Supervising Professionals Who Work with Domestic Violence: Ethical Considerations

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Overview

- Tools for clinical use and reference when working with or supervising clinicians who work with people who have experienced or caused harm
- Common ethical dilemmas
- Creating shared meaning and accurate language
- Do good, do no harm
- Case examples*

Reflection

- Where did you first learn about domestic violence? Before you had the words “domestic violence”
- What did you call it?
  - Strict parents, bad kids
  - “People who don’t go to church”
  - Drug/alcohol problem
  - Normal
- Where did you see examples of domestic violence growing up?
  - Your home
  - Relatives’ or friends’ homes
  - Community
  - News, social media
- How did this shape how you saw it then and now?

Definitions

- Domestic violence
  - Pattern of coercive and controlling behavior designed to increase power over the victim
- Coercive control
  - "Pattern of domination that includes tactics to isolate, degrade, exploit and control… as well as frighten or hurt them physically" Evan Stark, *Coercive Control*
    - Behavior is compelled indirectly

Clinical and Ethical Challenges

- Understanding power and control
- Substance use and mental health coercion
- Suicide and non-suicidal self-injury
- Child exposure
- Mandatory reporting
- Resisting the urge to fix, accepting limits of control and influence

Clinical Competence: Be familiar with the most common tools for understanding and offering psychoeducation

Supervisees and supervisors should familiarize themselves with and discuss these tools together

Domestic Violence

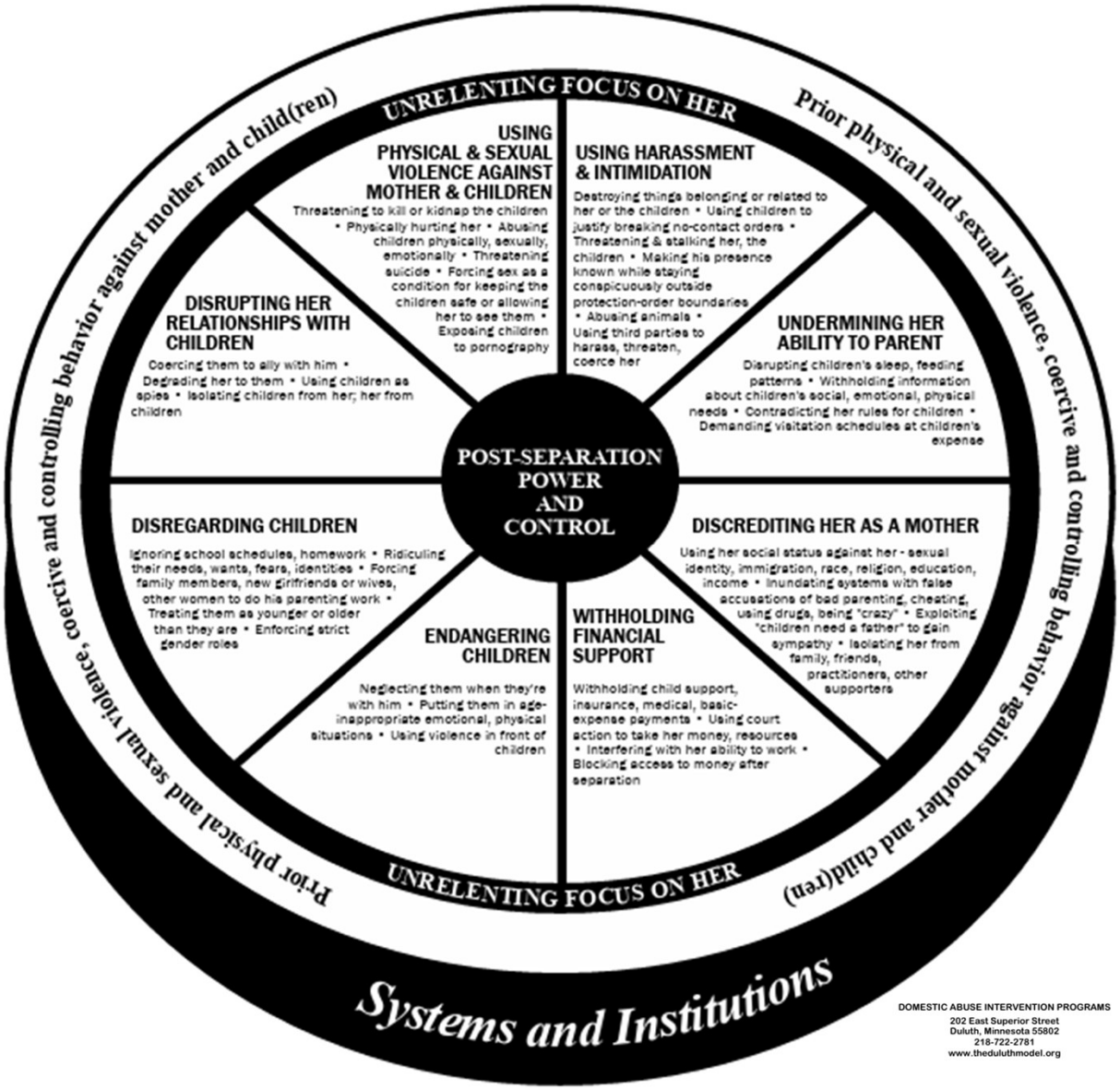
- (Domestic Abuse Intervention Project, 1982)
- Not the cycle of violence

