind. Code Ann. § 35-42-2-1.3 (2008)). Statutes may also include household family members, such as adult children living in the home.

Debate continues between family violence scholars and feminist domestic violence scholars. Some researchers suggest that the term “family violence” is a more accurate term to highlight issues such as “mutual combat” (Strauss, 1993) where women and men engage in violent acts about equally, while some feminist scholars have suggested that the term “woman battering” be used to describe these incidents between intimates more accurately (Kurz, 1993), as typically women are found to be victims more often than men

(though, some debate this as well). Many feminist scholars suggest that failing to recognize the disproportionate numbers of women who are victimized by domestic violence fails to consider the importance of the role of a patriarchal society in determining gender roles and the influence of masculinity in violence.

Intimate partner violence is used to define domestic violence in some ways, more broadly to include a wider range of perpetrators, to include “acquaintances or dating partners,” (Griffin & Koss, 2002, What is Intimate Partner Violence? Section) engaging in abuse and control that elicits fear in the other partner. Griffin & Koss also emphasized that while these acts can occur in isolation, they are typically a pattern. However, there is concern that “intimate partner” leaves out family members that may fall under the aforementioned legal statutes.

Buzawa, Buzawa, & Stark (2017) articulated many of the difficulties in trying to define domestic violence; for one, there are many different perspectives examining the issue of domestic violence, such as research, legal, and societal, as well as the perspective of the victims and offenders. This could be expanded to include the practice-oriented perspective of domestic violence, and how the barriers to comprehensive definitions can impact practice. Statutory, or legal statutes have been revised to include the nuclear, and even extended family. Research may rely on statutory definitions of domestic violence, for example, if researchers are examining domestic violence rates through crime statistics, they will utilize the legal definition of domestic violence. For example, this may present findings that may not be reflective of some of the more coercive and controlling behaviors found in intimate partner violence (Buzawa et al, 2017) that are not covered by current statutes that tend to focus on physical manifestations of violence.

Research captures some, but not all, of the facets of DV. In one of the first examinations of types of domestic violence offenders, Johnson suggests that some of the debate surrounding the definition of domestic violence is due to differences in types of domestic violence. In one of the first papers to address differences in types of domestic violence, Johnson (1995) proposed two distinct forms of intimate partner violence: common couple violence, and patriarchal terrorism. Johnson (1995) described common couple violence as a conflict that “occasionally gets ‘out of hand,’” (p. 285), is more minor, and rarely (but sometimes) more serious violence. On the other hand, “patriarchal terrorism” is the pattern of behavior more indicative of what one would consider “wife battering,” with patterns of use of not just violence, but control. Johnson (1995) suggested that these differences are due to the approach to data collection, sampling bias, and interpretation, and that some of the differences that family violence versus feminist researchers find are due to studying different types of domestic violence. Basically, they are studying two different things under a large umbrella, which would explain (in a broad sense) prior findings such as women perpetrate violence against their partners as often as men. Johnson (1995) also acknowledges limitations to the term “wife battering” or “woman battering” by acknowledging domestic violence in same-sex relationships, and suggesting the term “partner violence” to be more inclusive.

In a follow-up study, Johnson & Ferraro (2000) made additional distinctions between typologies of domestic violence incidents by adding the categories, “violent resistance” and “mutual violence control.” Violent resistance is akin to self-defense (though Johnson is clear to identify that he does not mean in the legal sense) and “mutual violent control” is a situation where both partners engage in patterns of control and violence. Johnson

describes this phenomenon as rare and “two intimate terrorists battling for control” (p. 950). While theory of differing typologies of domestic violence offenders has found mixed support in follow-up literature, Lanhinrichsen-Rohling (2009) suggested that examining these differences has resulted in information that helps understand the disparate findings in gender-based domestic violence perpetration. Similarly, understanding issues in operationalizing domestic violence can enhance the study of DV behaviors.

Definitions can make the difference in who is being studied, who is being arrested, who is being prosecuted, etc. This is why considering the diversity in domestic violence behaviors, victims, perpetrators, and the resources and limitations of the criminal justice system can significantly impact service provision. The ultimate question that seems to be posed is: with these gaps in definitions, how involved should the criminal justice system be? For example, Klein (2004) defined domestic violence as “certain crimes that occur between adult, intimate partners” (p. 3). This takes a particularly criminal justice oriented approach. Similarly, researchers and policy makers, and by extension practitioners, often focus on the physical manifestation of violence (Buzawa et al, 2017) It is easier to see bruises, cuts, and burns than it is to recognize other manifestations of violence, which include, but are not limited to, emotional manipulation, sexual assault, financial abuse, etc. This will be covered more thoroughly in a later section. Should only the most serious and violent (read, physical) abuse be prosecuted? Not all behavior that can be considered in the context of an abusive relationship is illegal, but are indicative when considered contextually of a domestic violence relationship.

In recognizing the concerns about defining domestic violence, the Centers for Disease Control and Prevention (CDC) (2016) described intimate partner violence (IPV) as “physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner” (p 1). Further, the CDC (2016) describes a intimate partner as a person with whom one has a close personal relationship that can be characterized by the following:

- Emotional connectedness
- Regular contact
- Ongoing physical contact and/or sexual behavior
- Identity as a couple
- Familiarity and knowledge about each other’s lives

The CDC stipulates that intimate partner violence can occur among heterosexual or same-sex couples, and does not require sexual intimacy. The CDC (2016) recommends the use of a uniform definition for IPV to maximize surveillance of this serious public health issue, and to address some of these concerns with varying definitions.

Review Question: Which of the following is a significant issue in defining domestic violence?

- a) It is a rare event, so it is difficult to gather enough information about incidents to operationalize
- b) Domestic violence is easy to identify by an outside observer, so the definition is obvious
- c) **Research, law, advocates, victims, and policies may vary in the way they define domestic violence**

d) Policies are generally inclusive of all potential victims of domestic violence

Why does language matter?

Research on domestic violence often relies on statistics supplied by crime reports and databases. The issue with this approach is that domestic violence that is reported to the police is often the most severe instances of intimate partner violence. Resulting interventions are then based on the understanding of a particular manifestation of IPV. The nuance of coercive behavior, less physically violent actions, and underrepresented groups who may not report to police is lost. This is problematic for social workers' understanding of what constitutes partner violence, as well as available, appropriate, and evidence-based (or best practice) interventions for victims and offenders. Definitions may be overly broad or not inclusive, which can leave groups out of the study. The resulting "one size fits all" approach through the criminal justice can be limiting in its ability to intervene rather than through other systems. For the purposes of this course, the terms domestic violence and intimate partner violence will be used interchangeably with the caveat that each has its limitations, and social workers will be best advised to consider how language can impact service provision by neglecting inclusiveness. Social workers can utilize training that considers the social and cultural diversity to recognize opportunities for enhanced service provision for underserved or unserved populations who may not fit neatly into a particular definition of domestic violence. If certain groups are being left out of the criminal justice system approach to domestic violence, they may not receive access to resources that are often initiated by the criminal justice system. This is again why it is particularly important that social workers be familiar with domestic violence, and they are likely to see DV in other contexts of their work.

It should be noted, on the topic of language, that the label of “victim” and “offender” can themselves limit a truly strengths-based approach. Neither of the terms “victim” or “offender” is strengths-based as they limit the individual to one characteristic. Alternatively social workers can use terms such as, “individual who has been victimized by” or “individual who has perpetrated” domestic violence. Some individuals who have been victimized may prefer the term “survivor” or “thrifer”. It is best to ask the individual in these situations. Social workers should utilize person-centered language that places the individual first, and avoid generalizing experiences. This training focuses on the criminal justice system, so social workers will find the terms “victim” and “offender” as these are the terms generally utilized in the criminal justice system (RAINN, 2017).

Behaviors in Domestic Violence

This section highlights some of the behaviors that can be indicative of domestic violence. It is important to note that some behaviors will not be overt; rather, recognizing the subtle signs, omission in information, or passing comments and observations made by the victim may alert the social worker to unhealthy patterns in relationships. These behaviors are perpetrated by the offenders, but domestic violence victims may engage in their own behaviors that suggest domestic violence is occurring, for example they might be hesitant to discuss their relationship, they may delay reporting violence (due to fear of losing their children, etc), or may appear to be resistant (such as refusing to engage in some element of a treatment plan, etc) These behaviors are just as important to consider, and will be covered more thoroughly in a later section.

Physical Violence

Physical violence is perhaps the most well-known and well-studied variation of domestic violence. Behaviors can include “pushing, slapping, punching, kicking, choking, beating, assault with a weapon, tying down or restraining, leaving the woman in a dangerous place, and refusing to allow access to medical care when the woman is sick or injured.” (Griffin & Koss, 2002, What is partner violence? section). Rorbaugh (2006) defined physical violence as “using physical force to control an intimate partner by pushing, shoving, slapping, biting, punching, choking, throwing objects at the partner, or assaulting them with a weapon” (p. 291).

Emotional/Psychological Abuse

While physical abuse is probably the most well-known and most “obvious” form of domestic abuse, emotional and psychological abuse might be just as, if not more, damaging. Psychological abuse can include range from belittling and name-calling to threats, fear, and trauma that target the victim’s self-esteem, identity, etc. Loring & Beaudoin (2000) equate the emotional abuse to that of “prisoners of war” who have “lost a sense of self and struggle to survive” (p. 4) meaning that the use of fear and terror decreases the victim’s ability to feel she can escape, resulting in a Stockholm Syndrome-like state. This may also include behaviors such as humiliation, isolation, extreme jealousy and possessiveness, accusations of infidelity, threats of abandonment, divorce, or an affair, driving fast or recklessly with intent to frighten, etc (Griffin & Koss, 2002)

In a study conducted by Ascione, Weber, Thompson, Heath, Maruyama, & Hayashi (2007) they found that women sampled in a DV shelter were more likely to have experienced threats or actual harm to their pets than women who did not identify

themselves as DV victims. Some women in the study (albeit a minority) reported that they had delayed seeking DV shelter due to threats to pets. Other studies support that women may hesitate to seek DV shelter for fear of their pets' welfare (Carlisle-Frank, Frank & Nielson, 2004; Faver & Strand, 2003). This is just one example of how psychological tactics can be utilized by perpetrators to inflict psychological harm on their victims.

Social workers should be aware of the nuanced emotional and psychological factors involved in domestic violence. For example, prior studies indicate that child protection workers rarely inquire about animal abuse when investigating abuse allegations, despite the growing body of research linking animal cruelty to domestic violence (Girardi & Pozzulo, 2013) and threats of harm.

Coercive control

Stark & Flitcraft (1996) define coercive control as:

A pattern of coercion characterized by the use of threats, intimidation, isolation, and emotional abuse, as well as a pattern of control over sexuality and social life, including... relationships with family and friends; material resources (such as money, food, or transportation); and various facets of everyday life (such as coming and going, shopping, cleaning, and so forth). (p. 166-167)

Buzawa et al (2017) again outlined the limitations of trying to define coercive control, with the warning that coercive control can be just as traumatizing as physical violence, but these behaviors might not meet the legal definition of domestic violence, nor is there an agreed-upon set of behaviors that are considered coercive control. Buzawa et al (2017) state, "intimate partner violence does not solely mean a physical assault as defined in most US domestic violence statutes. Instead, it is the logical extreme outcome of a continuum of conduct centered on a pattern of coercive controls established by a

dominant partner” (p. 78). This is perhaps one of the most clearly demonstrated areas where the criminal justice system is falling short as the primary response to domestic violence; while advocacy organizations and grassroots movements to end domestic violence have recognized coercive control as a key element of domestic violence, the criminal justice system has not kept up. The criminal justice system’s structure of examining each offense as a separate offense (rather than as a series of connected behaviors) presents a situation that is much less dangerous and manipulative than may appear.

Buzawa et al (2017) describe some of these coercive control behaviors as “threats that look like love” (p. 110) that are designed to hurt and intimidate, and isolate and control. Areas include intimidation (meant to instill “fear, dependence, compliance, loyalty, and shame” (p. 110); surveillance (such as stalking); sexual coercion, (such as sabotage of birth control, sex trafficking, etc); degradation (insults meant to decrease self esteem); control (such as exploiting and micromanaging behavior); and isolation (meant to deprive victims of support and keep abuse a secret). The authors theorize that this lack of attention to coercive control at the expense of physical violence may not be providing the appropriate kinds of intervention to truly impact domestic violence. Europe seems to be moving toward this model, it remains to be seen if the United States will follow. When IPV is conceptualized as a physical act only, the complexities are lost. This can be problematic for social workers that are tasked with treating either the victims or perpetrators of domestic violence.

