
DOMESTIC VIOLENCE TRAINING FOR NEW STAFF AND VOLUNTEERS

CURRICULUM

DEVELOPED BY *Northnode, Inc.*

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DOMESTIC VIOLENCE TRAINING FOR NEW STAFF AND VOLUNTEERS

INTRODUCTION TO THE CURRICULUM

Domestic Violence Training for New Staff and Volunteers is a basic training curriculum on domestic violence that orients new staff and volunteers to the world of domestic violence services, providing the information needed to begin this important work.

Northnode, Inc. received funding for the development of this curriculum from the Massachusetts Department of Children and Families (DCF, formerly, the Department of Social Services). Northnode's mandate under its contract with DCF was to develop a "core training curriculum" that DCF-funded domestic violence service agencies can use to meet their obligations to provide pre-service training for all new staff and volunteers.

To meet this mandate, Northnode brought together a team of experienced trainers from across Massachusetts. At various points in the development of the curriculum, the team included trainers from Brockton Family and Community Resources, Elizabeth Stone House, HAWC, Independence House, REACH, RESPOND, and the YWCA of Western Massachusetts. The team facilitated focus groups for providers from every region of Massachusetts to share our thinking and to gather input from as many people as possible. In draft form, the curriculum was field tested by trainers from Elizabeth Stone House, Independence House, and the YWCA of Western Massachusetts. It was reviewed by staff from Jane Doe, Inc., Children's Charter, and the YWCA of Greater Lawrence.

The result of this effort is a comprehensive training curriculum that reflects the long history of the battered women's movement as well as current and emerging thinking on how we can best respond to the complex challenges faced by those who have experienced or struggle with intimate partner violence. By working with this material, training participants have an opportunity to learn about this history, explore the newest thinking in the field, and join in the overall effort to continuously improve our responses to all who are affected by domestic violence.

AN ACKNOWLEDGMENT

The *Domestic Violence Training for New Staff and Volunteers* was created with funding from the Massachusetts Department of Children and Families (DCF), formerly the Department of Social Services. Throughout the course of this project, DCF staff oversight took the form of regular and gentle prodding, consistent support, and recognition of Northnode's need for independence in the development of the curriculum. This approach suggests a level of trust that is deeply appreciated and that we have worked diligently to sustain.

The project began two years ago when Northnode invited providers from across Massachusetts to be part of a Curriculum Development Team (CDT). Those who responded gave an enormous amount of time and heart to the effort. In addition to bringing a real depth of experience, these individuals represented a diverse group of provider agencies, including those that offer the full continuum of domestic violence services, those that focus solely on community-based services, and those that serve survivors of both sexual and domestic violence.

During the process of creating this curriculum, the CDT met with individuals whose areas of expertise complemented those of the team. The focus groups we conducted with domestic violence service providers drew more than 30 individuals from 21 different agencies/organizations. These individuals generously shared their thoughts about what subjects to include and how to address them. Recognizing that a number of agencies/organizations using this curriculum also use the *Sexual Assault Training Curriculum for New Counselors and Advocates* developed by Jane Doe, Inc., we interviewed individuals from seven of these "dual" agencies. These interviews helped us to better understand how trainers use the Jane Doe curriculum, so that we could make this curriculum as compatible with the sexual assault curriculum as possible.

When they field tested the curriculum, trainers from Elizabeth Stone House, Independence House, and the YWCA of Western Massachusetts had to orient new staff and volunteers to their respective agencies/organizations and at the same time pause to explore with training participants the clarity and effectiveness of the material being presented. This may have been one of the more challenging training experiences for them, and their patience with the process is applauded and appreciated. Finally, the curriculum was reviewed in draft form by several individuals with significant experience as direct service providers and trainers. The comments and suggestions of these reviewers and field testers made a significant impact on the final version of this curriculum, and their willingness to find the time to undertake this review is deeply appreciated.

The people who participated in one or more of these efforts constitute an impressive group that includes: Adrienne Levesque, Barbara Drew-Rivera, Beth Leventhal, Betsy McAlister Groves, Bonnie Gage-Anderson, Carl Allen, Carmen Nieves, Chris Liebke, Dale Brown, Debbie Crispo, Debra Robbin, Erin Banner, Gale Brunault, Janet Vigo, Jessica Hollander, Jo Patterson, Kathleen Facchini, Kathy Garron, Kathy Kelley, Koko Oyama, Lisa Tieszen, Liza Sirota White, Marci Diamond, Maria Rodman, Melissa Lockman, Meridith McGee, Michele Penta, Michelle Fine, Nicole Correia, Nicole Richon-Schoel, Nila Patterson, Paula Coutinho, Rebecca Arruda, Rick Watkins, Rob Dobson, Sheila Radziewicz, Shelley Yen, Stephanie Howard, Susan Criscione, Susan Jenkinson, Susan Staples, and Terri Maxfield.

Overall responsibility for absorbing and then integrating the feedback that these individuals offered rested with Northnode staff and with the CDT's current members: Beverly Costa Ciavola of Independence House, Evelyn Rivera Beaudreault of Elizabeth Stone House, and Jodi Smith of the YWCA of Western Massachusetts. As passionate advocates for survivors of intimate partner violence and experienced trainers in their agencies and communities, the members of the CDT deserve an enormous amount of credit for the quality of the curriculum and Trainer's Manual. All of us at Northnode are thankful for the opportunity to get to know and work with these individuals and are grateful for such extraordinary help in developing the curriculum.

Once decisions about the content of the curriculum had been made, Northnode's staff set itself to the daunting task of shepherding the final product through to completion. Managing this process was not easy, requiring Northnode Associate Director Helen Horigan to move seamlessly from a focus on final editing of the text of the Trainer's Manual and curriculum to overseeing the printing of the materials and production of the CD that accompanies them. Leandra Smollin, Northnode Administrative and Project Assistant, played a pivotal role in organizing the many handouts that accompany the Trainer's Manual and provided invaluable assistance on key administrative tasks associated with finalizing the curriculum. Just as they had done from the beginning of this project in December 2006, Helen and Leandra took up these tasks with energy, focus, and a consistent dedication to Northnode's goal of producing a high-quality curriculum that would be of use to front-line providers of domestic violence services. The quality of their participation made the creation of this curriculum possible.

From the outset the CDT made a commitment to creating a curriculum that not only captures the best of historic approaches to orienting new staff and volunteers to the world of domestic violence services, but also integrates current and emerging thinking about what it means to respond fully to the complex realities and needs of those who experience domestic violence. We see this as a process of continuous study and improvement that can and should involve as many people from the domestic violence service community as are willing to engage in this effort. If the quantity and content of the engagement thus far is any indicator, the kind of improvement hoped for will surely be achieved, and this curriculum will be a valuable resource for those whose work is to respond to all who experience domestic violence.



Judith Lennett
for Northnode, Inc.
November 2008

CHAPTER ONE

INTRODUCTION TO THE AGENCY/ORGANIZATION AND TO THIS TRAINING SERIES

▣ **OBJECTIVES**

The material in this chapter will give participants

- Basic information about the agency/organization
- A picture of how the training will progress and unfold
- An introduction to evaluation of the training.

▣ **WELCOME AND INTRODUCTIONS**

▣ **INTRODUCTION TO YOUR AGENCY/ORGANIZATION**

▣ **INTRODUCTION TO THE TRAINING SERIES**

▣ **EVALUATION**

CHAPTER TWO

THE CONTEXT FOR OUR WORK, PART ONE

▣ **OBJECTIVES**

The material in this chapter will give participants

- An appreciation for the language used in domestic violence service work
- A basic knowledge of the history of the battered women's movement
- An opportunity to begin to explore the roots of domestic violence
- An understanding of differing approaches to domestic violence, including social justice, public health, and human rights approaches
- An appreciation for the essential role that survivors play in responding to domestic violence
- An awareness of the roles that men have played and can play in responding to domestic violence

▣ **KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER**

Battered women's movement

Patriarchy

Battered woman, battered women

Victim rights movement

Victim

Survivor

Batterer

Perpetrator

▣ **WELCOME AND INTRODUCTIONS**

▣ **INTRODUCTION TO THIS CHAPTER**

■ **The premises of this chapter**

If we are to provide high-quality services for survivors of domestic violence, we need to understand the general context in which our services are provided. This includes the following:

- A look at the evolving language used in the domestic violence service community.

- An understanding of the battered women's movement, a movement that gave our services their initial momentum.
- The varying ways in which people understand and describe the roots of domestic violence.
- An appreciation for other perspectives on domestic violence, especially those that approach domestic violence as part of a social justice movement, a public health issue, or a human rights issue.
- A sense of the central role that survivors have played and continue to play in the development and delivery of domestic violence services.
- An understanding of the roles of men in responding to intimate partner violence.
- An appreciation of prevention work as a critical part of our response to domestic violence

▣ THE LANGUAGE WE USE

■ Terminology

- Over the years and in different circles, different terms have been used to describe the problem we address in our work. Here is a sampling: domestic violence, intimate partner violence, violence against women, family violence, domestic abuse, and battering.
- For some these phrases are interchangeable. For others they signal differences of emphasis or focus. For example, the term “intimate partner violence” refers to violence that occurs between adults who are in an intimate relationship. “Domestic violence,” can include intimate partner violence and can also include other kinds of violence that takes place in the home such as violence between siblings or between roommates who live together. “Family violence,” which may be used to describe violence that takes place between and among members of a family, includes violence inflicted on elders by their adult children, child abuse, and punishment of children by parents when the punishment reaches an intensity that is characterized as violent.
- There are several terms used to describe those who inflict violence on an intimate partner. These include “batterer,” “perpetrator,” and “abuser.”
- In addition, different terms have been used to name those who are on the receiving end of this violence. These include: “battered woman,” “victim of violence,” “survivor,” and “abused person.”
- A great deal has been written about the words “survivor” and “victim,” with people advocating that one or the other is a more appropriate word to describe a person who has been abused and/or assaulted by an intimate partner. The word “survivor” has long been a word of choice of the battered women’s movement, while the word “victim” has been the word preferred by those in the victim rights movement.

■ In deciding what language to use, here are some factors that we can consider:

- In what ways does terminology reflect the understanding of a particular time period?
- In what ways does terminology reflect a particular approach to the issue?
- In what ways does terminology reflect an understanding of the data on partner violence?
- In what ways does terminology reflect an effort to capture the essence of an idea with the fewest words possible?
- In what ways does terminology reinforce or reflect the stigma that many associate with domestic violence?
- In what ways does terminology exclude a person or group of people?

■ Suggested principles

- It is important to take the time to use language that is inclusive of all who might be affected by violence in intimate or family relationships. Therefore, we want to use gender-neutral language as much as possible and use gender-specific language only when necessary to make a point accurately. (For example, we would use the term “battered women” when speaking about the political movement that gave rise to our services.)

- It is essential to use language that respects the experience and perspectives of those with whom we work. Therefore, whether we use the word “victim” or “survivor” depends on the people with whom we are speaking and their expressed preferences.

▣ HISTORY OF THE BATTERED WOMEN’S MOVEMENT

- Understanding the history of the battered women’s movement places our agency/organization in the historical context in which it emerged and grew. According to the authors of *For Shelter and Beyond*, here are some key points about this history:
 - The battered women’s movement was part of the second wave of feminism of the 1960s and 1970s. Feminists of this period were very much a part of the civil rights and anti-war movements of the same period. Their work on violence against women was very much influenced by their involvement in these two activist movements.
 - The term “battered women” was used purposefully by survivors and their allies as part of an empowering strategy for breaking through euphemisms for domestic violence that had prevailed in earlier times.
 - Their grassroots efforts included consciousness-raising groups in which women shared stories of abuse and violence in their intimate relationships, and these led to organizing safe homes for battered women. Safe homes, as the phrase suggests, were created by people who opened their homes to others who were fleeing abuse and needed a safe place to stay for a short period of time. Through these efforts, survivors played early and pivotal roles in the development of the first set of responses to domestic violence.
 - The efforts of these women included the development of hotlines and the starting of shelters, many of which were organized in non-hierarchical ways, as part of a purposeful effort to create different models of human interaction.
 - These groups had multiple missions: to provide direct protective services to those who have been abused, to support survivors to recover from the effects of abuse and then assist other battered women, and to work to bring an end to the conditions that actively and inadvertently allowed violence against women to persist.
- The methods and values of the organizations that were created and that grew up during this period are still very much alive.

▣ **UNDERSTANDING THE ROOTS OF INTIMATE PARTNER VIOLENCE**

Activists and analysts have offered multiple ways to understand the roots of intimate partner violence and to suggest ways to focus our responses. Here are some examples:

- **Unequal power**
 - Unequal power between men and women is the context in which heterosexual battering exists.
 - It is also the context in which most Americans grow up.
 - A relationship model in which one party holds greater power and control provides the foundation for GLBT battering.

- **Patriarchy—or male domination**
 - Patriarchy or male domination is the social structure underlying nearly every culture around the world. It dictates that men, by virtue of their gender, are entitled to control women and children.
 - There are many different traditions in cultures around the world that keep women from attaining social and economic independence and thus maintain patriarchy.
 - Violence against women is one of the most powerful of these.

- **Racism:**

Racism in the United States continues to put communities of color at risk, disproportionately burdening them with unemployment, poverty, and poor health outcomes compared to white people. These risks may be exacerbated for families experiencing domestic violence

- **A violation of basic human rights:**
 - It has been observed that “the concept of human rights is one of the few moral visions ascribed to internationally.”
 - Domestic violence violates the principles that lie at the heart of this moral vision: the inherent dignity and worth of all members of the human family, the inalienable right to freedom from fear and want, and the equal rights of men and women.

▣ VARIOUS APPROACHES TO DOMESTIC VIOLENCE WORK

■ **The battered women’s movement approach**

The battered women’s approach describes domestic violence as a gender-based dynamic that has its roots in institutionalized inequality between women and men, in a system of male-domination that by its very definition assumes male supremacy and the right of men to control women and children. The battered women’s approach is explicitly feminist, survivor driven, and grounded in the empowerment model of response. As has been noted, this approach to domestic violence is the foundation on which virtually all domestic violence agencies/organizations were created. Even as these organizations change and grow, their roots in the battered women’s movement remain evident in, among other things, their commitment to the empowerment model of response and their analysis of gender inequality as one of the main components of intimate partner violence.

■ **Domestic violence in the context of social justice and anti-oppression work**

Another approach, and one that builds from the gender-based understanding of the battered women’s movement, sees the ways in which institutional forms of oppression reinforce unequal power and control in relationships and make it especially difficult for certain groups to gain any traction in the struggle to end intimate partner violence. One example involves GLBT partner violence. In this context it has been pointed out that unequal power between intimate partners provides the institutional foundation for violence among heterosexual couples and is also the foundation for violence in gay, lesbian, bisexual, and transgender relationships. At the same time, the realities of GLBT oppression create conditions in which partner violence in these communities can thrive.

■ **Human rights approach**

A human rights approach to domestic violence adds a dimension of international norms and laws to the issue of intimate partner violence. For example, those who articulate a human rights approach note that advances in human rights are often accompanied by government-wide responses to a recognized violation of rights. These individuals suggest that if domestic violence were viewed through a human rights lens, it would more likely be seen as a crime, in and of itself. This, in turn, could bring together both governmental and private (NGO) resources and, in this way, point to a more integrated response.

■ **Public health approach**

A public health approach to domestic violence looks at the prevalence and the health impacts of intimate partner violence and its costs. This approach also focuses on prevention of domestic violence. In important ways, a public health approach brings domestic violence out of the realm of a strictly private problem that exists solely within families.

▣ **SEEKING AND INCORPORATING THE PERSPECTIVES OF SURVIVORS**

- Survivors played a central part in the early battered women’s movement and in the creation of domestic violence organizations.
- The empowerment model assumes that survivors are at the center of our work and that our job is to take our cues from survivors.
- As our agencies/organizations have evolved, many have become more traditional in their organizational structures, less grassroots in their styles, and more oriented toward a social service approach to domestic violence work.
- These changes create a risk that the voices of survivors will be of less and less importance as time goes by.
- How we guard against this loss is an important consideration for the health of our agency/organization.
- Making sure that our agency/organization welcomes survivors and gives them tools to work with other survivors as they tend to their own recovery needs are some ways to assure that the voices and perspectives of survivors remain a central part of our work. At the same time, it is important to acknowledge that not all survivors are able to take on the challenging work of responding to victims of intimate partner violence. By bringing this awareness to our efforts to welcome survivors into our agencies/organizations, we assure the safety and well-being of all who work with us.

▣ **THE ROLES OF MEN IN RESPONDING TO DOMESTIC VIOLENCE**

The battered women’s movement began as a woman-centered effort to address domestic violence in solidarity with other women and in a way that empowered women to gain strength as individuals. In keeping with these roots, men were not a part of the movement and, in some communities, were actively excluded from participation. As our understanding of partner violence has deepened, our community’s view of the roles that men can play in responding to domestic violence has changed. Examples of this include:

- Domestic violence service agencies/organizations have begun to hire men to work in what previously had been all-women organizations.
- Campaigns of local and national scope educate men and boys about domestic violence and how to work in partnership with women’s organizations and others in order to, in the words of The White Ribbon Campaign, “create a future with no violence against women.”