Abuse of Children Wheel

DOMESTIC ABUSE INTERVENTION PROGRAMS
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.theduluthmodel.org

Post Separation Power and Control Wheel

- How do the vessels change post separation?
- Proximity, resources, priorities change the vessels



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Lethality Factors

- Revised Danger Assessment (2021)
- Lethality assessment
- Consider emotional and physical safety
- Consider flashpoints in safety planning
- Children and adult victim safety

(Campbell, 2004)

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

_____ 1. Has the physical violence increased in severity or frequency over the past year?
_____ 2. Does he own a gun?
_____ 3. Have you left him after living together during the past year?
3a. (If you have *never* lived with him, check here: __)
_____ 4. Is he unemployed?
_____ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: __)
_____ 6. Does he threaten to kill you?
_____ 7. Has he avoided being arrested for domestic violence?
_____ 8. Do you have a child that is not his?
_____ 9. Has he ever forced you to have sex when you did not wish to do so?
_____ 10. Does he ever try to choke/strangle you or cut off your breathing?
10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: __)
_____ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
_____ 12. Is he an alcoholic or problem drinker?
_____ 13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: __)
_____ 14. Is he violently and constantly jealous of you? (For instance, does he say: "If I can't have you, no one can.")
_____ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: __)
_____ 16. Has he ever threatened or tried to commit suicide?
_____ 17. Does he threaten to harm your children?
_____ 18. Do you believe he is capable of killing you?
_____ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
_____ 20. Have you ever threatened or tried to commit suicide?

_____ Total "Yes" Answers

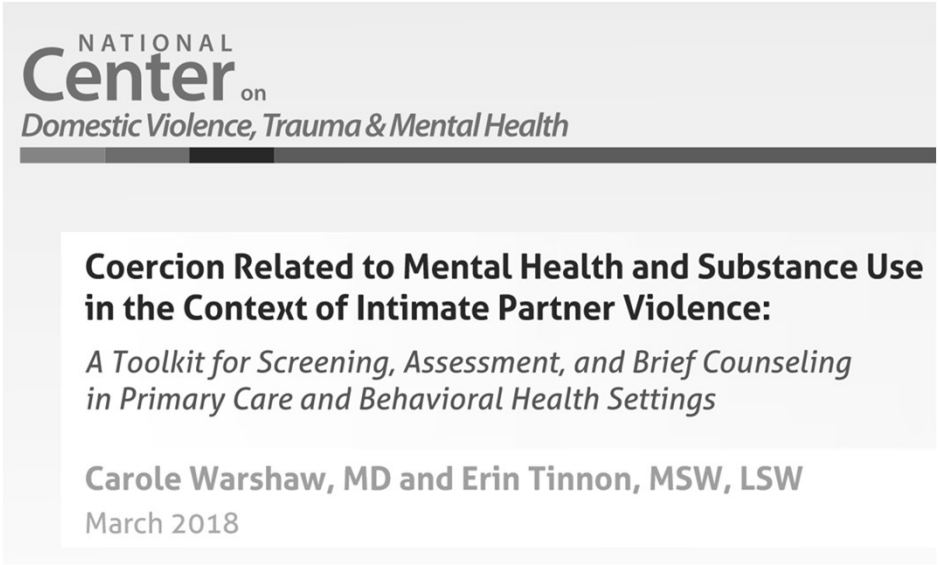
Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.