Sexual Abuse

Griffin & Koss (2002) define intimate partner sexual assault to include:

Acts such as degrading sexual comments, using coercion to compel a person to perform sexual acts when they have stated they don't want to, intentionally hurting someone during sex, including use of objects intravaginally, orally, or anally, pursuing sex when a person is not fully conscious or is afraid to say no, and coercing someone to have sex without protection against pregnancy or sexually transmitted diseases. (What is partner violence? section)

Economic or Financial Abuse

The National Network to End Domestic Violence (2016) defines financial abuse as “a common tactic...that may be subtle or overt but in general, include tactics to limit the partner's access to assets or conceal information an accessibility to the family finances”

(About Financial Abuse section). Some of these behaviors include:

- Forbidding the victim to work
- Controlling how all the money is spent
- Withholding money or giving an allowance
- Forbidding the victim from attending job training or advancement opportunities
- Running up large amounts of debt on joint accounts
- Withholding funds for the victim or children to obtain basic needs, such as food and medicine
- Stealing the victim's identity, property, or inheritance
- Refusing to pay bills and ruining the victim's credit score
- Filing false insurance claims
- Sabotaging work or employment opportunities
- Not allowing the victim to access bank accounts
- Not including the victim in investment or banking decisions
- Forcing the victim to write bad checks or file fraudulent tax returns
- Refusing to work or contribute to the family income
- Hiding assets
- Forcing the victim to work in a family business without pay
- Forcing the victim to turn over public benefits or threatening to turn the victim in for “cheating” or “misusing benefits”
- Refusing to pay or evading child support or manipulating the divorce process by drawing it out by hiding or not disclosing assets

Economic or financial abuse is a significant issue for victims; it limits their resources for leaving the DV situation. Domestic violence programs have implemented financial literacy and education curriculums that demonstrate some success at improving financial literacy (Postmus, Hetling, & Hoge, 2015) and improving chances of leaving a violent relationship.

Stalking/Cyberstalking

Tjaden & Thoennes (2000) define stalking as “a course of conduct directed at a specific person that involves repeated visual or physical proximity; nonconsensual communication: verbal, written, or implied threats; or a combination thereof that would cause fear in a reasonable person” (p. 5). Griffin & Koss (2002) describe some of these behaviors as including appearing at a person’s home or business, making harassing phone calls, vandalizing property, and others. Buzawa et al (2017) emphasized stalking as a significant element of the coercive control element of domestic violence, highlighting research that suggested that stalking is a core component of domestic violence. Specifically, the authors note that the criminal justice system and anti-stalking laws do not adequately address the pattern of behavior that defines stalking (see “repeated” in the Tjaden & Thoennes definition). According to Buzawa et al (2017), the criminal justice system is more prepared to deal with individual, violent acts (such as assault) rather than patterns of abusive behavior, despite the high prevalence of stalking behaviors in domestic violence, and the fact that stalking often begins while a couple is living together. Some stalking laws require a “credible” threat of violence against another. Additionally, perpetrators will often use stalking to get around orders of protection. Some behaviors may not rise to the definition of criminal behavior.

Recent studies have highlighted the increasing use of technology to engage in stalking. A report by the US Department of Justice (USDOJ) (2001) outlined the need for law enforcement to be aware of the potential impact of cyberstalking, which the authors define as using the Internet, email, or other electronic devices to stalk another person (p. 1). Some of the differences outlined by the US DOJ that are unique to cyberstalking are that the stalker no longer has to be in the immediate vicinity to stalk; they can be anywhere that has internet connection. Stalkers can also engage other, third party persons to assist with harassing or threatening a victim. Finally, cyberstalking removes the need for physical contact to harass the victim (USDOJ, 2001). The Domestic Violence Resource Centre Victoria (2016) listed the following behaviors as examples of cyberstalking and harassment:

- The abusive partner checking your email or tracking internet use
- Posting embarrassing, fake, or intimate videos, photos, or comments about you
- Harassing you on social media networking sites such as Facebook, Twitter, MySpace, or dating/chat/games sites
- Impersonating or hacking into online accounts
- Impersonating you or spreading rumors about you
- Constantly messaging, emailing, or texting you in a way that makes you feel intimidated or scared, or
- Checking your email without permission
- Sharing photos or videos without consent

Southworth, Finn, Dawson, Fraser, and Tucker (2007) also include technologies as global positioning systems (GPS), wireless video cameras, using viruses to flood email accounts, or to utilize someone's online identity to buy goods and services. A recent story on National Public Radio (Shahani, 2014) investigated the need for domestic violence shelters to have rules and guidelines about technology. NPR (2014) surveyed 80 shelters

throughout the United States and found that 85% of the shelters were working with victims who were being tracked via phone GPS, 75% with women who had been eavesdropped on remotely, and nearly 50% do not allow women to use Facebook in the shelter. Offenders were using spyware, keylogging, and screenshot software to spy on their partners digitally. Unfortunately, the research on cyberstalking is still somewhat limited, but the available research suggests that this is a significant problem that shelters are working to address.

Despite the legal focus on physical violence, domestic violence behaviors encapsulate a broad array of behaviors that range in terms of severity, impact, terror, and control. Social workers who are attuned to these various behaviors beyond physical violence may identify opportunities for developing rapport and safety with victims or perpetrators. Providing support and empowerment is a key element to improving social work response to domestic violence.

Review Question: Social workers are in a key position to identify and potentially intervene in domestic violence situations for which of the following reasons?

- a) Social workers work in agencies where domestic violence may be a concern, even if not a primary treatment population
- b) Social workers can identify domestic violence behaviors of omission and commission through proper assessment and training
- c) Social workers may be in a position to develop rapport with victims, and provide them with appropriate resources to enhance safety
- d) All of the above**

Review Question: Many legal statutes on domestic violence focus on the physical aspects of DV, such as assault or physical violence. According to researchers, which of the following categories may be more encompassing of the depth, breadth, and severity of the behaviors indicative of domestic violence?

- a) Sexual assault
- b) Coercive control**
- c) Stalking
- d) Financial abuse

Theories of Domestic Violence

Theories attempt to explain why people perpetrate domestic violence. Some Theories of DV approach perpetration from individual or biological, which attempt to address why a particular individual might be more prone to engage in domestic violence. Others examine the societal or cultural levels, addressing what about society or a particular culture might encourage domestic violence. There is no one theory that explains domestic violence; it is too complex of a web of behaviors. Some theories attempt to explain family violence more broadly than intimate partner violence. Buzawa et al (2017) stated eloquently, “simply examining an entire population of offenders and victims without understanding the diversity within the population might blur efforts to understand causative factors, or even variations in the factors promoting violence” (p 82.) Social workers can enhance the overall response to victims and offenders by utilizing a risk-identification approach for each case they encounter. However, research, intervention, and policy are all informed by theory at some level, so it is important to at minimum

review some of the major theories prevalent in attempting to understand domestic violence. Social workers can utilize their training to recognize, appreciate, and integrate these at the intervention stage.

Biological models suggest that some individuals, due to genetic factors, may be more likely to engage in abuse. Studies have found that factors such as high testosterone (Ellis, 2005), poor metabolic processing of testosterone and serotonin (George, Umhow, Philips, Emmella, Ragan, et al, 2001) may contribute to the possibility of engaging in aggressive behaviors.

Psychiatric models attempt to explain violent behavior through psychopathology and substance abuse. These models suggest that personality disorders, a diagnosis of mental illness, and/or substance abuse may “explain” domestic violence. Thus far, no one “profile” of a batterer has emerged. Beyond the diagnosis model, an examination of psychological factors (such as anger, low self esteem, or deficient communication skills, etc) has also been used to theorize about engaging in violent behaviors. Some studies suggest that anger and hostility, or low self-control is correlated with domestic violence. Regarding substance abuse, several studies have correlated alcohol and /or drug use with engaging in domestic violence behaviors, but not causing these behaviors (after all, many people drink and do drugs, and do not engage in domestic violence). Some studies have linked alcohol and drug use with revictimization, as well.

Social psychological theories consider how social factors might impact an individual’s capacity to engage in violent behavior. *Social learning theory* is one example of a social psychological theory. Social learning theory suggests that behavior is modeled; that modeled behavior is then reinforced. Specific to domestic violence,

Exchange theory (Gelles, 1983) suggests that individuals are violent when the rewards outweigh the costs. Individuals will try to maximize their rewards while minimizing costs. Family violence theories tend to focus on the role of the family as the structure from which one learns violence.

Sociocultural Models consider the gender roles of men and women, and the cultural roles of women as related to domestic violence. These theories examine the macro level rather than individuals or families; essentially, DV is a result of society's view of women and the accepted norms of violence against women. *Feminist Theory* posits that domestic violence is a result of men's power and domination over women.

It is likely that the "cause" of domestic violence is complex interactions of many of the above theories. It might be helpful to consider offending and victimization in terms of evidence-based risk factors.

Review Question: Which of the following is a macro level theory of domestic violence?

- a) Psychological theory
- b) Social learning theory
- c) Biological theory
- d) Feminist theory**

Risk Factors

Research has suggested that some individuals may be at higher risk than others for domestic violence victimization and perpetration. The Centers for Disease Control (2016) outline several factors that may increase the risk of victimization and perpetration. These

risk factors are often very similar for both victimization and perpetration. Social workers can refer to these risk factors when considering intervention strategies for both victims and offenders.

Individual factors include:

- Low self esteem
- Low income
- Low academic achievement
- Young age
- Aggressive or delinquent behavior as youth
- Heavy drug and alcohol use
- Depression
- Anger and hostility
- Antisocial personality traits
- Borderline personality traits
- Prior history of being physically abusive
- Having few friends and being isolated from other people
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships (perpetrator)
- Perpetrating psychological aggression (perpetrator)
- Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child

Relationship factors include:

- Marital conflict- fights, tension, and other struggles
- Marital instability – divorces or separations
- Dominance and control of the relationship by one partner over another
- Economic stress
- Unhealthy family relationships and interactions

Community factors include:

- Poverty and associated factors (e.g., overcrowding)
- Low social capital – lack of institutions, relationships, and norms that shape a community's social interactions
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

Societal factors include:

- Traditional gender norms (e.g., women stay at home, not enter workforce, and be submissive; men support the family and make the decisions

(CDC, 2016)

Risk factors should always be considered in context and just because risk factors exist, does not mean the individual is a victim or perpetrator of domestic violence. However, recognizing potential risk factors can provide targeted opportunity for

intervention as well as points for assessment when considering how at-risk an individual may be for DV victimization or perpetration.

How common is domestic violence?

Much like the difficulty in defining domestic violence, it can be difficult to fully recognize the prevalence of domestic violence. Generally speaking, intimate partner violence has declined since the introduction of the Violence Against Women Act (VAWA) and the enhanced accessibility and funding for advocacy organizations, shelters, etc (Buzawa et al, 2017). However, domestic violence continues to be an expansive, expensive, and resource-intensive public health problem. Some statistics in a study conducted by the Breiding, Chen, and Black for the CDC in 2014:

- 9.4% of women have been raped by an intimate partner (that's 1 in 10 women)
- 16.9% of women have experienced sexual violence other than rape
- Nearly 25% of women have experienced severe physical violence by an intimate partner
- 10.7% of women had been stalked by an intimate partner
- 48.8% of women have experienced psychological aggression by an intimate partner (nearly half of women!)
- 12.5% of women had experienced rape, physical violence, and stalking
- Nearly half of women had their first experience of DV between the ages of 18 and 24
- 1 in 5 women had their first experience between the ages of 11 and 17
- For men, 39% had their first experience of DV between the ages of 18 and 24

- Nearly 15% of men had their first experience between the ages of 11 and 17

These statistics are similar to earlier findings by Tjaden & Thoennes (2000) that women experience domestic violence at higher rates than men. Tjaden & Thonennes (2000) also estimated that between 1.3 million women, and 835,000 men, had been physically assaulted by an intimate partner each year, and that IPV was the cause of most violence against women in the United States. Women are also more likely to be injured in incidents of domestic violence (Tjaden & Thoennes, 2000). Similarly, in a joint effort between the World Health Organization, The National Intimate Partner and Sexual Violence Survey indicated that 22.3% of women and 14.0% of men had experienced severe physical violence by an intimate partner in their lifetime, which defined acts including “being hit with something hard, being kicked or beaten, or being burned on purpose” (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2014).