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER THREE

THE CONTEXT FOR OUR WORK, PART TWO

▣ OBJECTIVES

The material in this chapter will give participants

- A basic understanding of the ways in which class, race, and culture impact the experience of domestic violence
- An increased awareness of the importance of responding holistically to all who experience domestic violence
- A basic understanding of current thinking about prevention of intimate partner violence and of the ways in which addressing prevention is integral to responding holistically to domestic violence

▣ KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER

Racism
Prejudice
Bias
Responding holistically to domestic violence
Prevention

▣ WELCOME AND INTRODUCTIONS

▣ INTRODUCTION TO THIS CHAPTER

■ The premises of this chapter

- To be really responsive to those who experience domestic violence, we need to appreciate the ways in which race, class, and culture influence a survivor's experience of and response to partner violence and, of equal importance, how our own race, class, and cultural experiences influence our work with survivors.
- Learning about the class, race, and cultural dimensions of domestic violence is not a one-time event. Instead, it is a life-long undertaking that invites us to be true learners in the world, to be diligent in our effort to educate ourselves, and to cultivate self-awareness.
- Even as we explore general themes related to race, class, and culture, we need to be wary of generalizing. Like us, the survivors we meet are complex individuals who can reflect the general themes we are exploring and, in the same moment, defy generalizations about their race, class, or culture. Adherence to principles of

- empowerment and trauma-informed responses to intimate partner violence means tending to the individuality of the person with whom we work.
- Preventing intimate partner violence can be thought of as embedded in all aspects of our work.

▣ RACE, CLASS, AND CULTURAL DIMENSIONS OF INTIMATE PARTNER VIOLENCE

■ Race issues in domestic violence work

- What is race?
 - ◇ We have been taught to think about race as a matter of biology, to believe that there is a naturally occurring, physical delineation that describes distinct groups of people. Words like “Black,” “White,” and “Asian” are assumed to accurately describe the main racial groups that exist in our world. It is assumed that people within each of these groups inherit and manifest a distinct set of physical and other traits that separate them from people from another group.
 - ◇ Science has shown us that these beliefs and assumptions have no basis in fact. The truth is that race, as a concept, serves no useful purpose. Quite the contrary, race as a concept creates a false sense of separation that has been used to legitimize the unequal power of those who are designated as White.
- Given this truth, why not simply ignore race?
 - ◇ Even as we come to understand race as a socially and politically constructed description of our world, we see that race distinctions have had enormous impacts on certain groups of people.
 - ◇ Here is an example: In *Race Matters*, the Annie E. Casey Foundation brought together substantial data to show that “embedded racial inequities pose the greatest barrier to equitable opportunities and results.” The foundation documented these inequities in a wide range of arenas, including health and wellness, children’s school readiness, educational opportunities, adolescent reproductive health, income security, family and community economic success, neighborhood vitality, government intervention with families, and juvenile and criminal justice.
 - ◇ The enormity of the data reinforces the idea that attending to race issues is essential if we are to assure that our services reach all survivors fully. We need to take into account the barriers that have been erected to keep those who are designated “people of color” from securing the full benefits of these services, and we need to work diligently to be sure that we are not unintentionally keeping these barriers in place.
- On an individual level ignoring race creates another peril. If we ignore race, whether we intend to or not, we are likely to behave in ways that are racist and, in that way, perpetuate institutional racism. Consider the following:
 - ◇ We can think of racism as an ideology that is based on the unfounded belief that there is racial or ethnic inequality—that one race is superior to another or to others.
 - ◇ Racism depends on prejudice, an attitude or belief—usually unsupported by facts—about an individual or group that we use to generalize about the entire group.
 - ◇ Prejudice results in, among other things, making actual members of that group invisible to us, especially when they do not conform to our prejudices.
 - ◇ Race prejudice supports people to think about the world and the people in it in terms of superiority and inferiority, in terms of those who dominate and those who are dominated.

- ◇ Race prejudice is sustained by a system of privilege that gives members of the dominant group certain benefits that set them apart from the dominated group or groups. These privileges are inherited and generally unquestioned. Those who have privilege often are unaware that they have it.
- ◇ Institutional racism can be defined as systemic discrimination based on race distinctions that are built our into legal, social, and education systems. These distinctions are constructed of race prejudice and are sustained by a system of privilege.
- ◇ The Boston Public Health Commission has articulated this thought as follows: “Institutional racism refers to the differential access to the resources, goods, and services of society due to differential educational, financial, recreational, and social opportunities by racial identity. Given that mainstream domestic violence response models were based primarily on the experiences of white, middle class women, services and response systems may not be equally appropriate for, or available to, women, men, and children of color.”

■ **Class issues in domestic violence work**

How we might think about class:

- In terms of class, we live in a diverse society, yet we rarely address class in a direct way. Instead, we tend to focus on the idea of upward mobility as a cornerstone of the American dream. This dream says that if we work hard we can achieve any level of economic success.
- Studies have shown, however, that this idea of upward mobility is indeed a dream—and a myth. In truth, most children born into poor families remain poor all their lives, and children born into middle-class families almost never move beyond that class.
- Biases related to class can be both obvious and subtle, and they can give rise to beliefs that are not only incorrect but very harmful. Some examples include the following:
 - ◇ How a person speaks indicates his or her level of intelligence.
 - ◇ Those who succeed economically do so because they are smarter and more talented than those who do not.
 - ◇ Poor people are poor because of their behavior.
 - ◇ The lower in class people are, the less trustworthy they are.
- We know that domestic violence exists among people of all classes. At the same time we know that survivors with greater economic means have many more options for responding to violence in their relationships. Thus, it is more likely that our programs (especially our residential services) are likely to serve a high proportion of working class and poor families.
- Just as we have all internalized biases and prejudices related to race, ethnicity, and culture, we have all internalized myths and stereotypes about class. And, as with race, ethnicity, and culture, we need to bring as much awareness of class issues as possible to our work with survivors.

■ **Culture issues in domestic violence work**

Some ways to think about culture:

- The Family Violence Prevention Fund (FVPPF), in *Culture Handbook*, offers this definition of culture: “the shared experiences that develop and evolve according to changing social and political landscapes. It includes race, ethnicity, gender, sexual orientation, class, immigration, location, time and other axes of identification understood within the historical context of oppression.”
- As the FVPPF points out, people in any of these categories “are not isolated from each other—they stand alone, interact, and are interdependent as well as mutually reinforcing. Although both groups and individuals within the groups may share commonalities in their experiences of oppression(s) there are also differences in these experiences.”

■ **Some thoughts on how to work with these issues**

Making a commitment to the ongoing work of developing cultural competence is an important part of our work. This can mean a number of things. Here are some suggestions (drawn from the FVPF and echoed by many activists and writers who focus on the issue of cultural competence):

- Work to be mindful of our own biases and prejudices.
If we assume that everyone, without exception, has been taught some form of bias or prejudice, then it is true that this is a kind of work in which we are all equally engaged. At the same time it is important to recognize that each of us must individually work through our biases and prejudices in ways that respect the survivors we serve and our coworkers as well.
- Recognize our own histories and our own experience of interdependence.
The work of developing cultural awareness and competence extends to ourselves as well as those we serve. We are no more or less embedded in, dependent upon, and influenced by cultural histories and norms than the survivors we serve. Remembering this strengthens our capacity to respond holistically to survivors of intimate partner violence.
- Acknowledge the power that we, as providers of services, have over the lives of survivors.
This is a reality that may make us uncomfortable, but acknowledging it is the first step in addressing the power differential that is intrinsic to the structure of our workplaces.
- Work to accept different sets of values.
Even as we recognize the ways in which domestic and sexual violence are universal phenomena, we need to avoid imposing our own views on those we serve, especially if and when the cultural norms that have influenced and that inform a particular survivor are very different from the norms that have informed our lives.
- Gather information on survivors' interpretations of their cultures.
We can educate ourselves and also invite survivors to share information about their cultures. In doing this, we not only gain tools that enable us to be more fully helpful to the survivor, we also affirm the value of the survivor's culture and of its power to serve as a resource in the survivor's search for safety and recovery.

The materials for this section were drawn from *Culture Handbook*,
Family Violence Prevention Fund

▣ **RESPONDING HOLISTICALLY TO ALL WHO EXPERIENCE DOMESTIC VIOLENCE**

As the material in this chapter demonstrates, those who experience domestic violence have many things in common and are, at the same time, unique in their experience and in their needs. It is important to think about how we can best respond to both of these truths. Here are some examples of strategies we might consider:

- **Celebrate diversity within diversity.**

Cultural competence includes appreciating the great diversity within groups that have been portrayed as homogenous. For example, Latinos are an incredibly diverse group. Alianza Latina en Contra La Agresion Sexual (ALAS) teaches us that Latinos in the United States claim over two dozen countries of origin. Latino immigrants come from the countries of the Caribbean and Latin America and speak four major varieties of Spanish in different regions of the country. Being able to serve Latino/a survivors of domestic violence in ways that reflect a real appreciation of the diversity of the Latino community is an important aspect of responding holistically.

- **Work with complexity and contradiction within communities.**

As the FVPF *Cultural Handbook* reminds us, cultures reflect a wide spectrum of attitudes and responses to family violence, a spectrum that includes both acceptance of violence and longstanding opposition to domestic violence. Among other things, working with this complexity means resisting the impulse to see or respond to a particular survivor as if she or he were a symbol of his or her culture or of a single aspect of that culture.

- **Reflect on the complex life experiences of survivors.**

While many survivors struggle under the weight of oppression caused by race, class, or cultural prejudice, survivors do not reflect a single race, class, or cultural group but rather a complex and unique history and life experience defying generalization. As Audre Lorde tells us in “There is No Hierarchy of Oppressions:”

- “As a Black, lesbian, feminist, socialist, poet, mother of two including one boy and a member of an interracial couple, I usually find myself part of some group in which the majority defines me as deviant, difficult, inferior or just plain ‘wrong.’”
- “I simply do not believe that one aspect of myself can possibly profit from the oppression of any other part of my identity. I know that my people cannot possibly profit from the oppression of any other group which seeks the right to peaceful existence.”
- “From my membership in all of these groups I have learned that oppression and the intolerance of difference come in all shapes and sizes and colors and sexualities: and that among those of us who share the goals of liberation and a workable future for our children, there can be no hierarchies of oppression.”
- “I have learned that sexism (a belief in the inherent superiority of one sex over all others and thereby its right to dominance) and heterosexism (a belief in the inherent superiority of one pattern of loving over all others and thereby its right to dominance) both arise from the same source as racism—a belief in the inherent superiority of one race over all others and thereby its right to dominance.”

Embracing these strategies enable us to work skillfully and effectively in support of survivors of intimate partner violence in ways that move our community and system of services closer to the goal of welcoming each and every survivor.

■ **Recognizing the power of spirituality**

Responding holistically also includes acknowledging and supporting the ways in people draw strength from spiritual belief and practices. Here are some things to consider:

- Spirituality can be understood to include our engagement with organized religion. It can also be understood to include the connections that we may feel to powers greater than ourselves, to the natural world, to our ancestors, and to living individuals who inspire us to reach our greatest potential as healthy and happy human beings.
- Many survivors report that their ability to recover from the effects of domestic violence in their lives is directly related to their ability to make spiritual connections.
- Many people who work in domestic violence service agencies/organizations are sustained by spiritual beliefs and practices that serve as reminders of how valuable and nourishing it can be to be of use to others.

▣ **LOOKING UPSTREAM: PREVENTION OF DOMESTIC AND SEXUAL VIOLENCE**

- Prevention is an integral part of the work of all domestic violence agencies/organizations. How each agency/organization prioritizes this work and how it conducts prevention activities can vary significantly.

■ **Examples of prevention work**

Here are some examples of the ways in which domestic violence agencies/organizations work on prevention:

- *Community education* is the most typical type of prevention work that domestic violence agencies undertake. Some of this work is done by an agency/organization on its own, and some of this work is done in collaboration with other agencies/organizations.
- *Domestic violence roundtables* can be thought of as prevention efforts. Many of these roundtables have an educational component in which participating agencies educate one another about their philosophies and services. Sometimes these efforts lead to collaborative projects that have prevention as a key goal. For example, as a result of learning about the services of participating agencies, the roundtable participants might decide to join together to raise funds for a community-wide education campaign targeted at a particular audience (such as teens).
- *Direct services for survivors* can be thought of as prevention work. For example, after a period of working with your agency, a survivor might have developed a deeper understanding of the ways in which childhood exposure to adult domestic violence contributed to her or his own experience of domestic violence. From this recognition the survivor might decide to work with her or his children to try to prevent the cycle from continuing.
- *Attending community events* can offer good opportunities to share your work, educate people about intimate partner violence, and thus make a contribution toward prevention.
- *Engaging men* is a relatively new trend in prevention work, with increasing numbers of domestic violence agency/organizations exploring ways to do this.

■ **Recommendation from the FVPF manual**

FVPF has produced a manual called “Preventing Family Violence: Community Engagement Makes the Difference.” This manual emphasizes community work as a pivotal aspect of prevention. In this regard, here are some of the recommendations made in the manual:

- Help community members see family violence as a priority.
- Help communities address family violence in ways that do not stigmatize or label people as “abused” or “abusers.”
- “Invite don’t indict” men in the community.
- Remember that community mobilization happens within the cultural context of a community.
- Help communities identify ways to hold perpetrators accountable that do not rely too heavily on either the criminal justice or child welfare systems.
- Build individual capacity to intervene with friends and families.

■ **Prevention efforts that our agency/organization undertakes**

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER FOUR

PRACTICES THAT SUSTAIN US IN THE WORK—SELF CARE

▣ OBJECTIVES

The material in this chapter will give participants

- A basic understanding of secondary traumatic stress
- A basic understanding of secondary traumatic stress disorder
- A basic understanding of how to prevent secondary traumatic stress disorder, with a focus on self care, maintaining boundaries, and receiving regular supervision

▣ KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER

Secondary trauma

Secondary traumatic stress

Secondary traumatic stress syndrome

Boundaries

Self care

▣ WELCOME AND INTRODUCTIONS

▣ INTRODUCTION TO THIS CHAPTER

The premises of this chapter

- Bearing witness to the violence, abuse, and trauma experienced by the adults and children served by our agency is emotionally challenging.
- Having emotional responses to what we hear is natural and to be expected because, as human beings, we are bound to be affected by the suffering of others. This response has been called “secondary trauma,” “secondary traumatic stress,” and “vicarious trauma.”
- Experiencing secondary traumatic stress is unavoidable in this work.
- If we deal skillfully with this stress, we are better able to remain balanced and therefore to be helpful over the long term.
- When the stress is not effectively addressed, it is very likely to morph into secondary traumatic stress disorder. This is sometimes called “compassion fatigue.”
- Providers who experience STSD are liable to become less and less effective in their work with survivors. Over time, this can manifest as burnout and high staff turnover.

- STSD and burnout are *not* inevitable. In fact, there are some clear steps that can be taken—as individuals and as organizations—that support the balance we need and that help to prevent secondary traumatic stress disorder.

▣ **SECONDARY TRAUMATIC STRESS**

■ **Presentation and overview of STS**

- Our responses to the experiences and stories of those served by this agency/organization are bound to cause an emotional response in us.
- Here is a definition of secondary traumatic stress:
Secondary traumatic stress is a reaction to the stories and descriptions of violence that providers hear every day from the adults and children served. Secondary traumatic stress can resemble the traumatic stress that survivors themselves experience, though it is not as intense.

▣ **SECONDARY TRAUMATIC STRESS DISORDER**

■ **Defining STSD**

Some signs of secondary traumatic stress disorder include the following

- Decreased energy
- Disconnection from program participants, co-workers, and, if left unattended, oneself (for example, the thought that what is being described could never happen to me or to anyone I know)
- Numbing (for example, the feeling of not caring about what is being shared or the person sharing)
- Hopelessness and cynicism (for example, the thought that nothing I or we do will make a difference)
- Cynicism
- Anger (perhaps against the perpetrator or others who are perceived as contributing to the problem)
- Nightmares

Note that most of us experience one or more of these signs sometime in our work lives. If one or more of these signs become persistent and come to reflect a general feeling that you have about the work, this should alert you to the possibility that these signs of possible STSD have turned into actual symptoms of STSD.

■ **Factors that contribute to secondary traumatic stress disorder**

- The very nature of our work can contribute to the development of secondary traumatic stress disorder and it will do so, unless preventive measures are taken.
- One’s personal history of trauma can result in secondary traumatic stress becoming a disorder, especially if the trauma one has experienced has not been acknowledged or addressed.
- Current life events can contribute to the development of secondary traumatic stress disorder, if they are themselves traumatic or if they bring up recollections of past difficulties and they are not acknowledged or addressed.
- Cumulative exposure can lead to secondary traumatic stress disorder, if each instance of the stress is not acknowledged or addressed.
- Secondary traumatic stress disorder is also called “compassion fatigue.” Left unaddressed compassion fatigue becomes burnout—we can no longer do this work.

■ **It is essential to look at this issue for the following reasons:**

- In order to work skillfully with our emotional reactions to what program participants share, we need to begin to notice these reactions.
- We can better understand these reactions.
- We can get help and support for preventing secondary traumatic stress disorder.
- By doing all of these things, we are more able to be fully present and balanced in our work with survivors and more able to sustain ourselves over the long term.

▣ **PREVENTING SECONDARY TRAUMATIC STRESS DISORDER**

It is important to keep in mind that we cannot prevent secondary traumatic stress—it goes with the territory. What we can do is prevent secondary traumatic stress from becoming a disorder, something that decreases our ability to do our work effectively and fully live our lives outside of work. Three of the most important strategies for preventing secondary traumatic stress disorder are: self care, maintaining appropriate boundaries, and quality supervision. We will explore each of these separately.

■ **Self care**

- Self care is one of the most important ways to prevent secondary traumatic stress. For each of the examples in Slide 28, let's look at why it would be a way to prevent secondary traumatic stress disorder and see if we can name some examples. Along the way, we can notice how some of these overlap with one another.
 - ◇ Physical care. Physical well-being and stress are deeply connected. When we take care of our selves physically, we are more relaxed and we are less likely to hold stress within our bodies. Letting go is easier. Some examples include: regular exercise; eating well, getting enough sleep, massage, dance, tai chi, and yoga.
 - ◇ Psychological or emotional care. It is well documented that our mental and emotional states are deeply connected to our physical well-being. The healthier we are physically and emotionally, the better able we are to deal with stress. There are many activities we can undertake to support our emotional well-being. In addition to the practices mentioned in relation to physical well-being, practices such as meditation, having regular contact with nature, creative expression, and personal spiritual practices are all examples of activities that promote psychological and emotional well-being.
- Return to number 5 on the STS quiz and invite participants to share the answers they gave. Notice the ways in which a particular behavior might be helpful or harmful, depending on the way in which it is undertaken (eating ice cream is an example).

■ **Maintaining boundaries**

Boundaries are the unspoken limits that exist in relationships between those who provide services, such as domestic violence services, and those who receive these services.

Maintaining kind yet clear boundaries is an important strategy for preventing STSD.

This is so for the following reasons:

- As a way of preventing STSD, maintaining clear boundaries reminds us that our power to assure safety and recovery for those who struggle with domestic violence is limited by the fact that the survivor is, ultimately, in charge of her or his own life. We can and should stand ready to offer support and services, but the choice of whether and how to use services is entirely up to the survivor.
- When boundaries are clear and scrupulously honored, those we serve are able to focus completely on their own needs. This is at it should be.
- The power differential that is inherent in provider/client relationships can leave clients feeling unsafe. By maintaining very clear boundaries, clients feel safe and therefore able to focus on their own needs.

- Even if a client behaves in a way that tests our boundaries, if we are firm and kind in the face of such behavior, we are supporting the client to return to his or her own needs as the focus of energy.

■ **Receiving quality supervision**

- Supervision can be defined as process in which one person in the agency is given responsibility to direct, coordinate, enhance, and evaluate the job performance of another person. In the best circumstances, the supervisory relationship is a positive one in which the supervisor performs educational, evaluative, and supportive functions in interaction with the supervisee. The ultimate objective of this effort is to deliver the best possible services to clients.

Interactional Supervision by Lawrence Shulman,
NASW Press, 1993

- In addition to ensuring that program participants get the best services, quality supervision can go a long way toward preventing STSD. Here are some examples:
 - ◇ Supervisors can remind staff and volunteers of the benefits of maintaining boundaries.
 - ◇ When a boundary issue becomes confusing (this is bound to happen in our work), supervisors can help you to get clear on where and how to work with the boundary confusion.
 - ◇ Supervisors can help staff and volunteers become more and more aware of how the struggles and suffering of survivors is affecting them—the arising of STS—and, in doing so, assure that the stress does not turn into STSD.
 - ◇ Supervisors can help staff follow through on commitments to self care, which are an essential part of preventing STSD.

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER FIVE

WHAT IT MEANS TO EXPERIENCE DOMESTIC VIOLENCE

▣ **OBJECTIVES**

The material in this chapter will give participants

- An understanding of how we define domestic violence and what it means to experience domestic violence
- An understanding of common myths about domestic violence and the cycle of violence
- An appreciation for the challenges that survivors face if they want to leave an abusive relationship
- An understanding of how domestic violence affects adults who are battered and children who are exposed to adult domestic violence

▣ **KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER**

Teen dating violence

Elder abuse

Trafficking and sex work

Homo/bi/transphobia

Heterosexism

The cycle of domestic violence

The impact of domestic violence on adults and children

▣ **WELCOME AND INTRODUCTIONS**

▣ **INTRODUCTION TO THIS CHAPTER**

■ **The premises of this chapter**

- There are aspects of domestic violence that are universal, affecting virtually all victims in the same ways, and there are some aspects of domestic violence that are unique to the communities in which the violence takes place. Appreciating the universal aspects of domestic violence is as important as understanding the ones that are particular to various groups.
- Even if we have an understanding of the universal and the particular aspects of domestic violence, we need to remember that generalizing can be dangerous. Every person who has been battered is an individual whose story is unique and whose needs for support are unique. A core principle of empowering and strength-based responses

to domestic violence is that services be tailored to the individual situations and needs of each survivor.

■ **Main issues**

This chapter takes us into the world of a person who has been or is being abused. It looks at those aspects of intimate partner violence that appear to be universal and those that may be unique to people in particular communities. The main issues it addresses are as follows:

- Defining domestic violence
- Understanding the root causes of partner abuse
- Common myths about domestic violence
- The cycle of violence
- Challenges involved in leaving a violent relationship
- The connection between domestic violence and sexual assault
- The impact of domestic violence on adults who are battered
- The impact of domestic violence on children

▣ DEFINING DOMESTIC VIOLENCE

- Domestic violence is a pattern of coercive and controlling behaviors that one person uses over another to gain power and control. Domestic violence can be said to exist along a continuum that includes verbal abuse, emotional and psychological abuse, physical abuse, and sexual assault. Although each is described separately, there is considerable overlap among these forms of abuse.
 - **Verbal abuse**
Verbal abuse includes constant criticism, belittling of one’s abilities and competency, insults, put downs, name calling and other attempts to undermine one’s self-image and sense of worth. Other examples are yelling, spreading rumors, revealing secrets, and stereotyping. Threats are another form of verbal abuse (and of emotional, mental, and psychological abuse as well) and take the form of direct threats of harm to the victim, threats to harm or leave with children, or threats to other relatives or friends.
 - **Emotional, mental, and psychological abuse**
Emotional, mental, and psychological abuse include controlling and limiting one’s access to friends, school, work, or family; forced isolation and imprisonment; placing restrictions on movement and/or activities; intimidation; using and manipulating a victim’s fear of physical harm; and threats to harm others. Suicide threats, stalking, sabotage, blackmail, and destruction of pets and/or property can also be examples of emotional, mental, and psychological abuse.
 - **Physical abuse**
Physical abuse includes inflicting, attempting to inflict, or threats to inflict physical injury. This includes slapping, hitting, hair-pulling, biting, arm twisting, kicking, punching, use of objects to inflict pain and injury, choking, and pushing. Physical abuse is almost always coupled with verbal and emotional abuse.
 - **Sexual abuse**
Sexual abuse includes any sexual contact without consent and any exploitive or coercive sexual contact. It includes unwanted fondling; inappropriate touch, rape, intercourse, oral or anal sodomy; attacks on sexual areas of the body; treating a person in a sexually derogatory manner; use of objects or weapons; forced pregnancy or abortion, and the withholding of contraceptive methods.
- To a large extent, these behaviors appear regardless of whom a perpetrator targets. At the same time, it is important to be aware of some of the unique aspects of domestic violence when it takes place in teen dating relationships, in long term relationships involving elders, and in the context of trafficking and sex work. In addition, there are issues particular to intimate partner violence perpetrated against individuals with disabilities, people from GLBT communities, people of color, and individuals who are immigrants. In order to be prepared to respond fully to all who might seek our services, attention needs to be paid to these issues.

○ **Teen dating violence**

According to VAWnet, a project of the National Resource Center on Domestic Violence, it is likely that “physical aggression occurs in one in three adolescent dating relationships.” Some of the ways in which the violence in teen dating relationships differs from violence in adult relationships are as follows:

- ◇ Reciprocal use of non-sexual violence among teens appears to be common. This reciprocity is not the case in sexual violence. Research shows that teen females sustain much more sexual violence than teen males.
- ◇ There is a correlation between community violence and teen dating violence. The more community violence, the more likely there is to be dating violence against female teens.
- ◇ Gay, lesbian, and bisexual youth who are involved in same-sex dating relationships are as likely as their heterosexual counterparts to experience dating violence.
- ◇ In a Family Violence Prevention Fund study, 81% of parents surveyed either believe that teen dating violence is not an issue or admit that they don’t know whether it is an issue.
- ◇ For teens caught up in dating violence, securing safety can be complicated by the challenges that teens who are minors face in trying to obtain court orders of protection and accessing supportive services that can extend a promise of confidentiality to the teens. School settings are an example of venues where such complication can manifest, because teachers and counselors may be legally obligated to share with parents information they receive from students.
- ◇ In addition, when a teen who is a minor is struggling with violence in a dating relationship as well as violence in the home, securing safe and affordable housing can be difficult, if not impossible.

The material on teen dating violence has been drawn primarily from two sources:

- O’Keefe, M., *Teen Dating Violence: A Review of Risk Factors and Prevention Efforts*, VAWnet Applied Research Forum, April 2005
- *Teen Dating Violence Information and Resources*, National Resource Center on Domestic Violence, 2004.

○ **Domestic violence involving elders**

Domestic violence in relationships between elders is more common than we might think, and it often follows patterns that are similar to domestic violence among other adults. Some factors of particular significance when domestic violence occurs in elders’ relationships are as follows:

- ◇ In long-term relationships, acknowledging abuse can be especially difficult for the elderly spouse who might be incapable of imagining a life apart from the batterer.
- ◇ In cases where a batterer is elderly, judges may be more hesitant to order the perpetrator to leave the family residence.
- ◇ Adult children may conspire to protect the parent batterer and/or minimize the impact of the violence.
- ◇ In Massachusetts (and most other states) there are laws aimed at protecting elders from abuse by caretakers. These laws are implemented by a social services network that receives reports of alleged elder abuse and works to protect abused

elders. This system is very similar to our child protection system in that it mandates certain categories of people to file reports of suspected abuse and assumes that elders (like children) may need to be protected, whether or not they ask for protection.

- ◇ Among elders and their families, and social service providers as well, there may be resistance to the idea that domestic violence can even exist between people who have been life partners for many decades. As a result of this denial, allegations of partner abuse by elders may be dismissed or minimized.
 - ◇ In addition, shelter services for frail abused elders might not be adequate to meet elders' needs for accessible services.
- **Trafficking and sex work**
- ◇ There is growing recognition of the dimensions of trafficking, of the ways in which prostitution constitutes violence against women, and of the need to address these issues in domestic violence services.
 - ◇ Individuals who have been forced into sex work through human trafficking have needs that are in some ways very similar to the needs of survivors of sexual and domestic violence. At the same time many of these individuals have had to endure extreme forms of physical and mental abuse, including rape, torture, and starvation. Many have also been completely isolated from any sources of potential support, having been lured to the United States from other countries by promises of good work in comfortable surroundings.
 - ◇ Prostitution has much in common with other kinds of violence against women. Studies have shown that prolonged and repeated trauma often precedes entry into prostitution, with most women beginning prostitution as sexually abused adolescents. In addition, violence is the norm for women in prostitution. Incest, sexual harassment, verbal abuse, stalking, rape, battering, and torture are points on a continuum of violence, and all occur regularly in prostitution. Several writers have pointed out that prostituted women are unrecognized victims of intimate partner violence by pimps and customers who use methods of coercion and control similar to those used by other batterers. These include minimization and denial of physical violence, economic exploitation, social isolation, verbal abuse, threats and intimidation, physical violence, sexual assault, and captivity. The systematic violence emphasizes the victim's worthlessness, except in her role as prostitute.
 - ◇ As a result, trafficked and prostituted women may need enhanced forms of the services that domestic violence agencies/organizations typically provide. Here are some of the service needs that have been identified by programs that have been especially designed to respond to this group of survivors:
 - Extended shelter services, especially where the survivor is cooperating with law enforcement efforts to prosecute traffickers, a process that can often take one to two years.
 - Enhanced safety planning that may need to take into account the fact that the person may be at risk of harm from organized crime and/or sophisticated trafficking operations.

- Mental health needs that are more like the needs of torture survivors than those who have survived domestic violence

The material in this section on trafficking has been adapted from the *Human Trafficking Service Provider Manual for Certified Domestic Violence Centers*, produced by Florida Coalition Against Domestic Violence (FCADV), 2004. The material on prostituted women was drawn largely from: Farley, M., “Prostitution Is Sexual Violence,” *Psychiatric Times*, 21: 12, October 1, 2004.

- **Violence against people with disabilities**

Studies suggest that women with disabilities are more likely to be abused or assaulted than those women who do not have disabilities and, when they are abused, they may be less able to access the services they might need to achieve a measure of safety and recovery. Some of the factors at work in creating these barriers are as follows:

- ◇ Abusers who are personal care givers can abuse people with disabilities in unique ways, including withholding medication, personal care, or medical equipment; refusing to fix meals or feed the person; or withholding access to communication such as interpreters and TTY.
- ◇ When the abuser is a person who has been responsible for providing assistance in activities of daily living, there may be increased vulnerability on the part of the person with disabilities and an increased dependence on the perpetrator.
- ◇ A person with disabilities may be economically dependent on the abuser and therefore may feel that she has fewer options for resisting the abuse.
- ◇ For people with disabilities who are battered and in need of shelter, it can be difficult to locate a shelter that is accessible (in terms of physical access to the building, physical access to the use of all facilities in the shelter building, and in terms of accommodating the specific needs for assistance that a person might need.
- ◇ As we think about people with disabilities who experience intimate partner violence, we need to be careful not to fall into the trap of over-generalization. People with disabilities constitute a diverse group of individuals, including those who have developmental disabilities, those who experience disability as a result of illness or injury, and those whose disabilities can be attributed directly to intimate partner violence. Likewise, empowering and trauma-informed responses to individuals with disabilities who have been abused must be informed by a real understanding of the ways in which these individuals’ disabilities have impacted their lives and by attention to their particular needs for support and assistance.

The material in this section on violence against people with disabilities is drawn mainly from *Untold Stories, Unmet Needs: Understanding the Needs of Sexual Assault and Domestic Violence Survivors with Physical and Sensory Disabilities*, Jane Doe Inc. This manual is an excellent resource for agencies/organizations seeking to examine and improve their capacity to respond to survivors who have physical and sensory disabilities.

○ **Domestic violence in the GLBT community**

- ◇ In many ways intimate partner violence in the GLBT community looks very much like partner violence in other communities. And there is every reason to believe that domestic violence occurs in GLBT relationships at the same rate as it occurs in heterosexual relationships. The ways in which GLBT domestic violence differs often combine to make access to effective services extremely challenging for GLBT victims of violence. Some of these factors are as follows:
 - The threat, by a perpetrator, to reveal the partner’s orientation to family or to an employer holds the possibility of loss of a job and life-long relationships. For a victim of domestic violence who is not “out,” these threats can be insurmountable.
 - The historic homo/bi/transphobia and heterosexism of our law enforcement institutions can leave GLBT victims of violence believing that the police will not help them to secure safety. Moreover, if a victim feels that calling the police means that the partner, however abusive, will be brutalized by a homo/bi/transphobic police officer, calling the police can be extremely difficult if not impossible.
 - Even though certain rights of gay and lesbian people are protected by the law, the court system does not necessarily enforce these laws uniformly. Knowing this, many GLBT people hesitate to turn to the legal system for protection from abuse.
- ◇ Given the homo/bi/transphobia and heterosexism that has been woven into our history and the biases that we have internalized as a result of that history, welcoming GLBT survivors of intimate partner violence into our programs and serving them appropriately calls for more in-depth training than most agencies/organizations can provide. Training is available however through Boston’s GLBT Domestic Violence Coalition. That training covers essential topics—from making an agency/organization more GLBT-accessible to determining whether the person you’re working with is the survivor or the batterer. Further information can be obtained by e-mailing info@tnlr.org.

○ **Domestic violence in communities of color**

There are ways in which this country’s history of racism leaves all people of color similarly situated when it comes to accessing domestic violence services. At the same time, different communities of color experience different forms of prejudice. Here are a few things to consider:

- ◇ The history in this country of institutional violence against communities of color can leave victims of violence within these communities with serious doubts about whether that very system would be able or willing to respond appropriately to violence perpetrated by one person of color against another.
- ◇ Black women who are battered may find themselves in an exceptionally difficult position within the Black community. As Evelyn C. White points out in *Chain Chain Change*, “The images and expectations of African-American women are actually both *super-* and *sub-*human. This conflict has created myths and stereotypes that cause confusion about our own identity and make us targets for abuse.”

○ **Domestic violence issues in immigrant communities**

In addition to the challenges to securing safety and recovery that all victims of partner violence experience, those who are immigrants experience challenges that are particular to newcomers who are not United States citizens, who lack documentation of their right to be in the United States, or whose primary language is other than English. Some of these are as follows:

- ◇ Immigrants too often assume that the law is not available to protect them from abuse. This may simply be the result of not knowing that there are laws that are intended to protect all who are abused, including immigrants and people who lack documentation to be in the United States. It may also be that particular immigrants have come to the United States following experiences of brutality in their countries of origin that have left them deeply distrustful of government in general and of law enforcement in particular.
- ◇ Fear of deportation, whether well-founded or not, can keep a non-citizen victim of violence from seeking help, especially if there are citizen children from whom the victim could be separated upon deportation.
- ◇ Although this has been changing, domestic violence agencies/organizations may not have staff or volunteers who are able to connect with a person whose first language is other than English and whose first culture is other than North American. For a person in need of shelter or other domestic violence services, the lack of a person with whom the victim can actually communicate can make it difficult if not impossible for quality services to be delivered.