DV is not just an issue in the United States. García-Moreno, Jansen, Ellsberg, Heise, & Watts (2006), for the World Health Organization (WHO), conducted a study examining the prevalence of IPV in 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. This study found that between 13 and 61% of respondents had experienced physical violence by a partner, with ranges between 4-49% having experienced severe physical violence, 6-59% reported sexual violence by a partner, and 20-75% reported experiencing one emotionally abusive act by a partner in their lifetime. The global prevalence for physical and/or sexual intimate partner violence is approximately 30% for ever-partnered women (WHO, 2013) The data accuracy in these studies is limited by the diverse methods of collecting information, limited collection sites, females between the

ages of 18-49 (thus excluding adolescent partner violence), and a focus solely on female victims of IPV perpetrated by males (Bott, Guedes, Goodwin, & Mendoza, 2012). The prevalence of IPV in other countries is relevant to social workers working in the United States, particularly in areas or programs with high immigrant populations.

DV/IPV can result in significant health problems, so social workers in any setting may encounter victims of domestic violence. DV can result in significant physical health effects resulting in medical visits, such as soft tissue and musculoskeletal injuries, cardiovascular or other stress-related diseases, and genital trauma; psychological effects such as increased risk of anxiety, depression, posttraumatic stress disorder, and suicidality; substance use, abuse, or misuse; unplanned or unwanted pregnancy or other gynecological issues or problems, and others (WHO, 2013; Breiding et al, 2014). Victims may be hesitant to engage in health care seeking behaviors (WHO, 2013). Social workers in medical settings, mental health organizations, reproductive and women's health clinics, child protection, schools, and private practice, amongst others, will be exposed to DV victims and offenders.

Review Question: The drop in domestic violence rates has been attributed most to which policy?

- a) Mandatory Arrest Policy
- b) No-Drop Policy
- c) Crime Victims' Rights Act
- d) The Violence Against Women Act**

The Criminal Justice System and Intimate Partner Violence

There are limitations to current models of IPV prevention and how they have been adapted systemically, which has resulted in miss opportunities to work with a large population of individuals affected by DV. Social workers can address these issues on an individual and systemic level by understanding the limitations of the adaptation of these models (for example, by law enforcement and the criminal justice system) by improving their assessment, intervention, and advocacy with IPV victims and offenders. Similarly, social service partnerships with police agencies, to increase relationships with community members, can enhance responses for victims of domestic violence.

Social workers who engage with the criminal justice system on behalf of IPV victims or offenders are often well-aware of these issues, but new or social workers unfamiliar with the complexities of the “crime” of DV, separately from the dynamics of an abusive or violent relationship are often frustrated when DV victims are hesitant to call the police, utilize no contact orders, or do not participate in prosecution of their offenders. Perhaps one of the most common questions in regards to IPV is, “why doesn’t she leave?” An extension of this question is, “why doesn’t she report it?” Some of these reasons include shame, guilt, and fear of the abuser, and loss of financial resources. (Erez, 2002). Erez (2002) further explains that if an individual reports the abuse to police, it is often after a long period of abuse, which can complicate the intervention process. This section will cover the history of, and limitations to the criminal justice approach to domestic violence and intimate partner violence.

Law Enforcement

It is important to note the historical response by police officers to domestic violence incidents to understand the state of domestic violence response by police officers today. Police officers are often the first response to domestic violence calls, with DV calls ranging from 15-50% of all calls to law enforcement (Klein, 2009). Historically, law enforcement agencies have struggled to respond to domestic violence incidents well, especially considering these are often dangerous incidents for officers to respond to (Kercher, Swedler, Pollack, & Webster, 2013). Understanding the role of police response in the domestic violence advocacy movement will place some victim behaviors into context, and provide context for the social worker working with DV victims today. Understanding where the field has been, and where the field is going, provides significant opportunity for social workers to engage across systems.

Criticism of police response in the past have included issues such as refusal to arrest the perpetrator, considering DV as a family issue rather than a criminal one, advice-giving rather than resource allocation, and the perception that law enforcement are unempathetic to the situation of the victim (Erez, 2002; Stephens & Sinden, 2000) Prior to the 1970s, police would separate individuals to “cool down” rather than arrest (O'Dell, 2007). According to O'Dell (2007), who is a police sergeant, the culture of policing, particularly with male police officers, has been problematic when addressing issues of domestic violence. O'Dell (2007) highlights several areas where police culture has been, problematic in policing domestic violence; for example, the military and paramilitary structure. This may lead to of lack of understanding from the victims' perspective,

“hypermasculinity,” rigid beliefs about gender roles, and resentment and frustration (O’Dell, 2007).

One of the challenges for police officers is that domestic violence was not always considered a crime, rather, it was considered a normal function of marriage. This was supported by case law dating back to English common law, where men were allowed to “chastise their wives only ‘moderately’” (Erez, 2002). This carried to the American colonies in the “rule of thumb;” men could punish their wives with sticks that were “no wider than the width of their thumb” The law itself limited what police officers could do in terms of DV, such as being unable to arrest batterers unless the police officers were witness to the assault (Eigenberg, Kappeler, & McGuffee, 2012). Along with a lack of understanding by police officers of the complexities of domestic violence, the law was not keeping up with the realities of domestic violence, tying the hands of law enforcement agencies.

In the 1970s and 1980s, as a response to criticism with the way domestic violence calls were being handled by law enforcement, domestic violence advocates increased pressure on law enforcement agencies and lawmakers, calling for better response to DV incidents. A failed emphasis by law enforcement on attempting mediation or crisis intervention and a series of successful high-profile class-action lawsuits and research resulted in significant changes in legal and procedural policy when it came to police response to domestic violence incidents leading to pro-arrest policies across the country (Erez, 2002; Hart, 1992). Concurrently, there was an increased emphasis on community policing (Wilson & Jasinki, 2004). There has been a significant shift toward utilizing the

criminal justice system to address domestic violence, sometimes at the expense of victim support and appropriate offender treatment.

Given that law enforcement officers are often the first response to incidents, they are key to subsequent engagement in the system by victims. Collaboration between social workers and law enforcement is critical to reduce the risk of negative experiences by victims and their family members, as well as the greater community. Victims may be hesitant to call police due to prior negative experiences. Several studies have found that the quality of police intervention impacts whether or not someone calls the police for DV incidents (McGee, 2000; Robinson & Stroshine, 2005; Stephens & Sinden, 2000). There appears to be higher overall satisfaction with police officers when there was an arrest, when the victims were listened to, when the response is involuntary (meaning, someone else besides the victim called police), and when the calls are perceived to have received a higher priority (for example, the police respond quickly) (Richardson-Foster, Stanley, Miller, & Thomson, 2012; Wilson & Jasinski, 2004).

The same dynamics related to response by law enforcement impact future engagement with police by the children involved in the child welfare system. When children are exposed to domestic violence, it can be impactful in terms of trauma, development, and future psychological health. The impact of childhood exposure to DV will be covered more thoroughly, but much like the victims, children will encounter police officers when they respond to IPV calls. Children also have certain expectations when it comes to police response to IPV. Richardson-Foster, Stanley, Miller and Thomson (2012) examined the experiences of children who interacted with police during a DV response call; they found that many of the children in their study found police

officers to be “biased, judgmental, ignorant” and did not include them in the process (p. 226). Despite this, Richardson-Foster and colleagues (2012) found that the children did have hopes of police protection. As outlined by Richardson-Foster et al (2012), police officers may lack training, confidence, skills, and experience working with youth, leaving the children on the sidelines. Police officers can provide a link to follow-up resources. This lack of training for law enforcement can be a missed opportunity for earlier and more comprehensive intervention, but this provides an ample opportunity for social workers to engage with children and law enforcement to improve responses for children who are exposed to domestic violence.

The response to police-related issues is often more training for the officers. However, training alone may not provide what is necessary to improve response to domestic violence victims. A recent report by the National Institute of Justice (2016) supports concerns about providing more training to police officers, for several reasons, such as a lack of qualified trainers, a dearth of research on what works, overly exclusive assessment, and availability of funding. Additionally, there is an acknowledgement that police officers are not, in fact, social workers and are not trained to do the work that social workers do (NIJ, 2016). Eigenberg, Kappeler, & McGuffee (2012) succinctly state, “It is too simplistic to only blame police for the violence perpetrated against women” (p. 123).

Collaboration with law enforcement is a significant role for social workers. Ruff (2012) found that while training for police officers may have improved areas such as evidence documentation and forwarding charges, training did not impact important areas such as contacting shelters or Victim Witness services for victims. Victim Witness

services provide resources and uphold rights for victims and witnesses of crimes. In the United States, in federal cases, under 18 U.S.C. §3771(a) victims are afforded certain protections and rights, such as the right to be reasonably protected from the accused, understanding the being informed of the process of the case against the accused, and restitution, amongst other rights (U.S. Attorney's Office, 2016).

Clearly, this is an area where social workers and law enforcement can work together to enhance the response to domestic violence victims while increasing safety for police officers. The idea of coordinating law enforcement and social work is not new, and there is significant potential to integrate the experience and expertise of both professions to provide better outcomes. Despite enhancing police officer response, generally both male and female victims feel more helped by disclosing to a psychologist or counselor rather than a police officer (Breiding, Chen, & Black, 2014). Enhancing these relationships have the potential to improve outcomes; in a study conducted by Corcoran, Stephenson, Perryman, & Allen (2001), the majority of police officers surveyed found a trained team of social workers and volunteers to be helpful in responding to DV cases.

Social workers are in the unique position to be able to consider certain risk factors for intervention. Danis (2003) outlined that social workers can provide support in many areas where police officers may be unable; including assessment in areas such as severity and frequency of abuse, access to firearms, drug and alcohol use, past and current client injuries, nature of threats, developing culturally appropriate safety plans, and to encourage clients to contact police if they are concerned about their safety. Danis further encouraged social workers to develop relationships with local law enforcement agencies, engage in local tasks forces to identify gaps in resources, and work with law enforcement

to implement culturally relevant interventions. Johnson (2016) recommended a move away from the “crisis intervention” approach that is often taken by law enforcement; improving follow-up response and providing resources and support for domestic violence victims is an area where social workers can and do have a significant impact. Areas such as job placement, housing, transportation, and trauma-focused counseling can have profound impacts long beyond the intervention of police at arrest or first response (Johnson, 2016). While some of these social work and police advocacy programs have not decreased repeat violence, they have increased perceived safety and individuals impacted and are more comfortable with reporting incidents to police, which can ultimately lead to victim empowerment (Stover, 2012). Similarly, social workers can play a role in improving police training by assisting officers with understanding complexities of domestic violence, or providing alternatives to arrest, such as possibly having the perpetrator removed or getting help for the perpetrator (Leisenring, 2012). Similarly, Stark (2012) argues that it is in fact less a failure of policing at this point than it is a lack of movement in implementation of evolved knowledge of the elements of domestic violence beyond physical violence, such as coercive control. Police officers are limited in the interventions they can provide. These individual and situational assessments are where social workers can provide a significant impact in service provision addressing domestic violence as noted by Hovell et al. (2006) who stated, “the solution may be to tailor interventions to the needs of each family” (p. 156). Social workers can assist police officers in a variety of ways to improve overall response to incidents of domestic violence.

Review Question: What were some of the limitations to police response to domestic violence prior to the 1980s?

- a) Police officers did not consider domestic violence a crime, rather, it was an issue to be dealt with in the family.
- b) Police officers did not provide appropriate resources for victims.
- c) Police officer arrests were limited by how laws were written.
- d) All of the above.**

Mandatory Arrests

Mandatory arrest policies were developed as a response to the call for reform toward criminal justice response to domestic violence. A mandatory arrest “require(s) police officers to arrest a suspect whenever the officer has probable cause to believe that an assault or battery has taken place, whether or not the officer has a warrant or has even witnessed any violence,” (Buzawa et al, 2017, p. 174) therefore removing discretion from the officer on whether or not to make an arrest. The goals of mandatory arrests laws were to make changes to police behavior to improve the process of arrest, prosecution, and subsequent response to the victims. (Hirschel, Buzawa, Pattavina, & Faggiani, 2008).

Mandatory arrest policies became utilized widely after findings from the Minnesota Spouse Abuse Experiment demonstrated that mandatory arrests had a deterrent effect on domestic violence. Sherman & Beck’s (1984) initial findings changed the way domestic violence was managed; policies were enacted quickly and arrests for domestic violence began to rise rapidly. Replication studies in other parts of the U.S. indicated that the mandatory arrest policies did not have the strong results found in the initial experiment, and an analysis of all of the replication studies found that arrest had a moderate reduction

in future offenses against the initial victims but other factors were more impactful overall than arrest (Maxwell, Garner, & Fagan, 2002). One of the initial authors of the study later suggested that for a small but significant group, mandatory arrests policies would make some perpetrators more violent but deters more in the short term (Sherman, Schmidt, Rogan, Smith, Gartin, Cohn et al, 1992). A more recent study suggests that mandatory arrest policies can deter women from calling police for fear of retaliation or being arrested herself (Peralta & Novisky, 2015). Despite these concerns, nearly half of states have mandatory arrest policies in place (American Bar Association, 2007).