▣ **COMMON MYTHS ABOUT DOMESTIC VIOLENCE**

There are a number of myths about domestic violence that we hear in conversation in the media, and in many other settings. What these have in common is that they all either justify partner abuse or blame the person who has been abused. Here is a sample of these myths:

- What is happening is not abuse; it is mutual violence within an intimate relationship.
- Drugs and/or alcohol cause abuse to occur.
- Stress (problems at work, financial problems, and so forth) causes abuse.
- Psychopathology causes abuse.
- Only people of color and poor people are abusive in intimate relationships.
- Victims like the violence, otherwise they would leave.
- When violence happens in relationships, the victim has usually provoked it.
- Abuse is a momentary loss of control.
- Abuse is about anger.
- Abuse rarely results in serious injury.
- It's easy to get help and leave.
- Abuse in an intimate relationship is a private matter, and others should not interfere.
- It is technically not illegal to beat a family member.
- Abuse is rare.
- Children outgrow the effects of being in an abusive home.
- There is no such thing as marital rape.

▣ **THE CYCLE OF VIOLENCE**

- The battered women's movement has long described domestic violence in terms of cycles of abuse in which the extent of physical violence increases over time. In this understanding, there are three cycles:
 - The period of tension building, in which a small series of events creates and intensifies tension in the relationship and in which the perpetrator instills a feeling of fear in his or her partner.
 - The explosion stage, in which the perpetrator uses violence to release built-up tension, anger, and/or frustration and, most importantly, to exercise ultimate control.
 - The honeymoon stage, in which the perpetrator expresses remorse and attempts to convince his or her partner that explosions of the sort that just occurred, will never happen again.

▣ CHALLENGES TO LEAVING A VIOLENT RELATIONSHIP

Many people not involved with an abusive partner say that if their mates ever harmed them they would leave. Survivors often recall having these same thoughts and they have taught us that there are complex factors working against a person who is caught in a violent relationship.

■ Leaving can be dangerous

Research has demonstrated that leaving a violent person places a victim of violence at increased risk of harm. Survivors know this and may decide that leaving is simply too risky. For those who have children, the prospect of even greater harm may make leaving feel impossible.

■ Hoping for change

Because no one plans to enter into a violent relationship, finding one's self threatened and abused by one's partner can be difficult to acknowledge. Perpetrators may take advantage of their partners' desires for different and nonviolent relationships by expressing remorse after inflicting violence, by promising never to hit again, or by agreeing to seek counseling.

■ Isolation

Perpetrators and society often combine to create an environment in which a victim of violence is likely to be physically isolated and feel very much alone. This can take a number of forms.

- The perpetrator may work consciously to isolate his or her partner. Strategies include prohibiting connections by phone or in person with friends and family; humiliating the person in front of friends and family; controlling the person's ability to get to work, to school, or to social events; and censoring mail. Over time, these efforts can result in a person being nearly or completely isolated from all potential sources of support.
- Batterers in GLBT communities can capitalize on the fact that their victims already labor under the isolation resulting from homo/bi/transphobia and heterosexism on multiple fronts. These include family who reject them, court systems that have failed or refused to protect them, and a sheltering system that lacks the capacity to serve them appropriately.
- For immigrants, especially those whose first and primary language is other than English, the need for community is especially strong. When a batterer is able to separate his or her partner from the community by using the tactics already mentioned, and can add the threat of deportation to the mix of threats, the isolation can be devastating.
- Over time, a person who has been separated from all sources of potential support and connection can come to believe that support simply does not exist and that there is therefore no way out of the violent relationship.

■ Societal denial

Although laws that provide protection from abuse have been in place in Massachusetts for thirty years and although media attention to sexual and domestic violence has

improved in recent years, denial of the extent of intimate partner violence and of its impact has persisted. This denial can manifest in a number of ways that combine to make it extremely difficult to walk away from a violent partner.

- The behavior of batterers often takes place in the context of general societal and community denial of the reality and seriousness of domestic violence. Perpetrators often present themselves as engaging and charming individuals, making it difficult if not impossible for others to imagine that they might actually abuse their partners. The more they are able to take advantage of societal denial, the more they are able to convince the victim that no one will believe allegations of abuse.
- Too many helping professionals continue to deny the existence of domestic violence or minimize its seriousness. When doctors or therapists refuse to act on a person's description of abuse or trivialize a person's complaints, the perpetrator's message that no one will believe the victim is confirmed.
- Denial within faith communities can also conspire to keep a person from escaping a violent partner. It is true that efforts are being made to educate clergy and other faith community leaders about domestic violence. At the same time, if someone struggling with partner violence turns to a religious leader for help and support, that person is too likely to hear that prayer and reconciliation are preferred responses. Faced with these kinds of responses, leaving the batterer may not feel like an option.

■ **Economic dependence**

In many intimate relationships, the most likely predictor of whether a victim of violence will permanently separate from the abuser is whether she or he has the economic resources to survive without the batterer. Perpetrators are likely to understand this and may make serious efforts to reinforce the idea that their partners cannot survive without them. We can see this dynamic at work in a number of ways.

- Among elderly couples, it is frequently the case that the perpetrator has been the sole earner in the family and that the partner has no experience in the work world or in matters related to basic money management. Should this factor combine with denial of domestic violence among adult children of the couple, the victim's options can feel and actually be severely limited.
- In immigrant families it may be that the perpetrator has documentation that enables him or her to secure employment legally, while the victim does not. In this situation economic dependence on the batterer leaves the victim with few or no options for leaving.

■ **Threats of retaliation**

Even when a person decides to leave, batterers put up many barricades. Many threaten to seek custody of their children, to withhold support, to interfere with the victim's employment, to advise prospective landlords that she or he is not credit-worthy, to try to turn the children or family against her or him, to threaten to kill the victim or other family members if she or he leaves, to threaten retaliatory suicide, or in other ways to escalate the violence in an attempt to hold the person in the relationship.

■ **Leaving is a process**

Sometimes it is said that if a person who has been battered remains with or returns to the abuser this is a sign that the person is not ready to accept the help we have to offer. If we look deeply into this sentiment, we may find that it arises out of a hope that the person will leave the abuser and that it may not reflect a real understanding of the challenges we have been exploring. The truth is that most individuals leave and return several times before permanently separating from the batterer. Leaving is a process. The first time a person leaves may be a test to see whether the batterer will actually get some help to stop the abusive behavior. When the violence persists the victim may leave to gain more information about resources available. There may be a reconciliation during which the victim works to gather economic and educational resources together that would enable her or him to leave. Leaving must be done in a way that does not further jeopardize the victim's safety. This is a process that must be driven by the person struggling with domestic violence.

■ **Some closing thoughts on challenges to leaving an abusive relationship**

- Too often we hear the question, “Why doesn’t the victim just leave?” The very question demonstrates a lack of understanding of what it really means to be in a relationship with an abusive and violent partner. Worse, it places responsibility for doing something about the violence on the shoulders of the victim. The responsibility does not belong there.
- As we see from the material we have just covered, leaving an abusive partner can place a person in great danger. Even if the perpetrator is not threatening lethal harm, the dynamics of intimate partner violence combine to make it extremely difficult to escape.
- Thus, instead of asking, “Why doesn’t the victim just leave?” it would be more appropriate to ask the following questions:
 - ◇ “Why does this person batter?”
 - ◇ What can we do to stop this behavior?
 - ◇ “What can we do to provide immediate and enduring safety from abuse?”

▣ **THE CONNECTION BETWEEN DOMESTIC VIOLENCE AND SEXUAL ASSAULT**

- Although our service system has historically separated domestic violence and sexual assault services, we know that sexual assault and domestic violence are deeply interconnected. Consider the following:
 - Perpetrators use sexual assault and the threat of sexual assault to keep victims under control and in deep fear.
 - Contrary to the myth of stranger rape, in 75% of adult rapes the victim knows the perpetrator. As a result, those who have been sexually assaulted and who fear repeated sexual assault may need the same services—including emergency sheltering services—that are needed by domestic violence survivors.
 - While it is true that both domestic violence and sexual assault carry strong and persistent stigma, the depth of shame that continues to be associated with sexual assault can considerably compound a person’s ability to respond and recover.
 - Domestic violence and sexual assault survivors both struggle with the signs and symptoms of PTSD as a result of the violence they have endured.
 - Sexual and domestic violence can seriously impair a parent’s ability to care for children who are, themselves, likely to be deeply affected by the violence against their caretaker parent.

- In our work we need a basic understanding of sexual assault and its consequences.
 - Sexual assault can be defined as any sexual activity that is forced or coerced.
 - Rape, as defined by Massachusetts law, has three elements: there must be penetration, there must be force or the threat of force, and the act must be against the will of the victim.
 - Our law enforcement systems respond to sexual assault in ways that, too often, fail to protect victims of sexual assault and also fail to effectively hold perpetrators accountable. Victims know this and, as a result, only about 16% of rapes are reported to police.

- We have explored some common myths and misconceptions that make it extremely difficult for domestic violence survivors to seek and obtain help. The same kinds of barriers exist around sexual assault and society’s myths and misconceptions about sexual assault are pervasive and deeply imbedded in our cultures.
 - Here are some examples:
 - ◇ When rape happens it usually happens to someone who is in some way to blame.
 - ◇ Women secretly fantasize about being raped.
 - ◇ Women are more likely to be raped if they go out alone at night.
 - ◇ Once a man is sexually aroused, he is unable to control himself.
 - These myths are part of the complex set of dynamics contributing to a victim’s belief that reporting rape is a fruitless undertaking.
 - In addition, the process of prosecuting a rape case is likely to re-traumatize the victim. Without a strong and skilled advocate, going through this can be impossibly difficult.

- The overlap between domestic and sexual violence has important implications for our services. These include the following:

- We need to take steps to make disclosure of sexual violence as easy and safe as possible for program participants.
- We need to be prepared to provide the full array of safety-related services that survivors of sexual assault need.
- We need to develop and nurture strong collaborative relationships with area rape crisis centers, so that survivors who seek these specialized services can easily access them through our agencies/organizations.

The facts about sexual assault were drawn primarily from *Sexual Assault Training Curriculum for New Counselors and Advocates*, Jane Doe, Inc., 2003.

▣ THE IMPACT OF DOMESTIC VIOLENCE ON ADULTS WHO ARE BATTERED

■ Fear of being assaulted again

Domestic violence has wide-ranging and sometimes long-term effects on victims that can be both physical and psychological. First and foremost is the fact that the experience of battering can leave the victim in terror of being battered again. Where the violence has included sexual assault—as is often the case—the fear of abuse can take on a truly terrifying dimension. Instilling this fear is a key tactic used by perpetrators.

■ Economic impact

Intimate partner violence can have a significant economic impact on the lives of its victims.

- Because workplaces are often public places, victims may not be safe at work.
- If the perpetrator harasses them at work, in addition to being unsafe, victims may struggle with how to explain the situation to co-workers and/or supervisors.
- They may lose their jobs for reasons associated with the abuse, such as the following:
 - ◇ Absenteeism because of illness as a result of the violence.
 - ◇ Absenteeism because of court appearances associated with obtaining protection from abuse or associated with custody or visitation issues.
- Victims may have to move many times to avoid violence. Moving is costly and can also interfere with continuity of employment.
- Many victims have had to forgo financial security during divorce proceedings to avoid further abuse.

■ Immediate and long-term physical effects

- The immediate physical effects of domestic violence are obvious. Battering is the single major cause of injury to women, more significant than auto accidents, rapes, or muggings.
- Many of the physical injuries sustained by victims of domestic violence can cause medical difficulties in later life. Arthritis, hypertension, and heart disease have been traced to domestic violence earlier in adulthood.
- Medical disorders such as diabetes or hypertension may be aggravated in victims of domestic violence because the abuser may not allow them access to medications or adequate medical care.
- Victims may experience head injuries, chronic pelvic pain, abdominal and gastrointestinal problems, frequent vaginal and urinary tract infections, sexually transmitted diseases, and HIV.
- Victims may also experience pregnancy-related problems. Women who are battered during pregnancy are at higher risk for poor weight gain, pre-term labor, miscarriage, low infant birth weight, and injury to or death of the fetus.

■ Psychological harms

In addition to the physical impacts of intimate partner violence, victims of partner violence also experience psychological harms, some of which can be more devastating and longer lasting than the physical injuries they sustain. Chief among these are depression, thoughts of and attempts at suicide, and post-traumatic stress disorder (PTSD).

■ PTSD

The following are some key things to understand about PTSD:

- To paraphrase Judith Herman, author of *Trauma and Recovery*, traumatic events can profoundly affect us:
 - ◇ They call into question basic human relationships.
 - ◇ They can breach our connections to family, friends, and community.
 - ◇ They can shatter the construction of the self that is formed and is sustained in relation to others.
 - ◇ They can undermine belief systems that give meaning to human experience.
- PTSD is caused by an overwhelming life experience that is not digestible—physically, emotionally, or spiritually—and that impacts the body, the mind, and the spirit. Its most common symptoms are re-experiencing the traumatic event, avoidance and numbing, and hyperarousal. Domestic violence and sexual assault are prime examples of overwhelming life experiences.
- Here are some behaviors we might observe in a person with PTSD:
 - ◇ Being jumpy and easily startled. While a sudden noise might startle many people, for a person with PTSD that same noise could make them practically “jump out of their skin.” This is known as hyperactive startle reflex.
 - ◇ This high state of arousal can result in sleep difficulties.
 - ◇ Inability to regulate emotions or overreaction: those who have PTSD might react strongly to small things, which can make it difficult to concentrate or focus. When this happens repeatedly, a person can have difficulties in parenting, in job performance, and in many other aspects of everyday life.
 - ◇ Emotional detachment may take place as a way of coping with emotional systems being in overdrive as a result of the trauma. Feelings of rage, shame, and helplessness are common results of intimate partner violence. When they seem to come in floods of emotion, this can simply be too much to bear. Shutting down emotionally in these situations can actually be a form of protection, even though they have negative consequences, when emotional detachment leaves a person unable to respond to children, family, or friends.
 - ◇ Emotional avoidance and numbing. Those who have suffered serious trauma that results in PTSD might experience emotional numbing as a way to avoid situations that can trigger memories of the trauma.
 - ◇ Flashbacks can occur at any time and can be triggered by events that are not obvious to those who are serving the trauma survivor. During a flashback, a person experiences many of the actual physical sensations associated with the traumatic event. The survivor may act as if she or he were being attacked (for example, by screaming, running, hiding, or struggling physically). This re-experience of the trauma may appear to “come out of nowhere,” but, in fact, something has triggered it.
 - ◇ When someone is having a flashback, it can be helpful to gently suggest that this is what is happening, and to support the person to ground herself or himself by breathing slowly and deliberately for a few moments and paying attention to the present moment.

■ **Depression**

- Depression is very common in those who have been abused by an intimate partner.
- Symptoms of depression include the following:
 - ◇ Loss of energy and/or appetite.
 - ◇ Deep and prolonged sadness.
 - ◇ Persistent pessimism.
 - ◇ Irritability, worry, anxiety, and agitation.

■ **Suicide**

- Those who have been abused may experience thoughts of suicide and may attempt to commit suicide. Research has shown a strong correlation between those who consider or commit suicide and those who have experienced domestic and sexual assault.
 - ◇ Warning signs for suicide include talking about and/or threatening suicide
 - ◇ Other signs include withdrawing from social connections, engaging in risky behavior, giving away belongings, and saying good-bye to people in ways that suggest that they won't be seen again.
 - ◇ It is important to find a way to directly address the issue of suicide with program participants. Direct questions are the best way to do this. By asking questions that invite the program participants to talk about their thoughts and plans, you can accomplish these very important objectives:
 - You are giving a clear message that you are concerned and are available to the program participant.
 - You can obtain crucial information that will enable you to decide what steps, if any, you need to take.
 - ◇ Responding to program participants who appear to be struggling with thoughts of suicide or actually take suicidal actions can be very challenging. This is especially so for those who have personally struggled with suicide or have a family member or close friend who has struggled with or committed suicide. Using supervision to address and explore these issues is an essential part of responding skillfully to program participants.

■ **Complex PTSD**

- While PTSD may arise from a single traumatic event and may be a condition that is relatively short-term, many survivors have experienced repeated and prolonged abuse. The consequences for these individuals can be long lasting and challenging to understand and to address. Complex PTSD is an emerging field of understanding that can offer us a way to both understand what is happening for a survivor and to respond with compassion and skill.
- The signs and symptoms of Complex PTSD can look like mental illness and are, in fact, often diagnosed as major mental illness. Bipolar disorder and schizophrenia are two of the most common examples of the diagnoses obtained by survivors who have Complex PTSD.

- At the same time, individuals with this depth of trauma frequently turn to addictive substances in an effort to escape the pain, which can be both physical and mental. Very often people struggling with addiction have abuse and trauma histories, frequently dating from childhood.
- When we meet a survivor who has experienced long-term partner violence, is struggling with addiction to alcohol and or drugs (including legal drugs that have been prescribed by physicians or psychiatrists), and reports being diagnosed with a major mental illness (or shows signs of serious mental illness), it may be that we have met a survivor with Complex PTSD.
- Some characteristics and behaviors associated with Complex PTSD include the following:
 - ◇ Feelings of extreme disconnection. Examples include emotional numbness; non-responsiveness; and non-interaction with service providers, children, and/or friends and relatives.
 - ◇ Fundamental changes in one's relationship to others. An example is breaking one's association with potentially supportive individuals.
 - ◇ Fundamental changes in one's basic belief systems. Examples include beliefs and expectations that no one can be trusted, that one cannot count on offers of support and assurances of help, and that recovery from the effects of abuse is not possible.
 - ◇ Radical changes in self-perception. A common example is a feeling of extreme self-loathing and worthlessness.
 - ◇ Altered perceptions of the perpetrator. An example is internalizing and expressing a belief in the ultimate power of the perpetrator to both control and protect the survivor.
- Responding effectively to challenging behaviors that are associated with Complex PTSD is not easy. Supervision is essential for those who work with survivors whose behavior suggests complex PTSD.

▣ THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

- When we talk about children who witness adult domestic violence or are exposed to adult domestic violence, it is important to keep in mind that the witnessing and exposure we are discussing can be direct and indirect as well. Here are some examples:
 - Infants and very young children may be physically caught in the crossfire of abuse when they are being held by a parent who is attacked by the abuser.
 - Children might be direct witnesses by being in the same room when a parent is being beaten.
 - Children can be in an adjoining room and hear the sounds of violence, including the threats and verbal abuse of the perpetrator and the fear and pain in the voice of the person being beaten.
 - Children might not see or hear the abuse, but they may see the results in the abused parent in the form of bruises or in the obvious emotional distress that the victim exhibits.

- Looking at the impact of adult domestic violence on children is important because, for every victim of violence who is a parent, there are children who suffer deep and enduring harm as a result of witnessing the abuse—abuse that is most often inflicted on their mothers and most often inflicted by their fathers. The children of domestic violence are at great risk for the following:
 - Being seriously abused themselves.
 - Developmental delays.
 - Long-term psychological damage.
 - Emulation in their own adult relationships of the violence to which they have been exposed as children.

- Here are some things to keep in mind in our work with survivors who are parents and in our work with children:
 - Children in homes where domestic violence occurs are physically abused or neglected at a rate that is 15 times the national average.
 - The most serious cases of child abuse resulting in emergency room treatment are often extensions of the battering rampages launched against the child’s mother
 - Studies have shown that despite mothers’ efforts to shield their children from violence, 68 to 87% of incidents of partner abuse are, in fact, witnessed by children. A 1995 Massachusetts study estimated that 43,000 Massachusetts children are exposed to reported acts of domestic violence each year.
 - Parent-child relationships, influenced by many factors, can be deeply impacted when a battered parent’s physical and mental health are adversely affected by domestic violence.
 - Children exposed to the battering of their parents suffer the same harm and display the same symptoms as children who are actually abused, including the symptoms of PTSD. Such trauma can damage their capacity to trust, resulting in their being hypervigilant. It can impair their ability to manage tension, frustration, and transition, and can adversely impact their school work and social relationships.
 - If left untreated, trauma of this degree is likely to thread its way into adulthood, appearing as emotional instability; the formation of inadequate or volatile

- relationships; lagging work productivity; substance abuse; and inconsistent, if not abusive, parenting styles.
- The severity of a particular child’s reaction to family violence is often related to his or her age, proximity to the violent event, the victim’s relationship with the child, and the presence of a parent or caretaker to mediate the intensity of the violence.
 - During their early years, children naturally turn to their parents as their most immediate source of stability and protection. When these same adults are the perpetrators or the emotionally distraught casualties of violence, the child’s need for safety and stability may be undermined or even shattered.
 - Very young children who have witnessed violence bear the additional burden of being least able to communicate their fears and reactions in words. As a result, they may have the fewest resources available to them to help them cope with this exposure.
 - Among preschoolers exposed to domestic violence, trauma symptoms frequently observed by clinicians include regression to earlier stages of functioning, insomnia, sleepwalking, nightmares and bed-wetting, headaches, stomach aches, diarrhea, ulcers, and asthma.
 - Adolescence may be marked by the beginning of violence in peer and dating relationships. For girls witnessing their mothers being battered during early adolescence may result in their belief that threats and violence are the norm in relationships. For boys it may result in the belief that violence is an appropriate way to resolve conflicts. Children in this age group who witness violence against their mothers often have difficulties in school, including poor academic performance, school phobia, and difficulties in concentration. They have an increased tendency to fight with peers, rebel against instruction and authority, and exhibit an unwillingness to do school work. Many suffer low self-esteem, sadness, depression, poor impulse control, and feelings of powerlessness.
 - The majority of studies of abusive men find that a high percentage come from homes in which there was abuse of a spouse, a child, or both.
- It is important to understand the ways in which intimate partner violence can impact the capacity of a victim of violence to parent her or his children and how this affects the children. Consider the following:
 - Perpetrators may purposely work to undermine the relationship between the battered parent and her or his children, creating fear and disconnection between them and using the victim’s fear to cement power and control over the victim.
 - The more intense and persistent the violence, the less able a battered parent may be to care for the child and respond to the ways in which the violence has affected the child.
 - When domestic violence has rendered one parent unable to care effectively for her or his children, the children may jump into caretaking roles for younger siblings and, sometimes, into attempting to care for the battered parent. This “parentified” behavior is not healthy and can have long lasting, negative effects on children and their parents.
 - If the impact of domestic violence is severe enough to leave children in seriously unsafe situations, the government can intervene, removing children from their homes and placing them in foster care. Even when this is necessary to protect the

- fundamental safety of children, and even when foster care placement is made with appropriate friends or family members, this is likely to be devastating to both children and parents and to the parent-child relationship.
- On the other hand, we know that some children appear to be quite resilient. What do we mean by this word? Here is a definition of resilience:

Resilience is...the ability to survive, and even to thrive, in the face of adversity.

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- Although children can demonstrate enormous resilience, this resilience is not likely to be realized if our system of services remains as fragmented as it is today. Here is how one group of researchers explained this point:

“A sober look at our world reveals ... all too many children struggling to move forward, but [who] are being diverted, or even blocked by the adults who surround them.... Abused women and front-line staff in shelters have spoken out for over a quarter century about violence in the lives of women and children. Gradually, social scientists have ‘validated’ these observations with increasing evidence that witnessing violence is neither a benign nor passive event. Violence and the misuse of power and control may gradually traumatize even the most resilient of hearts and minds among our children.... [It is] our strong belief that stopping violence and healing from its effects are possible only through a coordinated, multi-system response.” Peled, Jaffe, and Edleson, *Ending the Cycle of Violence: Community Responses to the Children of Battered Women*

Most of the material on the impact of domestic violence on children is drawn from *The Children of Domestic Violence*, a report of the Governor’s Commission on Domestic Violence of the Commonwealth of Massachusetts, revised 1997. This report is available on Northnode’s web site. Go to <http://www.northnode.org> and click on “Materials of Interest”.

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER SIX

PERPETRATORS OF DOMESTIC VIOLENCE

▣ **OBJECTIVES**

The material in this chapter will give participants

- A basic understanding of the characteristics of perpetrators of intimate partner violence
- An understanding of current thinking on perpetrators as parents

▣ **KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER**

Perpetrators
Batterer intervention
Anger management

▣ **WELCOME AND INTRODUCTIONS**

▣ **INTRODUCTION TO THIS CHAPTER**

- **The premises of this chapter**
 - To be able to be responsive to survivors, we need to have an understanding of the characteristics of perpetrators of domestic violence and of historic and current efforts to intervene with perpetrators.
 - Being aware of our own attitudes toward those who batter is an essential part of providing empowering and respectful advocacy for survivors and their children.
- **What this session is about**
 - In this session we will look at what is known about those who batter.
 - You will also learn about some of the most current thinking on perpetrators as parents
- **What this session is not about**
 - Understanding perpetrators of domestic violence does not mean excusing them or in any way rationalizing abusive and brutal behavior.
 - At the same time, most people agree that demonizing batterers does not serve survivors, especially those who remain in relationships with the perpetrators.
 - We look at these issues so that we can be better equipped to serve and support the survivors who use our services.

■ **A caution about generalizations**

As we look at what is known about those who perpetrate partner violence and what is known about batterer intervention, it is essential to remain mindful of the dangers of generalizing. Here are some things to consider:

- How dangerous a particular batterer is cannot be determined on the basis of generalizations but must be determined by the survivor in the context of her or his actual knowledge and experience of the perpetrator.
- An individual survivor's decisions about what to do or not do about the violence is very much a function of what that survivor knows about that perpetrator and not what studies tell us about perpetrators in general.
- The empowerment model does not explicitly or implicitly point survivors toward leaving a violent partner. Instead, it points toward supporting each survivor to become clear about the safest and best path for her or him.

The material in this chapter draws on training materials developed by HAWC, the Iowa Coalition Against Domestic Violence, and *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, prepared by Fernando Mederos with The Massachusetts Department of Social Services Domestic Violence Unit (2004)

▣ CHARACTERISTICS OF PERPETRATORS

- There are behaviors that seem to be common among those who perpetrate domestic violence. In general, these include the following:
 - An inflated attitude of entitlement that manifests as a tendency to dominate not only intimate partners but others as well
 - Possessiveness toward a partner and/or possessions, which appears as intense jealousy
 - A tendency to be easily offended and an explosive temper, with the result that relatively minor disagreements can rapidly escalate
 - Generally low self-esteem

- Having noted these general characteristics, it may be more useful (and perhaps more effective in helping survivors assess the level of danger they may be facing) to categorize abusers' behaviors in terms of dangerousness. According to studies that are summarized in *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, a manual produced by DSS (now DCF) in 2004, moderately violent abusers (who constituted about half of all abusers in the research samples) present these characteristics:
 - Their violence, while frequent, does not usually cause significant injury.
 - They deny or make excuses for their behavior, generally blaming the victim.
 - They usually do not have a criminal record.
 - Their violence tends to remain within the family.

- By way of comparison, this same manual offers the following description of people the authors call “obsessed” abusers:
 - They pose a great risk of injuring or killing their partners.
 - They are more likely than moderately abusive individuals to have criminal records (though they may not have any).
 - Their jealousy tends to be more intense, perhaps even delusional.
 - Their behavior tends to be extremely controlling and can include monitoring their partner’s whereabouts, checking on their activities outside the home, and questioning children and others about their partner’s behavior.

- There are also behaviors that are particular to abusive individuals from particular communities. Here are some examples:
 - Abusers whose partners are immigrants without legal documentation may threaten to contact the Immigration and Citizenship Division (ICD) and arrange for the partner to be deported. (Even if this were an empty threat, it is often sufficient to obtain compliance from the victim.)
 - Abusers within GLBT communities can threaten to “out” their partners to family and/or co-workers if the partners do not submit to their demands.
 - Abusers from communities of color may use the presence of institutional racism to convince their partners that being sensitive to the ways in which racism has victimized them somehow translates to accepting the abusive behavior being inflicted on them. In *Chain Chain Change: For Black Women in Abusive Relationships*, the

author Evelyn C. White makes this point by invoking these words of African American poet/activist Pat Parker:

- When we think about how we might apply these understandings in our work with survivors, here are some points to consider:
 - Appreciating the complexity and variety of perpetrators' behaviors makes us less likely to generalize when referring to particular batterers in our conversations with survivors.
 - By working with a program participant to gain an understanding of the particular characteristics of the abuser in his or her life (rather than a stereotypical abuser who may not actually match up to the person in reality), we can do a better job of helping the survivor to develop an effective safety plan.
 - In our work with children, having an understanding of how the perpetrator has behaved can help us to understand the responses of children to their perpetrator parent.

▣ WHY PEOPLE BATTER

■ Why violence happens among intimate partners

Depending upon one's perspective or approach, there are a number of ways to understand why violence happens among intimate partners. Here are some examples:

- Domestic violence is purposeful behavior. The perpetrator's pattern of abusive acts is directed at achieving compliance from or control over the victim. It is directed at circumscribing the life of the victim, so that independent thought and action are curtailed and the victim will become devoted to fulfilling the needs and requirements of the perpetrator. The pattern is not impulsive or "out of control" behavior. Tactics of control are selectively chosen by the perpetrator.
- Violent behaviors are learned through observation. Here are two examples:
 - ◇ A child witnessing abuse of his or her mother by the father
 - ◇ Watching images of intimate partner violence in the media that are not accompanied by a message that the violence is wrong or, worse, that present the behavior in a positive way.
- Violent behavior is often reinforced, as when perpetrators are not held responsible, arrested, prosecuted, or sentenced appropriately for abusiveness.
- It is important to remember that intimate partner violence continues to be permitted, if not actively reinforced, by society's major institutions. Examples include the family, social circles, religious or faith communities, educational systems, and the media.

▣ **BATTERER INTERVENTION**

■ **The historical context of batterer intervention programs**

- Batterer intervention programs were developed in the 1970s, as part of the battered women’s movement and simultaneous with the development of domestic violence programs like this one.
- An important reason for the effort to intervene with batterers was—and still is—to stop the abuse. Even though law enforcement is and has been an essential part of an all-encompassing response to domestic violence (including arrest, criminal proceedings, and possible incarceration), law enforcement alone cannot achieve this goal.
- EMERGE, founded in 1977, was the first program in the United States to intervene with batterers.

■ **How certified batterer intervention programs work in Massachusetts**

- The Massachusetts Department of Public Health (DPH) certifies and monitors batterer intervention programs according to the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs (the Guidelines).
- The Guidelines establish minimum standards for the operation of Batterer Intervention Programs. They require that programs use the following definition of domestic violence: “Abuse is a pattern of coercive control directed toward the victim. Abuse is deliberate behavior that physically harms, arouses fear or prevents a victim from doing what he/she wishes.”
- They require partner contact, which is to be carried out in a way that prioritizes safety for the partner and also tries to assure accountability for the batterer. Among other things, this means that a survivor’s endorsement of the use of batterer intervention services and willingness to engage with the batterer intervention program are an essential element of these services.
- The primary methodology is group work that focuses on the batterers’ behavior and belief systems and on the effects of the batterer’s behavior on the victim and children.
- The certification standards are available on the web at http://www.mass.gov/Eeohhs2/docs/dph/com_health/violence/bi_guidelines.pdf.

■ **The overarching goal of batterer intervention programs**

The goal of batterer intervention programs is to challenge belief systems that allow perpetrators to abuse and control their intimate partners. The theory is that if batterers change their belief systems they will change their behavior. How successful batterer intervention programs are is a matter of some debate. Studies have used different definitions of success and different benchmarks for measuring success.

- **The difference between batterer intervention and anger management**
 - Anger management addresses general violence, while batterer intervention is designed to focus on perpetrators of intimate partner violence.
 - Violence that would be targeted by an anger management program tends to be characterized more as a momentary outburst than as a pattern of behavior in which one person uses violence to achieve control over another.
 - Batterer intervention focuses ultimately on changing belief systems, not simply managing one's behavior.
 - The domestic violence community does not support anger management as a viable response to batterers.
 - Because most batterers would not participate in batterer intervention programs unless they are ordered to, batterer intervention providers and allies continually work to educate judges and other court personnel about the differences between anger management and batterer intervention. The hope is that through education more batterers will be ordered to participate in batterer intervention programs.

▣ PERPETRATORS AS PARENTS

- Many survivors who seek and use our services are parents. And many of these parents continue their relationships with the batterer parent. There are several reasons why this might be so:
 - Some of our program participants remain in violent relationships while they work with us to figure out how to be safe and whether to continue in the relationship.
 - Some program participants remain committed to their relationships, despite abuse and while they use our services. They might do this because they believe the relationships can be made to work or they may do this because they believe that this is in their children's best interest.
 - Even if they have separated from their batterers, their children may continue to have relationships with the perpetrator parent.
 - Court orders for visitation or custody might require engagement with the batterer (even when efforts are made to make this engagement as safe and as minimal as possible).
 - We know that, despite the violence that perpetrators have leveled on their partners, their children often want to continue their relationships with the perpetrator parents.

- What this means is that significant numbers of abusive adults are involved in parenting their children.

- At the same time, we know that there is a high correlation between partner abuse and abuse of children and that batterers often use children as pawns in their efforts to control and sometimes torment their partners.

- Awareness of these facts has implications for the services we provide to survivors and their children. Here are some things to consider:
 - As providers of services to survivors and their children, it is not our job to assess the parenting capacity of perpetrators. Our job is to support survivors to make these assessments for themselves.
 - One way to do this is through comprehensive, family-centered safety planning that takes into account the batterer's behavior toward the children.
 - Another way to do this is to consult with a provider from a batterer intervention program. Even if the batterer is not participating in batterer intervention services, many batterer intervention programs have developed methodologies for assessing the batterer's risk to children, and these programs can share this approach with us.
 - As we work to support the choices that survivors make around these issues, it is important to be as self-aware as possible. The idea of abusers as parents can be very unsettling and it might be difficult to feel supportive of the choices that a survivor is making. This is the kind of situation that can and should be processed in supervision.

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER SEVEN

RESPONDING TO DOMESTIC VIOLENCE: SERVICES PROVIDED

▣ **OBJECTIVES**

The material in this chapter will give participants

- A basic understanding of the range of services that domestic violence agencies/organizations most typically provide
- A basic understanding of the services that this agency/organization provides

▣ **KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER**

Hotline
Safety planning
Danger assessment
Emergency shelter
Specialized substance abuse shelters
Safe homes
Transitional housing
Permanent housing
Service for children affected by adult domestic violence
Supervised visitation services

▣ **WELCOME AND INTRODUCTIONS**

▣ **INTRODUCTION TO THIS CHAPTER**

■ **The premises of this chapter**

- Understanding the continuum of services available to adults and children who struggle with and are affected by domestic violence is essential if we are to respond holistically.
- Few agencies/organizations are able to provide responses that address every single point along this continuum.
- If there is a service a survivor needs that our agency does not provide, our job is to be able to connect the survivor with that service. This means developing and continuously nurturing collaborations with partners in the community.