Another unintended consequence of mandatory arrest policies is when the victim is incidentally arrested instead of, or in addition to, the perpetrator. This is known as *dual arrest*. This can happen when the primary aggressor is injured because the victims are either defending themselves, or fighting back. At times, the primary aggressor may be difficult to identify.

Partial, rather than full understanding of the law is a significant problem in applying mandatory arrest laws (Erez, 2002; O'Dell, 2007). For example, O'Dell (2007) describes incidents where police officers saw scratch or bite marks on a (typically male) perpetrator and arrested the (typically female) victim due to partial reading of the law. O'Dell (2007) described how the law stated, “any traumatic condition of the body, whether minor or major” as probably cause for arrest, but officers ignored the part that also stated, “intentional, reckless, or willful” and arrested the victims for the visible marks that were actually self-defense marks (p. 62). This is paired with the issue of a lack of training for police officers in recognizing signs of self-defense (O'Dell, 2007). On one hand, mandatory arrest takes the control from the abuser and places it with the state,

disempowering the victim (Dayton, 2003). On the other hand, the victim may be too traumatized to engage fully in decisions about the arrest.

Mandatory arrest laws can make a social worker's interventions more difficult when working with DV victims. Distrust of the process makes it difficult to encourage a victim to engage with the criminal justice system. These fears may impact intervention with DV victims in a variety of settings; for example, a child welfare worker may

Review Question: What is a mandatory arrest policy?

- 1) When police have discretion in choosing who to arrest.
- 2) A policy that mandates that all individuals at a domestic violence scene are to be arrested.
- 3) **A policy that requires police officers to arrest a suspect whenever the officer has probable cause to believe that an assault or battery has taken place.**
- 4) A policy that someone at a domestic violence scene has to be arrested.

Court-Related Issues

Restraining Orders/Orders of Protection

Another tool in the criminal justice system that can be utilized by victims to preempt future violence are orders of protection, such as a restraining order, also known as *orders of protection* or *no-contact orders*. Klein (2004) stated, "the civil protection order has by far the most impact on criminal justice response to domestic violence" (p. 67). These orders of protection in name and content may vary by jurisdiction or state, but generally speaking, a *restraining order* is a temporary order of protection that seeks to prevent

future violence by limiting contact between a victim and offender. Depending on the type of order, it can be for different durations, such as a few days to permanent. Orders of protection may be issued from civil or criminal court, depending on the type of order. Emergency orders may be accessed through police. These orders are relevant to the criminal court in regards to domestic violence because the issue of enforcement, and may include no-contact requirements, vacating the premises, payment of child support, batterer treatment attendance, custody and visitation, and prohibition of firearms (Klein, 2014).

The success rate can vary with protective orders. Brame et al (2015) highlighted several issues with no-contact orders (NCOs), including difficulty contacting the victims, lack of victim knowledge of the protective order or how it works, inconsistent or lax enforcement of the no-contact order, lack of prosecution for violating orders, and procedural issues. These orders can be difficult to enforce, and violations do not always result in arrest. Prosecution can also be low. Klein (2004) outlined that court response to the victims, availability of advocates, and pressure from the abuser can all impact whether or not a victim follows through with a protective order. Brame et al (2015) found that “court-imposed NCOs, and the enforcement of these orders, do not appear to jeopardize women’s safety or aggravate recidivism” but does not seem to be an effective means of increasing safety or reducing recidivism, either (p. 243). Brame and colleagues (2015) found that in some cases, the proactive enforcement of no-contact orders resulted in higher levels of stalking and threats and more variety of types of physical aggression. However, they attributed this finding to the possibility that increased victim knowledge and understanding of these behaviors, thus allowing for empowerment and enhanced

decision-making, as well as changed perception of aggressive and violent behavior. Other studies suggest that orders of protection can reduce subsequent violence (Holt, Kernic, Wolf, & Rivara, 2003).

Ganley & Hobart (2010) suggested that social workers should learn about existing orders of protection, and it may be safer at times for the victim for a social worker to request an order on the victim's behalf, or on behalf of a child (in regards to child protection). Social workers can work with the victim to determine in the order of protection is an appropriate intervention; forcing an individual to obtain an order of protection can be dangerous.

Review question: Which of the following best describes best practice for social worker involvement in orders of protection?

- a) Social workers should always insist that clients seek orders of protection
- b) Social workers work with their clients to consider the best course of action for their situation**
- c) Social workers remain ambivalent about protective orders and allow the individual to decide on their own
- d) Social workers should always seek orders of protection on behalf of their client

No-drop laws

One of the ways the courts attempted to manage domestic violence charges was by implementing no-drop policies. One of the issues relevant to IPV prosecution is that similar to the hesitancy to report, there is a hesitancy to testify (Erez, 2002).

The prosecutor's equivalent to a mandatory arrest mandate, A *no-drop law* requires "state prosecution of any perpetrator of DV, regardless of the survivor's desire to prosecute" (Nichols, 2014, p. 2115). These laws were originally designed to protect the victim by requiring states to prosecute domestic violence, though some chose to implement less-strict no-drop policies that might consider evidentiary concerns or assessment of the strength of the case (Buzawa et al, 2017). This was meant to address prosecutorial dropping of DV cases, which happened quite often (Smith & Davis, 2004). Some advocates and scholars in the field of domestic violence have argued for pro-no drop policies, suggesting that by making prosecution required, the perceived seriousness of DV was increased, as well as made DV similar to any other crime where the prosecutor would make decisions about prosecution (Nichols, 2014). However, others believe that this focus on the "better good" removes the right of the individual woman in making decisions about her safety and relationship, and disregards what women might have against prosecution such as child protection issues, financial issues, re-victimization fears, or even fears of prosecution themselves for not testifying or complying with the prosecution case (Hare, 2010; Nichols, 2014). Other reasons include the belief that the violence will continue unless the batterer is appropriately prosecuted and to protect children (Buzawa et al, 2017).

David, Smith, and Davies (2001), in a study examining the rate of prosecution in no-drop cases, found that there was an increase in both guilty pleas and a reduction of dismissals. No-drop policies did have the effect of increasing prosecutions for perpetrators (Goodman & Epstein, 2008). Similar to the mandatory arrest policies, no-drop policies removed discretion from prosecutors, but they also may place a burden on

the victim, as in some jurisdictions, the individual who was victimized can be prosecuted for not complying (Buzawa et al, 2017).

Again, similar to mandatory arrest policies, no-drop policies may be at odds with social work approaches to domestic violence that promotes empowerment and self-determination. Goodman & Epstein (2008) suggested that these no-drop policies may be particularly detrimental to minority, immigrant, or poor victims who rely on their partners for financial reasons. Immigrant victims may not want their perpetrators deported, which they can be if convicted of a domestic violence offense (Goodman & Epstein, 2008). Social workers can consider the broader financial, social, and cultural impacts that no-drop policies can have on victims, such as lack of financial resources, retaliation, deportation of their partner, or being ostracized from a community, (Goodman & Epstein, 2008). The strength of the social work approach is the ability to recognize the interconnectedness of the broader community and society with an individualized approach, rather than necessarily utilizing the “one size fits all” approach of sweeping policies.

Attorney and Judicial Response to Domestic Violence

In an essay for the Marshall Project (a nonprofit journalism site dedicated to the issues of criminal justice), Deanna Paul, a former domestic violence prosecutor (2016) wrote of her experience as an attorney working with victims of domestic violence. She wrote,

“When I began my career as a domestic violence prosecutor, I had a difficult time understanding why my victims would return to their abusers – we had given them distance and safety through the law, and through restraining orders, batterer programs, and jail time. Part of me actually *couldn't stand* the women who sat across from me in the office and justified their partner's behaviors, or worse, looked me in the eye and

lied.” (Quoted from *When a former domestic-violence prosecutor realizes her sister is being abused*; www.themarshallproject.org)

This quote touches on just some of the issues involved when considering the prosecutors’ role in domestic violence cases. Paul (2016) goes on to state,

“But after prosecuting these types of cases for years, I came to expect it. And over time I came to understand that these victims’ choices are not always matters of strength, will, or resolve – that there were other hurdles in the way. There are cultural and practical considerations: financial dependence, housing and immigration concerns. There are emotional considerations: isolation, shame. There is fear. There is hope. There is a blind belief that it will not happen again. There is, of course, love.” (Quoted from *When a former domestic-violence prosecutor realizes her sister is being abused*; www.themarshallproject.org)

Domestic violence cases can be notoriously difficult to prosecute. Victims do not always want to prosecute, and when they do file charges, they may not follow through with testifying. Buzawa et al (2017) outlined several issues with prosecuting domestic violence cases, including issues such as prosecutors may not see the cases as serious, or as more appropriate for family or civil court; evidentiary rules may limit how a batterer can be charged, and jurors may struggle to understand the dynamics of abuse, limiting the possibility of conviction. Prosecutors may view these cases as being more complex, and be more emotional. Due to evidentiary rules and jurors who are not familiar with the dynamics of abuse, behaviors of the victim may be taken out of context and misunderstood. Prosecutors may become frustrated with victims who do not want to assist with the prosecution’s case, or screen cases based on likelihood of conviction. Domestic violence victims may not meet the preconceived notion of what a “victim” should act like (Kohn, 2003) For this, and other reasons, domestic violence victims may

not make the most sympathetic of victims. All of these issues apply not only to prosecutors, but to judges as well (Erez & King, 2000).

These deeply held beliefs might impact prosecutorial and judicial decision-making. Prosecutors make decisions about what charges to file and how to proceed with a case. Paul was specifically trained to prosecute domestic violence cases; not all attorneys are trained and may still hold a similar mindset to how Paul's (training may not even address some of these often deeply held beliefs about DV victims) workers need to be aware of potential issues at every step of the legal process to be able to support victims. Prosecution and judicial response to domestic violence is being addressed through continued training, oversight groups, and continued evaluation of policy. Victims may not be aware of the adversarial nature of the legal process and run the risk of being revictimized at any point in the process. Social workers can provide much needed information, guidance, and support if they are aware of the many facets to the justice system.

Review Question: Which of the following is true of prosecutors?

- a) All receive special training regarding domestic violence victims and behaviors
- b) They may be hesitant to prosecute DV cases due to perceived lack of credibility of the victim**
- c) They will make prosecutorial decisions based on the wants of the victim
- d) They overall perceive DV cases similarly to any other criminal case

The Law and Legal Issues

Lenore Walker introduced both the idea of Battered Women Syndrome and the cycle of violence, which are probably two of the most recognizable concepts related to domestic violence. Walker (1979) posited that women in domestic violence relationships ended up in a state of *learned helplessness*. Learned helplessness is a psychological theory introduced by Martin Seligman, originally outlined regarding dogs who were exposed to electric shocks in cages. Eventually, these dogs “gave up” and allowed themselves to be shocked. *Learned helplessness* is understood in previous domestic violence literature to explain why women have difficulty leaving abusive relationships. Walker (1979) theorized Battered Woman Syndrome as a subset of Posttraumatic Stress Disorder. Battered woman syndrome has been used in the legal system as a legal defense for women who harmed or murdered their husbands. Some of the better-known cases in the media include the case of Francine Hughes, who after years of physical, sexual, and psychological abuse by her husband, poured gasoline on his bed and lit him on fire. This case was famously documented in the movie, *The Burning Bed*, starring Farrah Fawcett. More recently, the battered woman defense was utilized in the Jodi Arias trial in an attempt to place her behavior into context.