☐ **HOTLINE SERVICES**

■ **Hotline services generally**

○ **Understanding the dynamics of crisis**

To respond effectively to those who call the hotline, we need to be able to respond to people in crisis. For this reason, having an understanding of the dynamics of crisis is an important element of this work. Here is one such understanding that is particularly geared toward those who are struggling with intimate partner violence:

- ◇ Before a crisis occurs, a person's life is manageable. There may be serious stressors and constant or increasing threats, but the person feels able to cope with these. There is a sense of balance, however frail the balance may be.
- ◇ In the context of domestic violence, a crisis is an event (or the culmination of several events) that radically shifts a person's sense of life as manageable to one in which things do not seem manageable. Abuse or the threat of violence may be the cause of the crisis, and the shift may be accompanied by confusion, disorientation, or scattered thinking processes. There is a sense that things are out of control and it is not clear how to recover the sense of balance that one had prior to the crisis.

○ **Crisis intervention**

If we understand that most people who use the hotline do so while in a state of crisis, we approach hotline work as crisis intervention. It is generally agreed that crisis intervention skills include the following:

- ◇ **The ability to listen fully and attentively.** To listen fully and attentively, hotline responders need to be able to attend to the caller with empathy, respect, and acceptance.
 - ◇ **The ability to assess the situation.** By listening fully and attentively, hotline responders are able to understand the caller's level of crisis and capacity and to respond accordingly. The process of assessment involves asking questions that help the caller clarify the situation and eventually make a decision about what action to take. It is important to recognize that it is not the role of hotline responders to tell a caller what to do (or not do). Listening to the caller's description of the crisis, and asking appropriate questions, can help the caller to obtain a measure—however small—of balance, and this in turn can help to diminish the degree of crisis that has surrounded the person.
 - ◇ **The ability to support action.** Listening and assessment skills enable a hotline responder to support the caller to examine alternatives and choose one or more action steps that are consistent with the safety concerns and that can support resolution or passing of the crisis.
- When hotline services are felt to be effective, the caller feels that she or he has been believed and supported. The element of crisis in which things feel out of control has begun to abate.

- **Statewide hotline services**

With funding from DCF, Casa Myrna Vazquez operates SafeLink, a statewide hotline that provides crisis intervention and information. It assists callers who need shelter by connecting them to emergency shelters that have openings. It also connects callers to community based resources.

- **Our hotline services**

▣ SAFETY PLANNING AND DANGER ASSESSMENT

■ Safety planning and danger assessment generally

- With roots in the battered women’s movement, safety planning is a lynchpin of our community’s response to domestic violence. Safety planning is an interactive process that focuses on the immediate safety needs of the victim, whether or not there is an intention to leave the abusive partner.
- Although there are many variations in safety plans, most safety plans have the following components:
 - ◇ Steps that can be taken to maximize safety and minimize harm for a person who is currently in a violent relationship
 - ◇ Steps that a person can take while preparing to leave a violent relationship
 - ◇ A checklist of items the person would want to have when leaving a violent relationship
 - ◇ Steps that can be taken by a person who has left a violent relationship to secure and assure safety over a longer period of time
- It is important to keep in mind that safety planning with a person whose relationship to the perpetrator continues is as important as—if not more important than—safety planning with a person who has found a way to separate from the abuser.
- Assessing the likelihood that a person will be harmed by the perpetrator has also been an important part of safety planning. Alternatively called “risk assessment,” “danger assessment,” or “lethality assessment,” this process focuses on the perpetrator’s past and recent behavior to get a sense of how great the current risk of serious harm may be.
- Most recently assessment of risk has been linked to the need to hold perpetrators accountable for their behavior, and efforts are underway to improve our community’s capacity to assess risk and to develop community-centered responses to risk that focus more fully on the perpetrator.

An example of how this effort is unfolding is the Jane Doe, Inc. *2003 Massachusetts Domestic Violence Homicide Report*
<http://www.janedoe.org/know/2003%20MA%20DV%20Homicide%20Report.pdf>

- A great deal of work on danger assessment has been done by Jacquelyn Campbell and others at Johns Hopkins University School of Nursing. Dr. Campbell and her associates have developed a 20-point danger assessment that is available for use by community providers.

■ Some safety planning specifics

It is clear that danger assessment and safety planning are applicable to all who are at risk of harm from intimate partner violence. We have also seen (in Chapter Five) that people from various communities experience domestic violence in ways that are unique to their communities and to the histories and contexts in which these communities lead their

lives. Safety planning with people from these communities needs particular attention. Here are some examples:

- **Safety planning with teens**
Safety planning with teens addresses the particular ways in which teens experience and respond to intimate partner violence. For one example of how to think about safety planning with teens, see “A Teen’s Safety Plan,” developed by the Family Violence Prevention Fund and available at <http://www.fvpf.org>.
 - **Safety planning with people with disabilities**
People with disabilities who struggle with intimate partner violence experience unique challenges both in terms of the actual experience of domestic violence and in terms of their ability to access services. For additional thoughts on safety planning and screening for survivors with disabilities, see “Model Protocols on Safety Planning & Screening Practices for Domestic Violence Victims with Disabilities” by Cathy Hoag, Abused Deaf Women’s Advocacy Services for the Washington State Coalition Against Domestic Violence (Revised 2004). This document is available from the National Online Resource Center on Violence Against Women: <http://www.vawnet.org>.
 - **Safety planning with GLBT survivors**
Truly understanding the ways that domestic violence affects and/or plays out in GLBT communities requires more than reading a training manual. In-depth training that addresses these complexities is offered every year by the Boston GLBT Domestic Violence Coalition. This training covers essential topics, from making your program more GLBT-accessible to determining whether the person you’re working with is the survivor or the batterer. Further information can be obtained by e-mailing info@tnlr.org.
- **Agency-specific methods of assessing risk and conducting safety planning**

▣ COMMUNITY BASED SERVICES

■ Community based services generally

The term “community based services” refers to those services that an agency/organization offers to those who live in the community and are struggling with domestic violence and its aftermath. Many of the services that are described in this segment are also offered and provided to survivors who use residential services. It is important to keep this in mind as we explore these services in this segment.

■ Assessment

- This is a process in which staff engage with a survivor in order to understand her or his needs, explain the services that are available (either directly from the agency/organization or through referral to a resource in the community), and begin to develop a plan for the use of offered services. At its best, assessment is a dynamic and ongoing process that takes into account two important factors. The first of these is that information about a survivor and his or her needs is likely to emerge over time as trust is developed between the survivor and provider. The second is the fact that the survivor’s circumstances are likely to change—in part, as a result of the services your agency/organization provides.

■ Information and referral

This is a process that results in supporting individuals and families to locate and access needed services in their communities. In its best sense, information and referral includes following up to make sure that a referral has resulted in the receipt of needed services or assistance and, if it has not, working with the person to develop and implement alternative plans.

■ Individual support

Individual services can include counseling, coordination of services within the agency/organization, and ongoing assessment of the needs of the survivor or program participant.

■ Support groups

Domestic violence agencies/organizations offer a range of support groups on a variety of subjects. Some support groups have an educational component, and some are focused on specific subjects. Examples of typical support groups include domestic violence support and education groups, parenting support groups, and economic literacy groups. Best practice models of support groups generally assume that support groups are co-facilitated by two individuals who have been specially trained in group facilitation and that child care is provided for parents who participate in support groups.

■ Advocacy services

- Advocacy has been a core component of domestic violence services from the earliest days of the battered women’s movement.
- The definition of an advocate as “someone who provides information and support to a person who is working to achieve self-defined goals” is general and specific.

- They are general when, for example, the advocate’s job is to work with the program participant to respond to whatever needs for advocacy assistance may arise. They are specific when, for example, a specially trained legal advocate assists a program participant to address legal needs that arise out of the domestic violence situation.
- Historically, advocacy services in domestic violence agencies/organizations have been separately focused on adults or children. In this model a person might have the job designation of “Children’s Advocate” or “Woman’s Advocate.”
- The current trend is toward integrating advocacy services for adults and children and creating the job designation “Family Advocate.” This newer model is based on an understanding of the ways in which the needs of adult survivors and their children are deeply interconnected. It recognizes that, when advocacy assistance is provided with appreciation for the concerns of both adult and child survivors, that assistance is more likely to have long-term benefits for both.
- When they work with survivors to achieve the survivor’s goals, advocates are demonstrating the central elements of the empowerment model. By tailoring their efforts to the specific realities of the survivors with whom they work, advocates demonstrate a key element of trauma-informed service.

■ **Our community based services**

▣ RESIDENTIAL SERVICES

■ Residential services generally

In Massachusetts residential services include emergency short-term shelter, specialized substance abuse shelter, safe home services, longer-term transitional housing, and permanent housing for survivors of domestic violence and their children. Each of these is described briefly as follows:

■ Emergency short-term shelter

This is the service most typically associated with domestic violence response work (even though some domestic violence agencies do not provide sheltering services).

Historically, these services have been provided in confidential locations for survivors and their children who do not live in the communities in which the shelters are located.

Recent trends have begun to modify this model in two important ways: first, some agencies/organizations have created sheltering services in non-confidential locations in which safety is maximized by means of enhanced security systems; and second, agencies/organizations in Massachusetts are now open to sheltering survivors in their own communities if this is a safe and a preferred option for the survivor.

■ Specialized substance abuse shelter services

In Massachusetts there are four long-term residential programs for survivors (and their children) who, in addition to domestic violence, struggle with serious substance abuse issues.

■ Safe home services

In its earliest days, before the advent of government funding for domestic violence services, the battered women's movement responded to the need for emergency shelter for victims of violence by organizing safe homes in the community. Today, emergency safe homes are not the "standard" form of shelter but are designed to meet the needs of victims of domestic violence for whom traditional shelters are not a viable service option. This includes: individuals who are at exceptionally high risk and who need short-term shelter in a safe place in the community; those whose communities cannot provide safety in a traditional shelter (island communities such as Martha's Vineyard and Nantucket are examples of this); people from GLBT communities who have sheltering needs that the existing emergency shelter community is not yet able to meet; and men who are victims of intimate partner violence and need shelter. Generally, emergency safe home services are of short duration (about two weeks) and are coupled with the offering of community based services. For this reason, in Massachusetts, emergency safe home services have been conceptualized as a community based service.

■ Longer-term transitional housing

The recovery process for those who have endured years of partner violence can be complex and lengthy. For many survivors and their children, a three-month stay in an emergency shelter is simply insufficient to enable them to move on to lives of safety and economic stability in the community. Long-term (12 to 18 months) transitional housing is a model that is intended to respond to the needs of this group of survivors. Typical transitional housing programs offer intensive case management, educational and

parenting support services, and, of greatest importance, an opportunity to create a sustainable path of safety and stability.

- **Permanent housing**

This is an emerging service being developed to meet the long-term needs of survivors for housing that is safe, affordable, and accompanied by community based, recovery-focused services related to domestic violence. One agency/organization in Massachusetts that has recently begun to offer this type of service is HarborCOV, located in Chelsea. The YWCA of Western Massachusetts is developing this type of housing in Springfield.

- It is important to remember that not all domestic violence service agencies/organizations provide residential services. In addition, those that do provide residential services typically provide some but not all of these types of services.

- **Our residential services**

▣ **SERVICES FOR CHILDREN AFFECTED BY DOMESTIC VIOLENCE**

■ **Services for children affected by domestic violence, in general**

It is well known and undisputed that adult domestic violence can cause serious, long-term harm to children. Despite this knowledge, children affected by adult domestic violence have historically met a fragmented system of services. On the one hand, too many domestic violence service agencies/organizations do not have staff who are skilled in clinical assessment and intervention services for children. On the other hand, too many mental health agencies for family and children do not appreciate the extent to which family violence pervades the lives of their adult clients and do not fully understand the impact of domestic violence on children. In recent years, there have been increasing efforts to respond to this problem by prioritizing services for children and working to develop a more integrated response to children affected by adult domestic violence. These efforts have been informed by the belief that early and successful intervention on behalf of children constitutes an important form of prevention of domestic violence.

■ **Specialized services for children**

In an effort to address these gaps, DCF funds nine agencies in various parts of Massachusetts to deliver a range of services for children. The services include both individual and group therapeutic intervention with children and their parents, developed to address the impact that adult domestic violence has had on the children.

■ **Basic children's services**

Apart from specialized children's services such as these, most domestic violence agencies/organizations provide basic children's services that include the following: child care while parents participate in program services; referral for child care and other children's services; and, in shelters, work with individual children that is intended to create an environment of safety for the children.

■ **Our services for children affected by domestic violence**

▣ SUPERVISED VISITATION SERVICES

■ Supervised visitation services in general

- Supervised visitation is a service that enables the continuation of relationships between parents and their children in a structured environment. In the world of domestic violence, supervised visitation most commonly takes place when there is a court order that allows a perpetrator parent to have visits with his or her child, as long as the visits are supervised by a neutral third party. Most often, the third party is a family member or friend of the family. Sometimes supervised visitation takes place in a formal visitation center. This is especially likely to be the case when safety concerns or the threat of parental kidnapping make it inappropriate for friends or family to be in the role of supervisor.
- Providers of supervised visitation services are in a unique position in the world of domestic violence services in that they are perhaps the only providers who work with all members of a family in which domestic violence is present.

■ Supervised visitation centers

In Massachusetts DCF funds 12 agencies/organizations to provide supervised visitation services in domestic violence situations. The goal of these services is to maximize the safety and well-being of adult victims and children impacted by domestic violence, sexual assault, and/or stalking and to provide access to safe visitation for non-custodial parents. These services are built on the understanding that a child and a victimized parent are equally at risk and that services must, therefore, address safety for both.

■ Our supervised visitation services

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER EIGHT

RESPONDING TO DOMESTIC VIOLENCE: HOW WE DO THE WORK

▣ OBJECTIVES

The material in this chapter will give participants

- A basic understanding of the concepts of empowerment and trauma-informed approaches to domestic violence
- An understanding of basic advocacy, counseling, and communication skills
- An appreciation for the importance of honoring the cultural and spiritual resources that survivors bring to their experience
- Basic knowledge of the agency's policies and procedures regarding confidentiality and record keeping
- A basic understanding of the laws and regulations governing mandatory reporting of suspected child abuse and neglect and of the agency's policies regarding mandatory reporting

▣ KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER

Empowerment

Trauma-informed responses

Harm reduction

Empowerment counseling

Confidentiality

Mandatory reporting of suspected child abuse and neglect (51A)

▣ WELCOME AND INTRODUCTIONS

▣ INTRODUCTION TO THIS CHAPTER

The premises of this chapter

- How we deliver services to survivors is as important as the services we deliver.
- Domestic violence services should be grounded in the empowerment model and should be trauma-informed.
- These two approaches are harmonious and complementary.

- The theories that support our work are sometimes easy to state and difficult to apply. For this reason, it is helpful to see the effort to apply these theories as a practice in which we do our very best and remain open to continuously learning new ways improve our work.

▣ **EMPOWERMENT AND THE DELIVERY OF TRAUMA-INFORMED SERVICES**

■ **What we mean by empowerment**

- Empowerment has been a foundational concept of domestic violence work since the earliest days of the battered women’s movement. The core principle of the empowerment model is that the survivor is the expert on what can and should be done to secure safety and to recover from the effects of partner violence. Empowerment is a process that supports a survivor’s intrinsic inner awareness, strength, and essential capacity to gain the skills and knowledge needed to exercise positive and productive power in her or his life.
- Later on in this session we will look at what it means to actually provide empowering services on a day-to-day basis. For now, it is important to understand the basic concept of empowerment as it relates to those who have experienced domestic violence. One way to do this is to look at what empowerment does and does not mean in the context of serving survivors of domestic violence:
 - ◇ Empowerment means assuming a survivor has personal and community strengths that can be summoned in support of safety and of recovering from the effects of domestic violence.
 - ◇ Empowerment means providing a survivor with information that can be used to make decisions related to safety and recovery.
 - ◇ Empowerment does not mean insisting that a survivor can do something that she or he believes she or her cannot do.
 - ◇ Empowerment does not mean standing by while a survivor tries and fails to accomplish important goals, on the theory that these efforts will make her or him stronger.
- The empowerment model is consistent with a strength-based approach to services. A strength-based approach assumes that every survivor has the capacity to secure safety and recover from the effects of domestic violence. In a strength-based approach, as in the empowerment model, our responsibility is to support a survivor to discover and use these strengths in ways that work for him or her. It is not our job to encourage a survivor to take steps that we believe to be most likely to keep the survivor safe, even when we are certain that our assessments are correct.

■ **What we mean by trauma-informed services**

- The term “trauma-informed services” refers to a way of responding to survivors that fully takes into account the likelihood that those who seek our services will have experienced (or will still be struggling with) a kind of intimate partner violence that causes trauma.
- Chapter Five of this training series introduced the relationships between the experience of domestic violence and trauma. A reminder and a summary follow.
 - ◇ The effects of traumatic events (such as domestic and sexual violence) have been well-documented. As articulated by Judith Herman in *Trauma and Recovery*, we know the following about traumatic events:
 - They can call into question basic human relationships.

- They can breach the connections that we otherwise have to family, friends, and community.
 - They can shatter the construction of the self that is formed and is sustained in relation to others.
 - They can undermine the basic belief systems that give meaning to human experience.
 - ◇ When traumatic events are repeated or become chronic, as they often do in the case of domestic violence, this can cause complex PTSD. The signs and symptoms of complex PTSD include the following:
 - An inability to regulate emotions
 - Feelings of extreme disconnection
 - Fundamental changes in one’s relationships to others
 - Fundamental changes in one’s basic belief systems
 - Radical changes in self-perception
 - Altered perceptions of the perpetrator
 - ◇ These signs and symptoms can look like mental illness and are, in fact, often diagnosed as major mental illness. In addition, survivors who have survived chronic trauma frequently turn to addictive substances in an effort to escape the physical and emotional pain.
 - ◇ Survivors with Complex PTSD often have enormous difficulty coping with their lives or responding to our offers of assistance.
- Agencies/organizations that offer services that are trauma-informed do not necessarily have the capacity to provide treatment services for those who manifest the signs and symptoms of complex PTSD. Nevertheless, there are things that agencies/organizations can do to respond effectively. These include the following:
 - ◇ Services focus on what has happened to the survivor rather than on what might be wrong with her or him.
 - ◇ Strong collaborations are fostered with agencies/organizations that can provide mental health and/or addiction-related services with an equal dedication to a trauma-informed approach. This means, among other things, that these agencies/organizations understand domestic violence and how it affects adults and children.
 - The importance of tailoring our responses to the specific needs of survivors of trauma cannot be over-emphasized. In many ways the experience of trauma is universal. In other ways it is unique to each individual survivor. Listening attentively to each survivor with whom we work can help us to really appreciate this, especially when it comes to understanding what combination of factors spark a particular survivor’s ability to break through the challenges that she or he has met on the path to recovery.
- **What we mean by a harm reduction approach to domestic violence**
 - In the realm of individualized responses tailored to meet the specific needs of each survivor of trauma, there is a trend toward adapting harm reduction approaches that have historically been associated with HIV/AIDS treatment. Whether and how these might be applicable to survivors is an important question to explore.

- As an important aspect of advocacy work, harm reduction emphasizes the dynamic and changing realities that survivors often experience. By understanding this reality and supporting a survivor to look for ways to be as safe as possible in an inherently unsafe situation, advocates can help keep the concept of safety planning front and center in the agency/organization's work with the survivor.

- **The relationship between empowerment and trauma-informed services**
In providing high-quality domestic violence services, we do not need to choose between the empowerment model and the trauma-informed approach because these are harmonious systems. They use different language to articulate many of the same basic principles.

▣ **ADVOCACY SKILLS**

- We have seen that advocacy services are an essential component of an effective response to domestic violence. Achieving the goal of providing empowering and trauma-informed advocacy means tending to the following:
 - Creating an atmosphere in which the survivor feels safe and able to honestly and freely share the experience of domestic violence.
 - Believing what the survivor tells you about the experience.
 - Validating the survivor’s experience without making judgments or in any way blaming the victim.
 - Acknowledging the survivor’s feelings and perceptions.
 - Educating the survivor about her or his options, so that she or he can make thoughtful decisions.
 - Supporting the survivor’s decisions, even if these are different from decisions you think you might make in the same situation.

- These goals may be more difficult to achieve than we expect. Here are some reasons, all of which can be barriers to effective advocacy:
 - We might find ourselves subtly blaming the survivor, thinking that, if she or he had done something differently, the abuse might not have happened or might not have been as serious.
 - We might not believe what the person has told us.
 - We might fail to see and acknowledge the strengths that the survivor brings to his or her situation.
 - If we talk more than we listen, we miss opportunities for effective advocacy, especially if we talk about our own experience or our views of what the survivor has told us.
 - If we tell the survivor what to do (or nor do), our efforts will not be empowering.

▣ COUNSELING AND COMMUNICATION SKILLS

There are many models of and approaches to counseling. This section offers the model of empowerment counseling, a model that applies basic tenets of the empowerment model to the interactions between providers and program participants or clients.

■ What is empowerment counseling?

- Empowerment counseling is a model that integrates core principles of the empowerment model in the work of counseling survivors of intimate partner violence. Susan Schechter offered this definition of empowerment counseling: “a shared method in which survivors take control of their lives by making choices. Empowerment counseling invests survivors with self-confidence and authority to act by offering support, resources, advocacy, information and education. The goal of the helping relationship is to equalize power between a survivor and a counselor thereby enabling shared growth.”
- Here are some things to consider in relation to this model of counseling:
 - ◇ This model is based on the principle that just as “I am responsible for myself,” so is the client responsible for her or himself. Just as “I have the ability to choose who I am,” so does the client.
 - ◇ Our job is to facilitate the client’s efforts to take charge of her or himself (e.g., be assertive).
 - ◇ By empowering yourself, you are able to offer to others methods of communication and messages that encourage them to empower themselves.
- Communicating within this framework involves the following:
 - ◇ Sharing a common ground with the client so that there is an equalization of power.
 - ◇ Acknowledge that the client is offering to you as much as you are offering to the client. It is often very difficult for a survivor to describe the experience of domestic violence. Try to see this as a gift that enables you to gain new information and insight that you can use in your feedback to the survivor.
 - ◇ Remembering that you and the client are separate individuals and that your values, emotional responses, and opinions may be different from the client’s. This asks us to be both involved and separate and is not always easy. Remember that, while there may be similarities between our life experiences and those of the survivor, each person experiences domestic violence in a unique way. There are cues that can suggest that we are not separating ourselves appropriately. These include the following:
 - Finding yourself making internal comparisons between your experience and the client’s.
 - Using (or thinking of using) the phrase “If I were you...” in responding to a client’s question.
 - Using (or thinking of using) the phrase “In my culture...” or “When I had that experience....”
 - ◇ Staying focused on validating the client’s experience and offering support and encouragement. Here are some points to remember:

- Accept that you can never fully understand what is going on with a client. Though you try to understand with respectful curiosity, because you are not that person, it is inevitable that you can only learn about “pieces” of the person’s experiences, values, and feelings.
 - Validating another’s experience means letting the person know that you are listening attentively, that you understand what is being said, and that you believe what is being said without judgment or conditions.
 - Offer support and encouragement throughout the empowerment counseling process. This occurs when you reflect back to someone what you hear, when you facilitate the client’s clarification of her or his situation, when you encourage the client to think about what situations she or he would like to be in, when you facilitate the client’s understanding of what is holding him or her back from making changes, and when you express genuine acceptance of the client’s reasons for making particular choices.
- **Some skills needed for empowerment counseling**
- Non-verbal communication and attending skills
The helper, through body posture and tone of voice, gives the message, “I am listening. I care.” By paying attention to the volume and tone of the client’s voice, facial and other body expressions, we gain perceptions of the client’s unspoken messages.
 - Reflecting content
By paraphrasing (reflecting back) to the client the content of what we have just heard, we are assured of getting the facts correctly. Since the client may not be carefully listening to his or her own words, this can also facilitate self-awareness. By using this skill we also validate what the client is sharing and we exhibit understanding.
 - Reflecting feelings
This involves checking to see if the feelings you see and hear in the client’s content, volume, tone, and body expressions are in sync with the client’s self-perception. The use of this skill exhibits a willingness to accept the client’s emotions and enables the client to vent these feelings as well.
 - Clarification and problem identification
With the use of this skill, we actively check in with the client to make sure that we understand the facts that have been presented to us and the feelings that may not be directly stated. This involves asking for more information and identifying the main concerns that we hear either directly or indirectly in the client’s words. When we do this well, we are also facilitating the client’s efforts to solve problems and to gain greater self-understanding.
 - Education and information
This is an essential part of empowerment counseling, because it provides an opportunity for the client to learn about myths related to domestic violence and how others tend to experience intimate partner violence. In this way, the client learns that his or her experience has been shared by others who have found ways to secure safety and recovery for themselves and their children. This aspect of empowerment counseling also includes providing community resources as these are needed, giving the client options that at one time may have seemed impossible.

■ **Some challenges and how to deal with them**

- Empowerment counseling is not always as easy as it sounds. Here are some challenges that can arise and some thoughts on how to deal with them.
 - ◇ *“Hop-skip-and-jump” listening* happens when we take mental excursions while the client is speaking and we actually miss things that have been said.
 - ◇ *Missing the point* is revealed when we respond to minor facts or miss central themes in the client’s story. When the client suggests that we have misunderstood, we need to practice taking that information in honestly and asking the client to repeat what has been said so that we can listen more fully.
 - ◇ *Distracted listening* takes place if we are not listening attentively. This may be because of work-related time pressures or because of personal issues in our own lives. We can miss important facts or cues that the client is presenting.
 - ◇ *Dismissal of the subject matter* can happen if we slip into judging or characterizing what the client is telling us.
 - ◇ *Criticism* occurs when we find ourselves disqualifying the client’s thoughts, feelings, or beliefs.
 - ◇ *Stereotyping* is happening when, in hearing a client’s story, we find ourselves thinking, “That sounds just like ...” or “I have heard that one before...” or “That sounds familiar....”
 - ◇ *Minimizing* occurs when we say (or think of saying) something like this: “Remember, things could be worse,” or “That’s not as bad as what happened to me.”
 - ◇ *Advising* takes many forms and is a common example of disempowerment. It can include phrases like, “If I were in your shoes I would ...” “I think you should...” and “Why don’t you...?”
 - ◇ *Reassuring communication* is a natural response to people who are at risk, worried, or suffering in any way, but it is not empowering. A typical phrase that signals reassurance is, “Don’t worry, thing will work out.”
 - ◇ *Ordering* often happens when we are personally concerned about the safety and well-being of the client and feel that action is needed immediately. This concern can override our commitment to empowerment counseling. When we say (or think to say) things like, “You must...” or “You really should...,” we are falling into this habit.
- Being mindful of these traps is the first and most important aspect of working toward ever more empowering counseling. Exploring these in supervision is vital.

The section on empowerment counseling is adapted from materials provided by Independence House

▣ **SUPPORTING SURVIVORS’ CULTURAL AND SPIRITUAL VALUES AND RESOURCES**

In keeping with the empowerment model and a strength-based approach to domestic violence services, responding skillfully to survivors includes supporting survivors to tap into the cultural and spiritual values that have helped them in the past and can serve as resources as they move forward. In exploring the value of this aspect of domestic violence service response, consider the following:

- Every survivor is part of a culture that has the potential to provide support and comfort to a person struggling with domestic violence. Our work is to support survivors to identify these areas of support and take advantage of them.
- At the same time, it may be true that a particular culture condones violence in intimate partnerships or within families. In this case, our work is not to simply accept these cultural norms or support the survivor to accept them/.
- Inviting a survivor to explore this potential is very much a part of a strength-based and empowering approach to domestic violence services.
- This is not something to be forced on program participants, but it is an openness to explore an area of a survivor’s life that the survivor has described as an area of strength and support.
- There is a danger here of generalizing about people’s cultural values and spiritual resources. We can avoid falling into this trap by remembering that the empowerment model and trauma-informed approaches both ask us to see each survivor as an individual and not as a symbol of other survivors or groups of survivors.
- It is also essential that we remain mindful of our own values and beliefs and work to be sure that these do not interfere with our ability to support the values and beliefs of the survivors with whom we work.

▣ CONFIDENTIALITY AND RECORD KEEPING

■ Confidentiality

- The first and most important principle to know is that all program participants have a right to have their information kept confidential inside your agency/organization within the limits allowed by law. Requests for information about the services your agency/organization has provided can come from a court-appointed guardian *ad litem* or probation officer. We can only share this kind of information if the program participant agrees that it can be shared and has signed a release.
- A subpoena is an official legal document that requires the person or organization upon which it is served to produce specific documents or to appear as a witness in court. A party to a legal action that involves a program participant can serve a subpoena on your agency/organization, requesting copies of all records related to a program participant and can subpoena a staff person to court as a witness or to produce records.
- The laws governing confidentiality are different depending on whether program participants are receiving services from a domestic violence counselor or from a rape crisis counselor. In general, a survivor’s communications with these counselors are confidential. There are special legal rules called “privilege” that, with certain exceptions, allow a program participant to prevent a counselor from testifying in court about those communications or submitting records of the counselor’s work with the program participant.

■ Record keeping

- Keeping good records is an essential aspect of quality services. Good records assure continuity in the provision of services.
- At the same time, records can pose dangers for survivors of domestic violence and sexual assault.
- A generally agreed-upon principle of record keeping is that safety concerns should be the priority.

▣ **MANDATORY REPORTING OF SUSPECTED ABUSE OR NEGLECT**

There are three sets of laws requiring certain professionals to report the abuse of three groups of individuals: children, elders, and people with disabilities. These sets of laws are similar to one another, with the model for all three being the law that requires (or mandates) reporting of suspected serious abuse or neglect of children. We will look at each of these separately.

■ **Mandatory reporting of suspected abuse or neglect of children**

- **The roles of Department of Children and Families (DCF, formerly DSS)**
 - ◇ DCF is the state agency responsible for protecting children and helping troubled families.
 - ◇ DCF investigates reports that a child may be abused or neglected (51A report). Under the law, these terms are defined as follows:
 - “Abuse” means an act that causes or creates a substantial risk of physical or emotional injury or any sexual contact between caretaker and child.
 - “Neglect” means failure to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.
 - ◇ DCF provides services to families with child-related problems, especially where there is alleged abuse or neglect.
 - ◇ DCF can go to court to get permission to remove children from their homes if it believes that this is the only way to protect the children from serious harm of abuse or neglect. Children removed from their homes are usually placed in foster care or group homes and may eventually be placed for adoption or guardianship. DCF has a priority of placing children with relatives, if that is at all feasible.
- **How does DCF become involved with families?**
 - ◇ A family may request voluntary services from DCF, although this is not the usual way families become involved. In fact, many families dread the possibility of DCF involvement in their families because they fear that their children will be taken away from them.
 - ◇ The more typical way that DCF becomes involved is by receiving a report of abuse or neglect. The report is called a “51A report” after the section of the statute that provides for these reports.
- **Who can file a 51A report and what happens after it is filed?**
 - ◇ Many people who work with children are called “mandated reporters” and must file a report if they believe that a child has been subjected to abuse or neglect. Examples of mandated reporters are teachers, day care workers, doctors, and social workers.
 - ◇ Anyone else can file a 51A report. A reporter can give her or his name or the report can be filed anonymously.
 - ◇ After receiving a 51A report, DCF has ten days to do an investigation unless the report suggests that there is an emergency, in which case DCF has 24 hours. During the investigation, a social worker (investigator) will try to meet with the children’s parents, the alleged perpetrator if that person is not a parent, the child who is alleged to be abused or neglected, and his or her siblings. The investigator

will also talk to the reporter and may try to speak with other people, such as the child's doctor or teacher. At the end of the investigation, the report will be supported (found to be likely to be true) or unsupported.

- ◇ Often reports are made to DCF that a child has been exposed to domestic violence. It is the policy of DCF that the existence of domestic violence, by itself, does not constitute abuse or neglect. There must be additional evidence of whether and how the existence of domestic violence has seriously harmed or is likely to seriously harm a child. If DCF finds that a child has also been a direct victim or has been harmed by viewing the domestic violence, it will most likely support the report.
 - ◇ A parent may appeal the decision to support a 51A report and will be given a fair hearing, but it is usually many months before such a hearing is scheduled.
 - ◇ If a 51A report is supported, a different social worker has 45 days to complete an assessment in order to determine what the family's strengths and weaknesses are and to determine if the family needs ongoing services. At the end of the assessment, most often DCF writes a service plan, which includes tasks for each of the parents, the children, and the DCF social worker. Tasks for a parent might be: attend counseling, ensure that the child gets to school regularly, get an abusive partner vacated from the house, or explore supervised visitation services.
 - ◇ If at any point during DCF's involvement with a family there is substantial evidence that a child is not safe in the home, DCF can file a care and protection case in juvenile court and ask that the child be removed from the home and placed in foster care.
- **When your agency/organization needs to file a report of suspected abuse or neglect**
Those who work in domestic violence agencies/organizations are mandated reporters and, therefore, must report instances of suspected abuse or neglect. Filing a 51A report can have serious consequences for a family. When we do this we need to do so in a way that prioritizes safety for the family. Some elements of filing safely include the following:
 - ◇ Unless this is contrary to the safety of children or adults in the family, discuss with the caretaker/survivor the concerns that make filing a report likely.
 - ◇ Explore with the caretaker/survivor any safety concerns related to the filing of a report. This should include exploring the impact on the perpetrator of filing a report and the response that the caretaker expects the perpetrator to have. It also includes exploring the impact on the children of filing a report.
 - ◇ Develop a safety plan that takes into account what has been learned about the safety implications of filing a report.
 - ◇ Consider filing a report with the caretaker/survivor, if that makes sense in terms of the relationship your agency/organization has with the caretaker/survivor.
 - ◇ Make a commitment to advocating for a DCF response that is educated about the impact of domestic violence on the caretaker/survivor and children, prioritizes safety, and is trauma-informed.

■ **Mandatory reporting of suspected abuse or neglect of elders**

According to Massachusetts General Laws, Chapter 19A, Sections 14 through 26, the Executive Office of Elder Affairs (EOEA) is required by law to administer a statewide system for receiving and investigating reports of elder abuse, and for providing needed protective services to abused elders when warranted. Here are key points in how this system works:

- Elder abuse includes physical, emotional and sexual abuse, neglect *by a caregiver*, self-neglect, and financial exploitation.
- To fulfill its responsibility, EOEA has established 22 designated protective services (PS) agencies throughout the Commonwealth to respond to reports of elder abuse. The goal of protective services is to remedy or alleviate the abusive situation and to prevent the reoccurrence of abuse.
- Reporting elder abuse
 - ◇ Anyone can make an elder abuse report. However, the law requires certain professionals to report suspected incidents of abuse.
 - ◇ Abuse reports may be made to the appropriate designated PS agency or the statewide Elder Abuse Hotline (1-800-922-2275), which operates seven days a week, 24 hours a day.
 - ◇ Once an elder abuse report is received, a trained PS caseworker is assigned to investigate the allegations. If the investigation results in the confirmation of one or more types of abuse, the elder is offered an array of services to address the situation. In cases of serious abuse, the PS agency must make a report to the district attorney for possible prosecution.