In the 1990s, feminist theorists identify the “helplessness” aspect as not representative of the reality of women in domestic violence relationships. Coughling (1994) described how the battered woman’s defense “reaffirms that women lack the same capacity for rational self-control that is possessed by men” (p. 1). Additional research supports the limited utility of helplessness in domestic violence victims. Research supports that domestic violence victims use a variety of coping skills to manage a complex web of emotions, thoughts, and behaviors. In a report by The US National Institute of Justice

(NIJ), (NIJ, 1996) stated there was a “strong consensus among the researchers, and also among the judges, prosecutors, and defense attorneys interviewed...that the term ‘battered woman syndrome’ does not adequately reflect the breadth or nature of the scientific knowledge available concerning battering and its effects” (p. i-ii). Further, the report supports the concern about the language surrounding domestic violence, raising concerns about the implications that all women “suffer” from one syndrome, inappropriately making all battered women’s experiences homogeneous. More recently, Walker (2009) acknowledged the need for further understanding and the limitations of battered woman’s syndrome, and avoiding homogenous descriptions of women who had been battered. This interpretation can be problematic for social workers (Pickert, 2013) that may not be familiar with the growing body of evidence about the variation in experiences of domestic violence victims. Scholars suggest that this rhetoric of “helplessness” is driving policy and not allowing women to be empowered in making decisions and reinforcing harmful gender roles and stereotypes about women’s strength and resilience.

Perhaps the most prolific federal policy acts to address domestic violence is the Violence Against Women Act (VAWA). VAWA was initially sponsored in 1994 and has been renewed with changes and updates in 2000, 2005, and 2013 (Buzawa et al, 2017). Sacco (2015) described the initial VAWA as an act “intended to change attitudes, toward domestic violence, foster awareness of domestic violence, improve services and provisions for victims, and revise the manner in which the criminal justice system responds to domestic violence and sex crimes” (Summary). VAWA has had the following notable milestones: it created the Office on Violence Against Women (OVW),

which has administered more than \$6 billion dollars in grants, enhanced penalties for stalking, trafficking in persons, and to address backlogs in rape kits. It also has made specific programs for victims, including American Indian victims (Sacco, 2015). The implementation of VAWA has been attributed to drops in female perpetrated intimate partner homicide and an increase in divorce and separation (Buzawa et al, 2017; Sacco, 2015). The reauthorization in 2013, in recognition of the limitations of the criminal justice system, provided consolidated support for victims involved in the justice system, enhanced prevention programs, and established a non-discrimination provision (Sacco, 2015). For the first time, VAWA stipulated that no one could be turned away from DV programs due to race, gender, sexual orientation, etc. In addition, VAWA 2013 expanded transitional housing access and increased accessibility for education funding for victims (Sacco, 2015).

VAWA has been criticized for placing too much emphasis on the criminal justice system to prevent and intervene in domestic violence. Pickert (2013) summarized some of the criticisms. While prosecution rates have increased, it is unclear how successful VAWA has been at reducing overall domestic violence incidents, and there has been criticism about the danger for victims in policies mentioned earlier, such as mandatory arrest and no-drop policies. Similarly, some have suggested that VAWA is being ineffectively applied for some groups, such as persons of color. Finally, there has been increased criticism of the use of law enforcement for such a complex issue.

Despite its limitations, there is no doubt that VAWA has been a significant step forward in increasing public knowledge of domestic violence. VAWA created addressed gaps in services and training regarding offenders and victims of violence against women,

as well as increased restitution to victims. Broad legislation provided grants to improve prosecution, investigations, training for judges, improves confidentiality for postal mail, and provides funding for research into sexual assault and domestic violence (Sacco, 2015). Social workers can find a wealth of opportunities under VAWA, and familiarity with the content can improve system response, as well as continue to address gaps in services for underserved and unserved populations. It is also relevant to stay current in terms of service provision policy to ensure that programs are meeting federal and state requirements.

Review Question: What year was VAWA initially implemented?

- 1) 2013
- 2) **1994**
- 3) 2001
- 4) 1983

Confidentiality versus Mandated Reporting

Confidentiality laws generally protect a social worker's knowledge of intimate partner violence unless the knowledge violates some other area of confidentiality. For example, if a perpetrator makes a specific threat, this can be reported under duty to warn laws, depending on the state law and role of the social worker. Most states have laws specifically addressing confidentiality with domestic violence and sexual assault advocates; the definition of advocate can vary from state to state. For example, in most states, an advocate is a title with specific training attached, usually somewhere between 15 and 40 hours and/or a master's degree and experience. (American Bar Association,

2014) Some states, such as Kansas and Delaware, do not have statutes specifically addressing confidentiality or privilege between domestic violence victims and advocates, but do refer back to either licensed clinicians or crime victims rights statutes (ABA, 2014).

In the United States, some states and certain provinces in Canada, it is required that mandated reporters report to the state's child protective services (CPS) division when there is suspicion that a child witnessed domestic violence. The definition of maltreatment under the law varies. Some of these states mandating reporting of witnessed DV include California, Illinois, Nebraska, and New York (ABA, 2014). While the policies were put in place to attempt to protect children, some researchers suggest that the policies may have unintended consequences. For example, Nixon, Tutty, Weaver-Dunlop, and Walsh (2007) suggested that some of these policies might deter women from reporting due to fear of removal of their children. Johnson and Sullivan (2008) found that women who were involved with child protective services reported that they perceived the CPS workers as blaming them for the abuse, felt workers thought they should have stopped the violence, dismissed concerns for the children, placed extensive requirements on the mothers, (but not the fathers), such as random drugs tests Mothers may be held accountable for not protecting their children, rather than focusing on the perpetrator (Nixon et al, 2007), which can make a bad situation worse, as it increases stress for the mother and may increase the violence. Johnson & Sullivan (2008) stated, "there is no one simple course of action, then, for many women who are trying to decide how best to protect themselves and their children" (p. 243).

Other researchers suggest that including these policies against child maltreatment (as children exposed to domestic violence) can increase the possibility of protection through identification, assessment, and increasing parents' desire to protect their children (Jaffe et al, 2003), making the policies necessary to increase child protection. Johnson & Sullivan (2008) also found that some women felt supported by their caseworkers and that the caseworkers helped keep them informed, as well as provided information and referrals while working to keep the abusers accountable. These findings suggest that well-informed caseworkers and clinicians can improve the response to both children and partners who are victims of domestic violence.

Another area of potential involvement with concerns for confidentiality for social workers is the requirement to testify about a domestic violence case. Social workers may be called to testify in domestic violence cases. This may be case-specific or they may be asked to be an expert witness. Both roles have their own sets of challenges and considerations. If one is subpoenaed, records are likely to be subpoenaed as well. The first concern is maintaining confidentiality. Most agencies will retain an attorney who can help navigate court orders. There are also attorneys who specialize in mental health law. When in doubt, it is best to seek consultation in regards to subpoenas.

Review Question: Which state does not have a statute specifically addressing confidentiality between a domestic violence advocate and a victim?

- a) Kansas
- b) Massachusetts

- c) California
- d) New Mexico

Diversity and Intimate Partner Violence: Intervention Issues

One of the other responses to IPV has been the increasing development of service response. The criminal justice system deals with issues of crime. There are dangers, however, to limiting IPV behaviors within the context of “crime”. Police officers are sometimes preliminary, and other times the only, contact with resources that a victim or offender may have. While police officers are trained to respond to crime, they are not necessarily trained to respond to crimes with repercussions similar to IPV. Few other crimes exist where arrest and prosecution can have such physical, emotional, and economical results (Hoyle & Sanders, 2000). For example, arresting an offender may result in lost wages or job loss. If the victim does not work, or has limited access to financial resources, this can be impactful in terms of basic needs such as housing, food, clothing, and other basic needs. Sometimes, when an offender is released from jail, the person who perpetrated the abuse may retaliate by engaging in more violence. Victims may be revictimized in the process of prosecuting their offender. This “secondary victimization” Campbell and Raja (2005) define as, “the victim-blaming attitudes, behaviors, and practices engaged in by community service providers, which results in additional trauma” (p. 98) which can be a result of lack of training, bias, or misaligned system policies and goals. The criminal justice system is designed for arrest, prosecution, and sentence, not for victim (or offender) support and/or treatment, although there is an

increasing call for support for victims.. Social workers play a crucial role in appropriate assessment and intervention. While domestic violence assessment and intervention is at times both helped, and complicated by the criminal justice system, there are other significant factors to consider both separately and in conjunction with the CJ system. Increasingly, more diverse groups of domestic violence victims are being studied. This section will cover recent research in diversity in DV victims and their unique challenges that they face in service access.

Men as Victims

The majority of research in domestic violence focuses on females who are the victims of DV. The prevalence of male victims is hotly debated in the literature and difficult to estimate. Research has supported that men are victims of domestic violence at near equal rates of women, however, questions remain as to the “true picture” behind the numbers. Archer (2002), in a metaanalysis of existing literature, found 82 articles supporting the idea of “gender symmetry” in DV; that is, findings that support that women and men are victimized at nearly the same rates. The gender symmetry debate has had serious implications; Kimmel (2002) suggested that the findings of gender symmetry in DV victimization has confused policy makers and given opportunists a chance to target policies and resources meant to keep women safe.

Breiding, Chen, & Black (2014) found that nearly 1 in 7 men reported having experienced severe intimate partner physical violence at some point in their lifetime. Approximately 2% of men reported having been forced to penetrate an intimate partner, and 1 in 12 men reported having experienced other sexual violence. Similarly, 1 in 4 men reported having been slapped, pushed, or shoved by an intimate partner. Nearly half of

men reported having been a victim of psychological aggression. Men were less likely to report that they needed services, and less likely to report that they received the services than women were. Breiding et al (2014) found that nearly 2 in 3 male victims did not receive necessary services. Men also found disclosure to professionals to be overall less helpful than women. Nearly half of men found police to be “not at all helpful,” with the most helpful identified as doctors, nurses, psychologists, or counselors. Social workers should be aware of this and screen for domestic violence with men as well as women; however, caution should be taken that batterers will at times attempt to manipulate caseworkers.

A full review of the controversies behind the idea of gender symmetry is beyond the scope of this course. For social workers, they should consider that there are men who have been victims of domestic violence, and there can be a significant lack of services for these men. Men may hesitate to report domestic violence due to fear or shame, or appearing weak. Some male victims may have been accused of violence due to gender stereotypes of domestic violence perpetration (Dewar, 2008). Many policies, and requisite funding, are written with language specific to violence against women, which further limits access to resources for men (Buzawa et al, 2017). While there are some resources for men, such as shelters and hotlines, these resources are less available than resources for women. Similarly, early research by Tsui (2014) suggests that what is available is largely viewed as unhelpful by male victims of domestic violence, if males are aware of the services at all. Also in this preliminary research, males are more likely to use informal networks such as friends and family for support, but will reach out to mental health professionals despite a mixed perception of helpfulness. Men also rated shelters as

being “least helpful.” Barber (2008) suggested that health care professionals show “humility, compassion, and sensitivity” (p. 38) when working with male victims of domestic violence due to potential biases. Tsui (2014) suggested that service providers utilize their training to increase community knowledge of male victimization and non-biased assessment where there is violence in the home.

Review Question: Male victims of DV are most likely to seek help from whom first?

- a) Social workers
- b) Police officers
- c) Friends and family**
- d) Shelters

Lesbian, Gay, Bisexual, Transgender, Queer +

When research largely considered IPV as a byproduct of a patriarchal society and perpetrated against women by men, LGBTQ+ communities were largely left out of the understanding of IPV. The National Coalition of Anti-Violence Programs (NCAVP) (2012) supported the movement toward alternatives to the criminal justice system for LGBTQ+ individuals engaged in DV relationships. Like other historically marginalized and underrepresented groups, this call for alternatives to the criminal justice system recognizes the tenuous relationship that LGBTQ+ individuals have had with the justice system.

NCVAP (2013) found that “gay men, LGBTQ communities of color, LGBTQ youth and young adults, and transgender communities experienced the most severe forms of

IPV” and despite an overall drop in reports, found an increase in IPV related homicides and report of injury. NCVAP (2013, 2015) also found variations in the experiences of groups who identify on the LGBTQ spectrum; for example, transgender persons reported the highest likelihood of threats, harassment, police violence, and IPV in public places (particularly if they identify as transgender persons of color), while gay men were more likely to report injuries as a result of IPV. In 2014, undocumented LGBTQ+ individuals reported nearly 4 times the rate of having experienced discrimination as documented LGBTQ+ individuals. Similarly, of the 3.5% who sought shelter, 14.3% were denied access, which the NCVAP reports as a significant decrease from 61.6% in 2011. In 2014, 21% were denied shelter. Finally, NCVAP (2013) reported an increase in reports to police, but in nearly a third of the cases, the victim/survivor reported that they were arrested instead of the abusive partner. The number of individuals reporting IPV to police also increased in 2014 (NCVAP 2015). A study by the Centers for Disease Control found that nearly 34% of lesbian women and 60% of bisexual women, compared to approximately 28% of heterosexual women, reported some kind of IPV-related impact, such as, but not limited to, being fearful, need for housing, or injury (Walters, Chen, & Breiding, 2010). Additionally, in terms of control of sexual or reproductive health, 14.9% of bisexual woman, as compared with 4.5% of heterosexual women, had a partner try to force a pregnancy when the woman did not want one. Psychologically aggressive behaviors were high across lesbian, bisexual, and heterosexual women, ranging from approximately 60-75% of women. Bisexual women also reported high rates of physical violence (55%), sexual violence (24.7%) or violence, stalking, or rape (61%). Lesbian and heterosexual women generally reported similar, lower rates than bisexual women,

although lesbian women tended to report slightly higher rates than heterosexual women. Similarly, approximately 25% of men regardless of sexual orientation report being slapped, pushed, or shoved by an intimate partner. According to the study, approximately 60% of gay men and 53% of bisexual men reported experiencing psychological aggression (compared to 49% of heterosexual men).