■ **Mandatory reporting of suspected abuse or neglect of people with disabilities**

Massachusetts General Laws, Chapter 19C created the Disabled Persons Protection Commission (DPPC) whose mission is to investigate and remediate cases of abuse of the Commonwealth's most vulnerable citizens.

- Under this law, abuse is defined as “an act or omission which results in serious physical or emotional injury to a disabled person.” It includes “unconsented to sexual activity.”
- Mandated reporters are people who, as a result of their profession, are more likely to be aware of abuse or neglect of persons with disabilities.
- Reports are made to DPPC's 24-hour hotline (1-800-426-9009).

▣ **WRAPPING UP**

▣ **EVALUATING THIS SESSION**

CHAPTER NINE

LEGAL ISSUES RELATED TO DOMESTIC VIOLENCE

▣ OBJECTIVES

After completing this session, the following objectives will have been met:

- Participants will have a basic understanding of the ways in which survivors of domestic violence can use the legal system to obtain protection from abuse, and to obtain court orders for custody, visitation, or child support.
- Participants will have a basic understanding of particular issues facing immigrants (those with and without documentation) who might consider using the legal system to obtain protection from abuse.
- Participants will have a basic appreciation for the ways in which use of the legal system may be limited for survivors of sexual and domestic violence.
- Participants will have a basic understanding of the role of law enforcement in protecting people from intimate partner violence and responding to those who have been abused.
- Participants will have a basic understanding of survivors' rights to government-supported public assistance.
- Participants will have an increased ability to share information with survivors in ways that support survivors to make thoughtful decisions about whether and how to use the legal system in response to the violence they and their children have experienced.

▣ KEY TERMS AND CONCEPTS INTRODUCED IN THIS CHAPTER

Chapter 209A, Massachusetts Abuse Prevention Act

Custody, visitation, and child support

Guardians *ad litem*

▣ WELCOME AND INTRODUCTIONS

▣ INTRODUCTION TO THIS CHAPTER

The premises of this chapter

- There are laws in our criminal and civil legal systems that are intended to provide protection from violence and abuse and to hold perpetrators accountable both to society and to victims of intimate partner violence.

- These laws are not self-executing, and survivors will be more likely to be able to take advantage of these laws if advocates are educated about the laws and are skilled at working within these systems.

Perpetrators can use these laws for their own protection and benefit. For this reason, advocates need to be knowledgeable enough to support survivors who have to respond to legal action taken by perpetrators.

▣ INTRODUCTION TO THE COURT SYSTEM

■ Legal vocabulary

There are many specialized terms used in discussing the courts and legal actions.

■ What is a criminal case?

- The criminal justice system tries people for crimes (violations of the law) that they are charged with committing, for example, murder, rape, kidnapping, burglary, drunken driving, or assault and battery (beating).
- Criminal cases are started by the state, not by the person who has been a victim of a crime. The prosecutor—also referred to in Massachusetts as the District Attorney, or Assistant District Attorney—brings the case against the defendant. The prosecutor controls the case. The victim may be called as a witness in the trial.
- If the defendant is found guilty, he or she will be punished by a fine or imprisonment or both.

■ What is a civil case?

- Our civil justice system resolves disputes between individuals and/or organizations such as businesses. Examples include lawsuits claiming a person was injured due to the negligence of another person or company, lawsuits over who should inherit the property of a person who has died, divorce and child support lawsuits, and actions seeking protection from abuse.
- In the kinds of civil cases that are relevant to our work, there are no juries. If there is a trial, it is conducted before a judge, who listens to all the testimony and the presentations and then makes decisions. Examples of the kinds of decisions that judges make in the cases that come up for program participants:
 - ◇ Whether one of the parties will be ordered to stop abusing the other party.
 - ◇ Whether one of the parties will be ordered to stay away from the other party.
 - ◇ Whether one party will have custody of the child or children.
 - ◇ Whether child support is to be paid, and if so, how much.

■ The court system in Massachusetts

There are different courts in Massachusetts, and each court has specific types of cases that it can hear and decide.

- District courts are local courts. The kinds of cases that can be brought (started) in district court are as follows:
 - ◇ Restraining orders (209A Abuse Prevention Order). Under restraining orders, the plaintiff can get custody or child support.
 - ◇ Criminal cases, including violation of a restraining order.
- Probate and family courts (also referred to as probate court) are county-based. They do not hear criminal cases, and there are no juries in probate court trials. The kinds of cases they hear are as follows:
 - ◇ Restraining orders
 - ◇ Divorce
 - ◇ Cases to establish paternity (who is the father) of children of unmarried parents

- ◇ Child custody and visitation
 - ◇ Child support
 - ◇ Guardianship of children and incapacitated adults
 - ◇ Adoptions
 - ◇ Name change
- Juvenile courts are also organized by counties. The kinds of case that can be started or heard in these courts are as follows:
 - ◇ Juvenile delinquency
 - ◇ Care and protection (abused and neglected children, foster care)
 - ◇ Adoption and guardianship of minors
 - ◇ CHINS (children in need of services)

▣ CHAPTER 209A

What is a restraining order?

- A restraining order is a court order intended to protect one person from being abused by another person.
- Chapter 209A of the Massachusetts Laws is the statutory basis for obtaining a restraining order (also known as a protective order or abuse prevention order).
- 209A orders are civil orders. If an abuser violates a 209A, he or she can be charged with criminal violations.

■ **Who can get a 209A order?**

An abused person can seek a restraining order under 209A if she or he is in one of the following kinds of relationships with the abuser:

- Married to one another now or in the past
- Related to one another by blood or marriage
- Both are parents of a child
- Both have lived in the same household
- Have been in a dating or engagement relationship

■ **What does the abused person need to prove to get a 209A order?**

The law says that a person can get a restraining order if she or he shows that the abuser:

- Attempted to cause physical harm—tried to hit or push the person
- Caused physical harm—hit the person
- Placed the person in fear of imminent serious physical harm—threatened to push the person down the stairs
- Caused the person to have sexual relations by force, threat, or duress

■ **What kinds of orders can judges in a 209A case issue for the person seeking protection from abuse?**

- An order to refrain from abuse—this usually includes an order directing the abuser to stop threatening or hurting the victim.
- A “no contact” order—this directs the abuser to refrain from any contact with the victim.
- A “stay away” order—this orders the abuser to stay a certain distance away from the victim at his or her work place, school, or home.
- A “vacate” order—this orders the abuser to move out of the home.
- Temporary custody—usually this is an order stating that the victim is to have temporary custody of the children. The judge in a 209A action *cannot* issue an order giving custody of the children to the abuser. Both district court and probate court judges can order that the victim have custody. District court judges cannot order visitation unless the parties make an agreement to that effect.
- An order for child support—this directs the abuser to pay temporary support for the victim and children. Often district court judges will discourage a victim from seeking child support in a 209A case, saying that this has to be done by a probate and family court judge. This is not a correct application of the law. District court judges can order child support in a 209A case and should do so if the victim requests it.

- A “no contact” with children order—in this order the judge directs the abuser to stay away from, have no contact with, or refrain from abusing the children.
 - A “firearms surrender” order—usually this is an order directing the abuser to turn over any guns or weapons to the police.
- **Where does a person go to get a 209A order?**
 - During court business hours, a person can obtain a 209A order from the district court where he or she currently lives or, if the person has fled from the abuser, where they last lived together. The person can also go to the probate and family court in the county where she or he lives and/or fled.
 - If courts are closed, a person can obtain a restraining order from the police who will contact a judge through the Emergency Judicial Response System. This restraining order will be good until the next business day, when the person can go to court.
- **How does a person get a 209A restraining order?**
 - The person files a Complaint for Abuse Prevention and some other forms, and files these with the clerk in the district or probate court.
 - The person goes in front of the judge for an *ex parte* hearing (only one side is present). The judge reviews the papers, may ask some questions, and decides whether to grant a 209A order.
 - If the order is granted at the *ex parte* hearing, the police “serve” (give) the defendant the order and notice of the next hearing date, which is usually 10 days later.
 - At the 10-day hearing, the judge will hear from both parties and decide whether the order should be extended. It may be extended for any period up to one year. If it is extended for a certain period, it will expire on the date stated on the 209A order unless the person returns to court on that day and asks that it be extended again. At that extension hearing, it may be extended for another period of time or it can be made permanent.
 - Either party can go back to court and ask to modify or vacate the order.
 - Some courts have advocates at the court who will help the victim with all the steps of obtaining a restraining order. SAFEPLAN advocates are in some district courts and a few probate courts. At present there are no SAFEPLAN advocates in Framingham District Court. There is an advocate at Middlesex Probate Court at the Family Advocacy Center on the first floor who can help with 209As.
- **What happens if the abuser violates the 209A order?**
 - Violation of a 209A order is a criminal offense. The person receiving the order of protection is instructed to report the violation to the police, who may arrest the abuser. If the police do not arrest the abuser or file a criminal complaint, the person can go to district court and file a criminal complaint on his or her own.
 - A person who receives protection from abuse under Chapter 209A cannot violate a 209A order that is against an abuser. For example, if there is a “no contact” order and the victim calls the abuser, the victim is not in violation of the order. Only the person who has a 209A order against him or her can violate the order.

▣ CUSTODY AND VISITATION

■ Custody

“Custody” is a legal term that relates to the relationship between a child and his or her parents. Custody is broken down into legal and physical custody and sole and shared (joint) custody.

■ The laws and rules regarding custody and visitation

The laws and rules regarding custody and visitation have been evolving over many decades and have changed from time to time in light of our changing understandings of family norms and structures. Massachusetts’s recognition of same-sex marriage constitutes the most recent (and, perhaps, most significant) of these changes. What this means for current rules regarding custody and visitation is unfolding, even as we meet, and could be the subject of an entire training session. For this session we assume that the general principles governing custody and visitation would apply equally to gay and lesbian married couples who have children.

○ Physical custody

Physical custody relates to the parent with whom the child lives.

- ◇ Sole physical custody means the child lives with one parent at that parent’s primary residence. The parent who has sole physical custody is often referred to as the “custodial parent.”
- ◇ Shared physical custody means that the child spends a substantial amount of time living with each parent.

○ Legal custody

Legal custody relates to which parent makes major decisions about the child, regarding things such as medical care, education, or religious upbringing.

- ◇ Sole legal custody means one parent makes those decisions without needing agreement, consent, or consultation with the other parent.
- ◇ Shared legal custody means that both parents are involved in major decision making about the child. For example, both parents must decide if a child will attend parochial school rather than public school. Shared legal custody usually refers to major decisions and not routine day-to-day decisions, which are made by the parent with physical custody.
- ◇ It is very common for one parent to have sole physical custody and for the two parents to share legal custody.

■ The rules about which parent has custody of a child

- When parents are married, they have joint physical and legal custody, unless a judge issues an order that changes this default arrangement.
- When parents are not married, the mother has sole custody until and unless a judge issues an order that changes this. Even if an unmarried mother does not have a paper saying that she has custody, if the parents have not been to court to get a custody order, the default order calls for the mother to have custody.
- When parents divorce or separate, the law says that they have equal rights to custody, considering “the best interests of the child.” This means considering the needs of the

child and the past and present situations of the parents and their relationship with the child. Many things go into this decision.

- There is a specific provision of the law that says that courts must consider whether one parent has been abusive to the other parent. This provision creates a presumption against giving shared or sole custody to an abusive parent.

■ **Visitation**

- Visitation is what we call the time that a non-custodial parent spends with his or her child, when the other parent has sole physical custody.
- If it is not safe for a child to be alone with the non-custodial parent, a judge may order supervised visitation. Often the third party supervisor is a friend or relative that the parties can agree on. Other times, it is a supervised visitation center.
- It may be safe for the child to be with the parent alone but not for the parents to be together to exchange the child. In these instances, there may be an order that the child is exchanged at a supervised visitation center, at the police station, or at the home of a friend or relative, with each parent arriving at different times.

▣ **CHILD SUPPORT**

- Generally, parents are responsible for the financial support of their children.
- When parents separate, child support is the amount of money paid from one parent (usually the non-custodial parent) to the other parent for the children's needs (including food, clothing, and shelter).
- If the custodial parent receives TAFDC (welfare) for the children, the government will seek a child support order from the non-custodial parent to reimburse the Commonwealth for the expense of the TAFDC. If the non-custodial parent pays, the custodial parent gets an extra \$50/month in welfare benefits.
- The non-custodial parent may voluntarily agree to pay child support. Parties can agree to this or any other issues concerning them and their children. Courts get involved when parties can't agree.
- The handout on child support has additional information for those who are interested.

▣ **GUARDIANS *AD LITEM***

- A Guardian *ad litem* (GAL) is a person who is appointed by a judge to investigate the relevant facts of a case or evaluate the condition of children or parents and then reports the findings to the judge.
- During an investigation or evaluation, a GAL usually reviews all the court papers and talks to each parent and child separately. She or he often tries to meet with the children and each parent to see how they interact. The GAL is likely to talk to people who know the family. If the GAL is an evaluator, she or he may administer psychological tests.
- The GAL submits a report to the judge after completing the investigation or evaluation. Sometimes the judge asks for recommendations; other times the judge only wants facts and a summary but no recommendations.
- It is not the role of a GAL to mediate the case. A GAL should not try to get the parties to reach an agreement.

▣ **IMMIGRANTS IN MASSACHUSETTS COURTS**

- All immigrants (whether or not they have legal documentation) have the right to use the courts. As a general rule, the courts in Massachusetts will not report an undocumented person to immigration authorities (CIS/ICE).

- Opposing parties may raise issues about legal status, and courts may ask questions that will make an undocumented person uncomfortable. Even if you know that it is safe for a person without legal documentation to use a particular court, she or he may decide not to take this risk. This is a choice that can be made only by the survivor.

▣ **THE ROLE OF LAW ENFORCEMENT IN PROVIDING PROTECTION FROM ABUSE**

The Executive Office of Public Safety has developed guidelines for how police officers should respond in domestic violence situations. These guidelines contain detailed instructions for police officers on subjects such as these:

- How police officers should approach a scene of alleged domestic violence
- How to conduct an investigation of alleged domestic violence in a way that honors the safety concerns of the victim
- Arrest procedures that prioritize the safety of adult victims and their children
- Steps to take when the suspected abuser has fled the scene
- How to serve an alleged abuser with court orders issued under Chapter 209A

▣ **LEGAL ADVICE OR LEGAL INFORMATION?**

- Non-lawyers cannot give legal advice. They can provide legal information.
- Legal information includes information about court procedures, legal forms, laws, how to request something, or how to figure out how to do something. Information tends to be general, not specific to the facts of the person’s situation. What has been presented in this training session is legal information.
- Legal advice is the application of law to an individual’s specific circumstances. It includes advising a person to take or not take a particular course of action in a legal matter.

▣ **WRAPPING UP**

▣ **EVALUATION**

CHAPTER TEN

WRAPPING UP

▣ **OBJECTIVES**

This chapter will give participants an opportunity to reflect on what they have learned through this training series

▣ **WELCOME**

▣ **INTRODUCTION TO THIS CHAPTER**

In this last training session we will have a chance to work with the material left an impression on you, explore any questions that may linger.

▣ **LOOKING AT WHAT MADE AN IMPRESSION**

▣ **ANY LINGERING QUESTIONS?**

▣ **EVALUATION**

▣ **A CLOSING EXERCISE**

RESOURCES

There are enormous resources available to those who work in the world of domestic violence services. In the course of developing this curriculum, we discovered many resources that we did not actually include as handouts but thought to offer to readers who may be interested in additional materials.

The resources we found are collected in this section of the curriculum. The first section below, called “Materials of General Interest,” contains materials that address multiple subjects related to intimate partner violence. Following that section we have grouped the resources we found according to the chapters of the curriculum.

If you have discovered resources that you would like to share with others, you can send them to Northnode (indra@northnode.org) and we will consider adding them as we update the curriculum.

MATERIALS OF GENERAL INTEREST

- *Best Practices Manual for Domestic Violence Programs*, Arizona Coalition Against Domestic Violence, <http://new.vawnet.org>
- *Breaking the Silence: A Training Manual for Activists, Advocates, and Latina Organizers*, Family Violence Prevention Fund, <http://www.endabuse.org>
- *Defending Our Lives*, a video produced by Cambridge Documentary Films, <http://www.cambridgedocumentaryfilms.org>
- “Hostages in the Home: Domestic Violence Seen through Its Parallel, The Stockholm Syndrome,” Jeri Martinez, <http://www.mincava.umn.edu>

RESOURCES FOR CHAPTER TWO: THE CONTEXT FOR OUR WORK, PART ONE

- “Brief History of the Movement to Address Domestic Violence,” Colorado Bar Association, <http://www.cobar.org/>
- “Costs of Intimate Partner Violence Against Women in the United States,” Department of Health and Human Services, Centers for Disease Control and Prevention, <http://www.cdc.gov/ncipc/>
- “Domestic Violence as a Human Rights Issue,” Dorothy Thomas and Michele Beasley, *Human Rights Quarterly*, Volume 15, Issue 36
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