As outlined by NCVAP (2013), social workers should be aware that LGBTQ+ victims of domestic violence will experience barriers to service. Many social workers are not trained to screen or assess for IPV in LGBTQ+ relationships. There is a lack of prevention and research initiatives examining early intervention and public awareness, as well as LGBTQ+ responsive interventions. There is research to suggest that police officers may engage in certain selection bias toward female criminal offenders, that women who demonstrate gender-normative behavior during interactions with police are less likely to be arrested (update source)* Pattavina, Hirschel, Bazawa, Faggiani, & Bentley (2007) found that differences existed between arrests in same sex male couples versus females; police were more likely to arrest males in incidents of domestic violence when the IPV incident was severe. Likewise, police officers may assume mutual combat in same-sex relationships (Potoczniak, Mourot, Crosbie-Burnett, & Potoczniak, 2003). This selection bias may impact same-sex partners who interact with the police during domestic violence incidents. Recent research also supports that some LGBTQ+ individuals, particularly gay, bisexual, or men who have sex with men, do not find police response to be helpful due to previous experiences of homophobia and police intervention (Guadapule-Diaz, 2016; Finneran & Stephenson, 2013).

LGBTQ+ individuals face unique threats, such as fear or threats of being outed, isolation, and lack of legal protections when it comes to children (Rorhbaugh, 2006), non-gender neutral policy language or lack of equal protection under the law (Jablow, 2000), lack of protective order availability (Potoczniak, et al, 2003) and sodomy laws that may require that the individual admit to a criminal act to be protected by the law (Jablow, 2000). Myths can perpetuate as well, such as dynamics of lesbian relationships and size being predictive of perpetrator (Potoczniak et al, 2003). Overall, a lack of research on domestic violence in LGBTQ+ individuals, but especially for gay males and transgender individuals is problematic for developing appropriate interventions. (Guadalupe-Diaz & Jasinski, 2016; Potoczniak, et al, 2003).

LGBTQ+ individuals may be economically disadvantaged, impacted by homelessness due to family rejection or lack of subsequent services, and may face discrimination in regards to employment, housing, and other public resources, from police or other service providers. Staff may view LGBTQ+ domestic violence as less serious than in heterosexual relationships (Brown & Groscup, 2009). LGBTQ+ individuals may have histories of familial or community rejection that might place them at increased risk for violence victimization. Additionally, LGBTQ+ may still face concerns about contacting or involving the criminal justice system given the continued lack of understanding of IPV in LGBTQ+ relationships. As noted, not all are treated equal, and long-standing (but inaccurate) representations of gender may impact the services provided by the criminal justice system. Those LGBTQ+ impacted may fear misunderstanding when involved with child protective services. Social workers have an opportunity to provide responsive intervention where often the criminal justice system has not and cannot.

Review Question: Which of the following is a threat specific to LGBTQ+ persons?

- 1) The perpetrator will harm them physically.
- 2) **The perpetrator will “out” them.**
- 3) The perpetrator will threaten to take their children away.
- 4) The perpetrator will be more likely to be abusive if they are the larger or more “masculine” partner.

Persons with Disabilities

One of the lesser-studied groups of victims is persons with disabilities. Women with disabilities are at a higher risk of victimization than women without disabilities in terms of the use of multiple kinds of abuse, for longer periods of time (Brownridge, 2006; Martin, Ray, Kupper, Moracco, & Dickens, 2006; Smith, 2007). Researchers have found that persons with disabilities may also experience disability-specific abuse. IN addition, persons with disabilities may have a lower likelihood of having their victimization identified due to social isolation and perceived protection from discovery. Individuals may be at a greater risk due to physical helplessness, lack of education about appropriate relationship behaviors, issues with cognitive disabilities and decision-making, economic disadvantages such as lower-paying jobs. Significant barriers to accessing resources are inaccessible shelters or resources, lack of interpreters, and the fear that leaving might limit independence even further (Chang, Martin, Moracco, Dulli, Scandlin et al, 2003; Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001).

Powers, Hughes, and Lund (2011) outlined the importance of utilizing person-first language when working with DV victims with disabilities. Person-first language promotes the idea that individuals are not defined by their disabilities, for example,

referring to someone as a “schizophrenic” or a “cripple” implies that they are solely identified by their diagnosis or disability, and there is an implied assumption that they are limited by their disability. A more appropriate reference (if needing to refer to disability in the first place) would be “individual with schizophrenia” or “individual who uses a wheelchair” to recognize the potential need for accommodation without defining the person by their disability (wheelchair-bound would still be inappropriate, as it may not be accurate or appropriate). Powers et al (2011) also highlighted the importance of cultural competency in terms of disability and Deaf culture; social workers should be aware of the culture, identify, and even pride that can come along with how an individual with a disability might identify themselves.

Much of the research in understanding disability in domestic violence victims has focused on women. Social workers will need to consider the impact that disability and member of another minority group (such as being LGBTQ+, or immigrant group) might have on developing culturally appropriate interventions. For example, there may be a double language barrier for Deaf women of non-ASL sign language, a sense of having to “choose” identities when seeking services, and lack of culturally competent staff (Lightfoot & Williams, 2009). LGBTQ+ women with disabilities may experience discrimination due to their sexual identity and their disability (O’Toole & Brown, 2003).

There is also still a dearth of information available about persons with disabilities and domestic violence; for example, Powers et al (2011) collapsed DV in with other types of interpersonal violence in considering the increased likelihood of violence perpetrated against persons with disabilities and called for stronger research into the experiences of women with disabilities’ experiences with domestic violence, specifically in terms of

service accessibility and appropriateness for victims with disabilities. Some of the unique issues facing women with disabilities include fear of losing independence, not being believed, and dependence on the perpetrator for activities of daily living (such as eating, showering, and changing) (Curry et al, 2009). Other identified gaps include barriers to support, potential communication difficulties, lack of providers with disability-specific training, lack of interpreters and lack of use of interpreters (such as ASL). Social workers who work in programs with individuals with disabilities should ask about sexual orientation and relationships; for some, there is a perpetuating myth that persons with disabilities are not sexual or involved in sexual or intimate relationships (Doston, Stinson, & Christian, 2008). If this assumption impacts the assessment process, there can be a significant missed opportunity to identify and intervene in potential domestic violence.

Review Question: Which of the following myth can lead to missed opportunities to assess for domestic violence in individuals with disabilities?

- 1) Individuals with disabilities are asexual
- 2) Individuals with disabilities have equal access to financial and economic opportunities that protect them from abuse
- 3) Individuals with disabilities have equal access to accessible resources as non-disabled persons
- 4) **All of the above**

Persons of Color

Research in domestic violence has largely focused on the experiences of white women; however, research is increasingly demonstrating that women of color are victimized by intimate partners at disproportionate rates. Breiding, Chen, and Black (2014), found the following lifetime prevalence rates of rape, physical violence, or stalking by an intimate.

Lifetime Prevalence Rates of Intimate Partner Victimization of Women of Color

Black non-Hispanic	44%
American Indian or Alaska Native	46%
Multiracial non-Hispanic	54%
Hispanic	37%
Asian and Pacific Islanders	20%

White non-Hispanic women had a lifetime prevalence of approximately 35%. The disproportionality was also similar for men of color.

Lifetime Prevalence Rates Prevalence of Intimate Partner Victimization of Men of Color

Black/Multiracial non-Hispanic*	39%
American Indian or Alaska Native	45%
Hispanic	26.2%

*These categories were collapsed in the study

White, non-Hispanic men reported rates of 28.2%. However, operationalizing particular ethnicities and races remains an issue; largely different ethnicities may be grouped under one umbrella, such as “Asian.” Ignoring race and ethnicity may impact understanding of relevant factors such as socioeconomic status, acculturation, language barriers, and other cultural barriers such as gender roles and help-seeking behaviors.

There has been a significant amount of attention paid recently to the tensions between communities of color and law enforcement. While this is not a new problem by any means, many of the tensions felt by minority communities are at a minimum in the awareness of the broader community. More mainstream attention is being paid to the issues of race-based policies such as stop-and-frisk, disproportionate sentencing for drug-related offenses for people of color, mass incarceration, over policing in communities of color, government oppression of American Indians, and issues such as the unarmed shootings of young Black men. Resulting movements such as the Black Lives Matter movement (and the counter, Blue Lives Matter) are indicative of the tensions and historical mistrust between communities of color and law enforcement. Research suggests that that black women are arrested at higher rates than white women, and specifically for domestic violence related arrests (Ho, 2003). In the era of mass incarceration of men of color, it is worth noting that there is an increasing over representation of women of color. Other considerations for women of color include personal identification with family roles and family hierarchy, religious beliefs, that may reinforce beliefs about behavior, fear of community isolation, loyalty to their race/culture, distrust of shelters or lack of culturally appropriate resources (Women of Color Network, 2006) Increasingly, female abuse victims of color are disproportionately represented in

jails and prisons. Social workers may have a unique opportunity to reach communities of color and consider how cultural issues may impact domestic violence. Engagement with culturally humble social workers may have significant impact in accessibility to services. Social workers need to understand the historical and cultural context of service engagement to place behavior into perspective.

Review Question: Which of the following is false?

- a) **Women of color are victimized at about the same rates as White women**
- b) Women of Color may view the criminal justice system and social service systems in a distrustful manner
- c) Socioeconomic status is linked to the increased risk of victimization for women of color
- d) Women of color may be isolated from their communities if they report domestic violence

Immigrants and Domestic Violence

There are many men, women, and children who are seeking asylum in the United States, escaping violence in their home countries. The women and children from many of these countries are seeking refuge from rampant sexual and domestic violence, femicide (the killing of a woman specifically because of her sex), mass rapes, and “machismo”-based cultures that over-emphasize traditional gender roles (Geneva Declaration Secretariat, 2011). Many of these women experienced domestic violence in their home countries, and may experience violence in the United States.

Gilfus (2002) outlined several issues that immigrant women can have related to domestic violence. Abusive partners may keep them from knowing or understanding laws about domestic violence in the United States. The abusive partner may control their immigration status, immigrants may not be immediately eligible for Temporary Assistance for Needy Families (TANF, or more colloquially known as “welfare”) unless they can prove DV and receive waivers, or the victims may fear that the partner will be deported, taking the children with them. While there are laws that allow victims of domestic violence to petition for permanent residency, victims may not be aware of these laws. The need for interpreters or translated documents can be a barrier to service. Victims may be turned away or asked to come repeatedly to court due to lack of availability of interpreters.

Increasingly, immigrant men and women are finding themselves incarcerated, either in the prison system or in detention centers. Individuals (often mothers and their children) can be held in “family detention centers” which are prison-like holding centers for immigrant families. At least one family detention center was previously used as a prison: the T. Donn Hutto Residential Center in Taylor, Texas. Corrections Corporation of America (CCA), a private prison corporation owns the facility. CCA contracts with Immigration and Customs Enforcement (ICE) for the facility and operations (CCA, 2016). There are also facilities other facilities in Texas, New Mexico, and Pennsylvania.

The American Civil Liberties Union (ACLU) settled a lawsuit with ICE in 2007 regarding living conditions at the T. Donn Hutto Residential Center (ACLU, 2007). The lawsuit included allegations that children were forced to wear prison uniforms, were not receiving adequate educational opportunities, and were being threatened with separation

from their parents, amongst others. In 2010 and 2011, the ACLU was investigating allegations of rampant sexual assault against female detainees at the same facility (ACLU, 2010). These are just a few highlights of some of the issues facing families in these detention centers. The Violence Against Women Act (VAWA) reauthorization in 2013 also expanded VAWA to children whose parent died during the petition process to be able to be considered for legal permanent resident status (Sacco, 2015). Some immigrant women may have been traumatized or mistreated by their home governments, limiting trust and access to services (Grossman & Lundy, 2007) Considering the issues outlined in the prior section about immigrant populations, trauma-informed care by social workers is paramount to service provision of those who are involved in the immigration system. This is important to note for social workers, considering the historical violence, historical domestic violence, and potential retraumatization of women and children through detention.

Children Exposed to IPV and Child Maltreatment

Childhood exposure to IPV has the capacity for largely negative consequences. One study suggested that 35% of children in the United had been present in the home when there was domestic violence, with a further 15.5% where it was unknown if children were present (DOJ, 2001). It is not unusual for children to be exposed to domestic violence. In one study, children had witnessed 45% of incidents of IPV; nearly 69% were present at the time by either witnessing or being within the home at the time (Richardson-Foster, Stanley, Miller, & Thomson, 2012). Further, Richardson-Foster et al (2012) found that of those involved in the study, 19% of incidents happened during contact visits or when

children were being handed over. Additionally, 12% of incidents were regarding childcare or discipline. Some of the children were also found to be involved in the incidents, sometimes resulting in injury. Young children (under age 5) are more likely to be home, so more likely to witness or hear domestic violence (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997). Degue & Delillo (2009) found that animal abuse allegations in children can be reflective of IPV in the home. In this study, 60% of participants who witnessed or engaged in animal violence had also experienced IPV in the home.

Bragg (2003) recommended the use of the term children “exposed” versus witnessed, because while children may not personally witness domestic violence, they may hear the incidents, or experience the aftermath (such as bruising, cuts, their parent crying, etc), all of which can have significant impact on the child. Exposure to domestic violence is impactful across the lifespan; from infancy to adulthood, DV can have lasting effects. The involvement of children can be a significant element for women in making decisions about relationships where there is domestic violence. Research suggests that in infants, exposure to domestic violence can impact attachment and behavior. Issues such as difficulties with sleeping and eating, risk of aggression in childhood and violence in adulthood (Little & Carter, 2005,) and externalizing behavior (Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006) are all related to exposure to DV. Not only are pregnant women particularly vulnerable to domestic violence, their fetuses may be as well; Blackburn & Loper (2009) found increased cortisol in utero (cortisol is the stress hormone). In older children, The National Child Traumatic Stress Network (NCTSN, 2016) listed the following possible short-term effects: generalized anxiety, sleeplessness,

nightmares, difficulty concentrating, high activity levels, increased aggression, increased anxiety about being separated from a parent, and intense worry about their safety or the safety of their parent. In addition, the NCTSN (2016) outlined several long-term effects, including physical health problems, behavior problems in adolescence (such as juvenile delinquency, alcohol use, substance abuse), and emotional difficulties in adulthood (depression, anxiety, PTSD, etc)

Concurrent child abuse is also a concern where there are allegations of domestic violence; there is the distinct likelihood that social workers working in child protection will encounter co-occurring domestic violence in the home. Research has supported that there is a higher likelihood of child abuse and neglect in homes where there is domestic violence (Kohl, Edleson, English, & Barth, 2005). In addition, children may be used to control the victim, such as through spying or abuse of the child to manipulate the victim, or be accidentally hurt while the perpetrator is abusing their intended target (Bragg, 2003).

The at times contradictory roles of child welfare and domestic violence work may make the relationship between the services difficult, and this can be exacerbated by stress of caseloads, (Mills, Friend, Conroy, Henderson, Krug, Magen et al, 2000). However, there is research to support that cross-training and improving integration can improve responses to families where there is child abuse and domestic violence (Kohl, Barth, Hazen, & Landsverk, 2005; Mills & Yoshihama, 2002) and that clear policy and memorandums of understanding can further enhance the process, as well as being aware of stereotypes that may limit assessment (Knickerbocker, Heyman, Smith-Slep, Jouriles, and McDonald, 2007). Finally, Knickerbocker et al (2007) highlighted limitations in the

assessment process when considering multiple forms of maltreatment, including a lack of comprehensive assessment measures and difficulty engaging the client when assessing for all types of maltreatment, and the client or family may not understand the need for thorough assessment. Knickerbocker recommend the use of motivational interviewing, a structured child maltreatment interview, or an assessment measure like the Child Abuse Potential Inventory, The Parent-Child Conflict Tactics Scale, or the Family Maltreatment Questionnaire. A thorough clinical interview was recommended to identify where there potential maltreatment within a family to address limitations with each of the screening measures. Social workers working school setting should consider (but not assume) the possibility that children who are referred for emotional and behavioral concerns may be witnessing domestic violence in the home.

Notably, research has demonstrated that not all children are negatively impacted by domestic violence, but rather, may be traumatized by overly “intrusive intervention” (Nixon et al, 2007, p 1475). Children who are exposed to domestic violence often face a variety of behavioral, educational, medical, and social concerns, or, they may be further traumatized by overly invasive intervention. Children may also be remarkably resilient and have no adverse effects. However, domestic violence can impact trust in resources. Parents may be distrustful of child protective services when there are allegations of domestic violence for fear of losing their children, and being prosecuted for child abuse or maltreatment. Children who experience domestic violence report an overall decrease in trust in law enforcement (Mulldender, et al, 2002; Richardson-Foster, Stanley, Miller, & Thomson, 2012).

There continues to be issues in assessment and a gap in services despite the acknowledgement of the need for overlapping services between child welfare and domestic violence. As an acknowledgement of this need to coordinate services, the Office on Child Abuse within the The US Department of Health and Human Services Administration for Children and Families Office released a series of manuals designed to address the need for collaboration between agencies. Bragg (2003) acknowledged the need for modifying approaches in child protection when working with families where there is domestic violence. Appropriate intervention would also make consideration of the limited resources of all parties involved, and social workers can assist in making accurate assessments about level of risk involved in domestic violence incidents for the children.

Review Question: Historically, child welfare workers and domestic violence workers are sometimes at odds and do not work across services well. Which of the following best describes why?

- a) They have different training, so they place emphasis on different needs
- b) They have, at times, contradictory missions and goals**
- c) Lack of training
- d) Lack of concern or care regarding a particular group of victims

Correctional System

The overrepresentation of women of color who are victims of violence was discussed in the section, "Persons of Color." However, victims of DV are overrepresented in the

criminal justice system, so this overrepresentation is worth noting for social workers who might work in areas where they might be interacting with formerly incarcerated women. The interaction with formerly incarcerated women may come under the auspice of reunification with children (either in foster care, kinship care, etc). Social workers may also encounter formerly incarcerated women in mental health care settings. Formerly incarcerated women who were victims of domestic violence are increasingly experiencing barriers to service; with a felony conviction it becomes more difficult to access services, find meaningful employment, and enroll in educational systems. Women who are incarcerated or under community supervision may find it difficult to get substance abuse treatment despite the correlation between domestic violence victimization and substance abuse. These barriers to service, when considered in the context of trauma, make it increasingly difficult to think that the criminal justice system alone can answer the domestic violence epidemic. Social workers will continue to be increasingly important in service provision for individuals who were involved in the criminal justice system and domestic violence, even if they are not specifically working in domestic violence or criminal justice programs.

The pathway to prison for many women (and again, disproportionately for black women) is through, directly or indirectly, domestic violence. Loring & Beaudoin (2000), in a study evaluating 251 victim-perpetrators, found that threats against the women (the victim-perpetrators) included threats of isolation, harming of victim property, harm or kill a non-family member, to harm or kill the women's child, to harm or kill pets, to prevent medical care, or to harm or kill the victim themselves led to involvement in the legal system. Other crimes included bank robbery, theft or fraud, murder or attempted murder

of a third party, witnessing child abuse, etc. (Loring & Beaudoin, 2000). In another study, Loring & Bolden Hines (2004) found that in their study of 107 women who were involved in a family violence center and committed an illegal behavior, 75% of these women had their pet threatened or hurt by their abuser, and 24% of these women reported committing their crime due to coercion by their partner. Studies have also found high rates of intimate partner violence amongst incarcerated women, along with high rates of childhood physical and sexual abuse (Bloom, Owen, & Covington, 2003)

Rehabilitation may be a stated goal of the correctional system, but the availability of trauma-informed treatment in jails and prisons are sporadically applied. Individuals who have histories of domestic violence and incarceration may face significant barriers to service. Social workers can benefit from understanding the limitations of the criminal justice system and how incarceration can further traumatize individuals, and limit access to necessary services.

Review Question: Which of the following is true?

- a) There is no correlation between domestic violence and imprisonment for women victims
- b) Incarceration has no further traumatic impact on victim-offenders
- c) There are relatively low rates of historical reports of trauma in female offenders
- d) Incarcerated women are likely to have histories of both childhood abuse and intimate partner violence victimization**

Tying it All Together

There is no “one-size fits all” approach when it comes to intervention. Another considerable issue for social workers working with victims is that shelters or other programs might preclude admittance or continued participation if the victim is using or abusing illicit substances, despite its strong correlation with IPV victimization. Social workers will have to consider the specifics of the individual they are working with to best assist the individuals they work with. However, understanding some of the limitations of some of the criminal justice approaches allows for social workers to work with victims to make more informed choices about interventions and resources. In a the complex system of criminal justice that is so often perpetrator-focused, social workers can play a significant role in helping victims understand the process of the criminal justice system, recognize and utilize resources, and make well-informed decisions.

Intervention Considerations – Victims

Social workers who work with domestic violence victims have likely encountered difficulty navigating through multiple systems, although arguably it can be difficult to navigate different systems regardless of the presenting issue. Specifically, DV victims may encounter barriers in terms of the court, their own probation, child protection services, substance abuse treatment, and mental health services. Clinical social workers may also find tension within domestic violence agencies between professional staff and advocates regarding the clinical approach to domestic violence victims (Lehrner & Allen, 2009). Addressing these systemic issues are not only relevant to the mission of the field of social work, the issues are strongly impactful in terms of service provision.

One of the strongest criticisms of the criminal justice approach to domestic violence is the lack of empowerment allowed for the victim (Westmarland & Kelly, 2012). Historically, victims were often seen as the pathological ones, rather than the perpetrators. The focus was more on, “What’s wrong with her that she stays?” versus, “Why does he abuse her?” There are arguments about how best to provide empowerment for domestic violence victims that are particularly relevant to social workers. For example, the rise of the clinical social worker has led some DV advocates to criticize the approach as pathologizing women and diminishing the role of the abuser in the relationship, due to the perceived “clinical” focus of their work at the reduction of advocacy work. However, clinical social workers have countered the notion that a clinical approach pathologizes victims and its role in victim advocacy and intervention is misunderstood and misrepresented by providing services that address the very real consequences of domestic violence, such as depression, anxiety, and trauma. Either way, this difference in approach can result in tension. Some scholars argue that the over-reliance on the criminal justice system is counter to the mission of the field of social work in regards commitment to advocacy and social change (Kim, 2015) and thus, removing the opportunity for victim empowerment.

Treatment models have historically considered trauma, but less so the complexities of domestic violence. For example, as noted by Hahn in 2014, to address the limitation in clinical models, both Dutton and Walker had attempted, in their respective treatment models, to address the limitations of the diagnosis of Posttraumatic Stress Disorder (PTSD). Both models integrate the safety, empowerment, and healing while Dutton’s emphasized what impacts women’s response to abuse, while Walker’s emphasized the

role of the legal system in domestic violence cases. Whalen's model (1996) had a political component that promoted the role of victims in political action (Hahn, 2014). The model targeted mental health professionals working within DV agencies. The goal of Whalen's model was to promote safety through power and self-efficacy (Hahn, 2014).

Other issues in treatment include a lack of understanding and poor interactions with social workers. For example, Keeling & van Wormer (2012) found that the women they surveyed about their experiences working with social workers were dissatisfied with their treatment. Women may fear sharing their domestic violence experiences due to fear of social services. Keeling & van Wormer (2012) described the narrative as being parallel in many ways to the interaction women have with their abusive partners: who has the control? The fear of social workers can and will prevent victims from getting the assistance and resources they may need, which may increase vulnerability.

Social workers will often encounter domestic violence in the context of child protection. Keeling & van Wormer (2012) also outlined the difficulty with weighing the needs of the mother with the protection of the child. Several researchers have called for an increased collaboration between child protection agencies and domestic violence agencies to support the sometimes contradictory needs of each agency.

One of the recommendations for intervention for victims is for a strengths-based approach with a refocus on self-determination (Keeling & van Wormer, 2012). *Self-determination* is the "condition in which a person's behavior comes from her own wishes, desires, and decisions" (Taylor, 2006). The National Association of Social Workers (NASW, 2008) states the following about self-determination in the Code of Ethics:

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. (1.02)

Goodman & Epstein (2005) outlined some of the emerging evidence supporting the need for increased advocacy for victims, rather than continued focus on intervening with offenders through BIPs and the criminal justice system, by focusing on groups traditionally underserved by the criminal justice system. In emerging research, women reported feeling empowered and helped through intensive advocacy and social support rather than through the criminal justice system. DePrince, Labus, Belknap, Buckingham, & Gover (2012) found that in investigating a community-based intervention versus a referral-oriented, criminal-justice based intervention, the women in the community oriented intervention reported lower levels of PTSD, depression symptom severity, fear, and greater readiness to leave the abuser. The researchers also found that the women in the community intervention group were more likely to engage and take part in prosecution, particularly for marginalized women.

Some of the recommendations by Gandley & Hobart (2010) for service plans include keeping the plans minimal and manageable, engaging the victim, providing services on a voluntary basis (as much as is possible), connecting the plan with the overall assessment, triage needs and focusing on what they refer to as "barrier" issues (such as substance abuse or mental illness). Plans should be culturally responsive and utilize culturally specific programming when available/appropriate, including getting individuals connected to DV advocacy. The plan should be reassessed through checking to see if the plan is achievable and realistic, that it is not adversely impacting the victim's safety, or if

the offender is attempting to intervene in the service plan. Continual reevaluation of the plan may be necessary. Finally, clinicians should document clearly and often, and maintain communication with the victim and engage in safety planning, and keep the victim informed of any changes in perpetrator behavior.

There is danger in attempting to work with victims and offenders of domestic violence without understanding the role that the criminal justice system has on service provision. Social workers have the capacity and ability to improve inter-agency coordination to improve response to incidents of domestic violence.

Review Question: Which of the following is most true regarding victim intervention?

- a) Victims are so traumatized by the domestic violence that they cannot make appropriate decisions about interventions for themselves and their families
- b) Intervening with the offender is the best way to reduce the risk of domestic violence recurring
- c) **Victims have a role in co-creating plans of action with their social workers**
- d) Victims benefit most from parenting skills interventions

Intervention Considerations – Offenders

Batterer intervention programs (BIPs) tend to be the go-to response for court-involved perpetrators of domestic violence. There are a range of BIPs in terms of length, emphasis, and how they intervene clinically with batterers. BIPs may not be appropriate for all cases; for example, there is some limited utility for use of mediation programs where there is a less-serious case of DV, without prior criminal history (Buzawa et al,

2017). Most states utilize the Duluth Model, which focuses on the inconsistent distribution of power between men and women. It does not allow for individual, couple, family, or substance abuse treatment, or individualized approaches to the offender (Buzawa et al, 2017). It also has not held up particularly well in terms of reducing recidivism. Research suggests that different offenders have different needs, and BIPs may harm if not appropriate, for example, in terms of personality-disordered individuals

Like many other issues in domestic violence, the research is mixed on the “success” of these programs. Both perpetrators and victims can minimize or present radically differing accounts of the abuse (albeit for different reasons) (Dobash et al, 2000; Westmarland & Kelly, 2013). The criminal justice definition of “success” may not be fully embracing the nuances of domestic violence; for example, if “success” is that the offender does not recidivate, i.e., is not physically violent his current victim, then that might be viewed a “success” in the eyes of the court. However, others may define “success” differently.

Westmarland & Kelly (2013) looked specifically at factors that might more broadly define “success” by looking at community based Batterer Intervention Programs (they used the term Domestic Violence Perpetrator Program, as BIPs tend to be the term utilized in the United States). They found that “success,” when limited to being defined as the end of physical violence, did not acknowledge the other behaviors that were often associated with domestic violence. For example, women in the study suggested that the following outcomes were all areas of “success” not acknowledged by the court: an improved relationship, feeling happier and stronger with their partner, improved and honest communication, patience and respect for the female partner, decreased depression

in males, decreased coercive control, decreased stress and anxiety for the female, the men being less controlling, shared parenting, and recognizing the impact of DV on the children in the relationship.

Johnson & Ferraro (2000) provided a commentary on the impact that typologies of perpetrators would have on BIPs. If BIPs are one-size-fits-all, and there are in fact different typologies of offenders, then batterer intervention programs may miss opportunities for interventions. Westmarland & Kelly (2013) stated, “social work ... stands accused of failing to work effectively with domestic violence perpetrators” (p. 1095). When social workers intervene with families where there has been domestic violence, often the focus shifts to the mother rather than on the abusive (male) partner (Stanley, Miller, Richardson-Foster, & Thomson, 2010). According to Westmarland & Kelly (2013), this might be due to the manner that domestic violence comes to the attention of social workers, such as through child protection. This often results in what the authors refer to as social work “surveillance” of the woman rather than an empowerment-based model. What this means is that social workers working in child protection programs might place responsibility of the protection of the children on the mother, and require her to take actions that she is unable to take. In the eyes of the court (and perhaps the social worker) “success” is no more physical violence, and the perpetrator is no longer engaging in that particular behavior, then what is stopping the woman from engaging in particular interventions? The answer is that none of the other coercive behaviors related to DV have been addressed in the BIP, so many aspects of the relationship have not changed. Likewise, engaging the men as fathers rather than ignoring

their partnership in parenting also seemed to result in reported satisfaction with a community-based BIP.

Practically, Gandley & Hobart (2010) recommend the following when working with DV offenders: be aware that they may be superficially charming and may portray themselves as victims themselves. In addition, they recommend that social workers gather and document as much collateral information as possible regarding the abusive behavior. Offenders can, and should be included in setting goals for treatment, including identifying goals and barriers, and culturally appropriate interventions. It may be difficult for social workers to balance between validation and being guarded against manipulation. Boundaries are important. Screening for lethality (harm to self and others) must be a consistent and recurrent process. Assess for gun ownership, protective order compliance, address barrier issues, behavior changes, and necessary changes to case plan. Finally, be sure to document carefully, and plan for your own safety. Regarding treatment, the authors further recommend that social workers consider referring offenders to state-certified programs that come recommended from local DV advocates. Social workers who treat batterers might consider that some BIPs will exclude participants based on substance abuse factors, despite the high correlation between substance abuse and domestic violence perpetration. Similarly, BIPs might not provide treatment for both the abusive behaviors and the substance abuse. Anger management has not been demonstrated to be an effective intervention in DV perpetrator intervention and is not an appropriate intervention for DV.

Review Question: Which of the following model is most often used by states for Batterer Intervention Programs?

- a) **Duluth Model**
- b) Dynamic Model
- c) Detroit Model
- d) Des Moines Model

Mandated Treatment

One of the side effects of mandatory arrests is the subsequent court-ordered treatment, also known as *mandated treatment*. Mandated treatment is often a 52 week Batterer Intervention Program, such as those discussed in the previous section.

One of the issues to consider when dealing with mandated treatment is the impact of treatment on victim-defendants. As we learned in the section on mandatory arrests, at times, victims are being arrested and ordered into mandated treatment for IPV. They may be placed in mandated treatment programs that are not appropriate for victims. As can be expected, victims who are arrested report being traumatized, and feelings of anger, betrayal, shock, degradation, and grief (Dichter, 2013; Gardner, 2007). Other consequences can be far-reaching. For example, victim-defendants might not contact police if the abuse happens again due to fear of re-arrest. They may also have difficulty accessing resources or services that have policies against working with offenders, may encounter custody issues, or have their children placed into alternative custody or back with the partner and may have significant financial issues due to their arrest.

Social workers can benefit from considering how they view the offender-victim continuum. Agency policies might disallow individuals from seeking services if they have a history of arrest for domestic violence. Individual social workers may also dichotomize individuals into either the “victim” group or the “offender” group. However, Swan, Gambone, Sullivan, and Snow (2008) found that it is not necessarily unusual for there to be physical violence between couples; prior studies have found that 39- 75% of women who were arrested for violence reported that the motive was self-defense (Stuart, Moore, Gordon, Hellmuth, Ramsey, & Kahler, 2006; Swan & Snow, 2003) Mandated clients can be difficult to work with, as they may not have impetus to change their behavior; rather, it is a checklist item.

Keeping Current

While full appreciation is beyond the scope of this course, it would be remiss not to acknowledge that domestic violence has significant public health impacts. Issues such as time lost at work, underemployment, chronic mental and physical health conditions, and financial cost to the public are underappreciated consequences of domestic violence. Studies examining adverse childhood experiences have found individuals who were exposed to domestic violence had more severe and more chronic health conditions such as liver disease, chronic obstructive pulmonary disease, and heart disease, an increased risk of substance abuse, antisocial behaviors, and Posttraumatic Stress Disorder, amongst others (Holt, Buckley, & Whelan, 2008) Domestic violence very clearly has a community and societal impact that is ignored when the myth that DV is a “family issue” perpetuates.

Social workers can support these areas of needs by (Hovell, Seid, & Liles, 2006) utilizing their assessment skills to consider moving beyond a simple screening; some

research supports that an enhanced assessment process that specifically addresses domestic violence can increase detection (McFarlane, Hughs, Nosek, Groff, Swedlend, & Dolan Mullen, 2001)

Buzawa, Buzawa, & Stark (2017) highlight the growing need to understand why the number of victims seeking criminal justice interventions has leveled off. The authors also raise the concern about an overreliance of risk assessment instruments by the criminal justice system. There have been criticisms of social work's involvement in the criminal justice response to domestic violence. Kim (2013) is critical of social work as a field and the increasing reliance on the criminal justice response as the "answer" for domestic violence. Kim suggests that this increased reliance has minimized the advocacy and social justice orientation of the social work field, and set a concerning precedent for dealing with social problems via the justice system. This echoes other concerns about the lack of empowerment for the victim in the criminal justice system.

Finally a recent study by Halket, Gormley, Mello, Rosenthal, & Mirkin (2014) suggests that the stigma surrounding domestic violence victims and their choice to stay impacts an individual's view of the victims negatively despite education about the risks of leaving (though some factors were somewhat mitigated by this knowledge). This study and others suggest that the myths and stereotypes about domestic violence victims runs very deep, and this becomes readily apparent in the criminal justice approach to the "helpless victim". Social workers should be aware of the strong stigma and judgment that exists in society, and perhaps in themselves, about the experiences of domestic violence victims. Finally, one of the difficulties of courses like this is the appearance of a linear or dichotomous approach to DV victims. It should be strongly acknowledged and

understood that intersectionality plays a significant role in accessibility to services (including the criminal justice system) for individuals who may experience multiple diverse identities.

Part of the discussion moving forward, as social workers continue to interact with domestic violence victims, survivors, perpetrators, and their families, as well as with the criminal justice system, is to consider how they can use social work perspectives and training to enhance response for DV victims. Acknowledging that one part of domestic violence intervention is the arrest and prosecution of offenders is part of the puzzle; social workers can research, evaluate, and integrate the growing body of literature considering victim/survivor empowerment in addition to the criminal justice approach, or in some cases, maybe even supplant these approaches. These efforts may include increasing screening for domestic violence in a culturally appropriate way, and making appropriate interventions based on a thorough evaluation of the individual while considering systemic barriers to overall interventions. While there are no easy answers, social work can play a pivotal role in improving system and individual response to incidents of domestic violence by taking an individualized approach, understanding the very complex dynamics of domestic violence, and continuing to develop relationships with the criminal justice system at all levels to address systemic gaps and failures.

Review Question: As a result of policies enacted in the 1990s, the criminal justice system has been the intervention of choice for domestic violence. Which of the following statements best describes the state of current social work practice for domestic violence?

- a) Research suggests that the best course of action for domestic violence is to continue with criminal justice interventions exclusively
- b) Research suggests that social workers not engage specifically in the domestic violence field
- c) Research suggests that enhancing community programs and increasing prevention options is key to eliminating domestic violence
- d) Research suggests that enhancing community programs, increasing prevention options, and allowing for victims empowerment is key to eliminating domestic violence**

Conclusion

Clearly, this course only touches on a few of the issues social workers will experience when working with, in, and around the criminal justice system when it comes to domestic violence interventions. Working with IPV very often means working with the criminal justice system. Even if only peripherally, it is extremely relevant for social workers to be aware of, and attuned to, issues that impact service provision of intimate partner violence. Social workers can consider a variety of meanings to the word “success” when it comes to domestic violence. Social work also provides an opportunity to consider alternative approaches to domestic violence, while the prepared social worker can provide clinical intervention and advocacy support for victims and offenders who are navigating the criminal justice system. Interventions that are well informed and individualized will promote the health and well being of DV victims and offenders.

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