Clinical Competence: Be aware of how mental health coercion has impacted help seeking

Understand clients' experiences with help seeking and how it may have caused harm

Mental Health Coercion

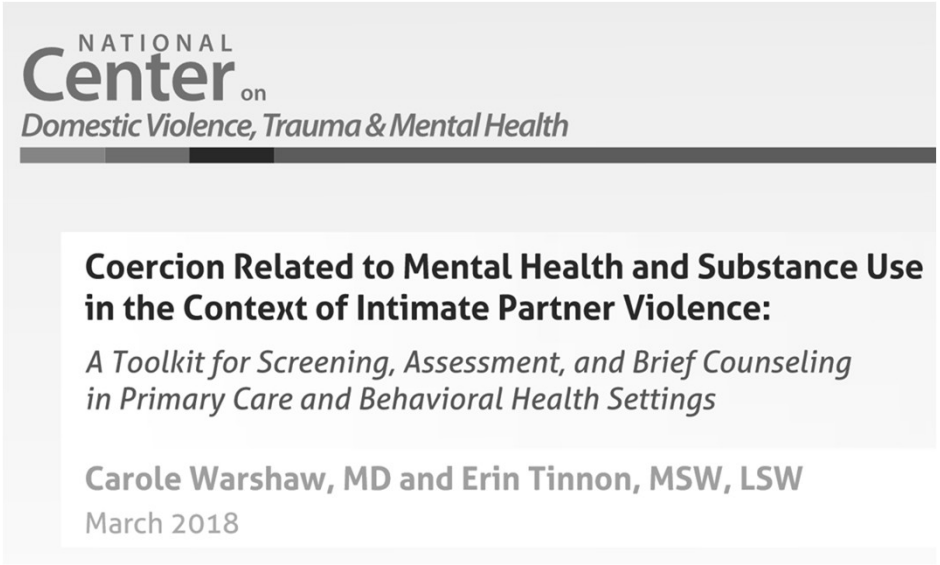
- Survey with 2,546 participants
- 85.6% participants said that a partner or ex-partner had called them “crazy” or accused them of being “crazy”
- 73.8% said a partner or ex-partner had deliberately done things to make them feel like they were crazy or losing their mind
- 50.2% said that a partner or ex-partner threatened to report to authorities that they are “crazy” to keep them from getting something they wanted or needed



(Warshaw & Tinnon, 2018)

Mental Health Coercion

- 53.5% said that in the last few years, they had gone to see someone like a counselor, social worker, therapist, or doctor to get help with feeling upset or depressed
- In that group, 49.8% said that a partner or ex-partner tried to prevent or discourage them from getting that help or taking medication they were prescribed for those feelings



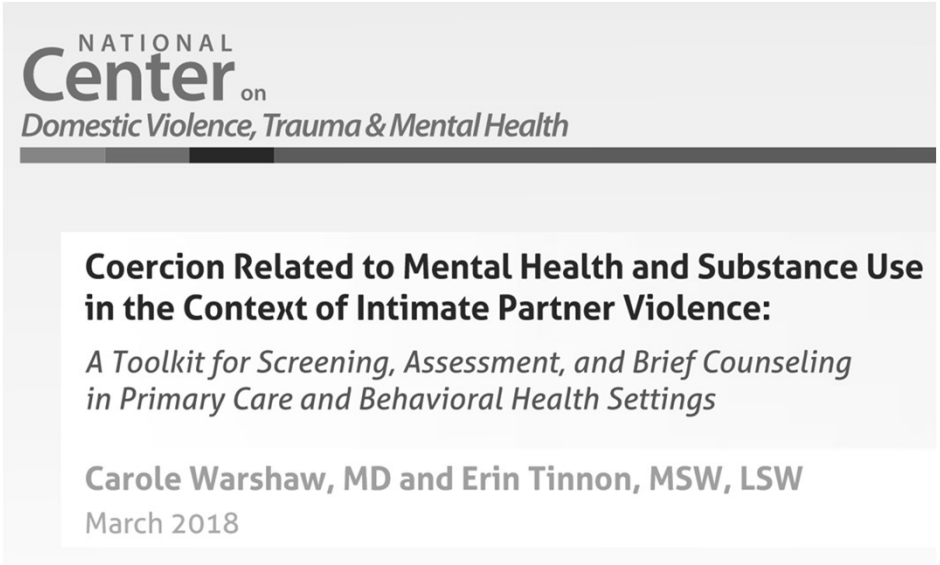
(Warshaw & Tinnon, 2018)

Clinical Competence: Understand the relationship and timing of co-occurring substance use disorders

Explore the role of substance use coercion in the relationship

Substance Use Coercion

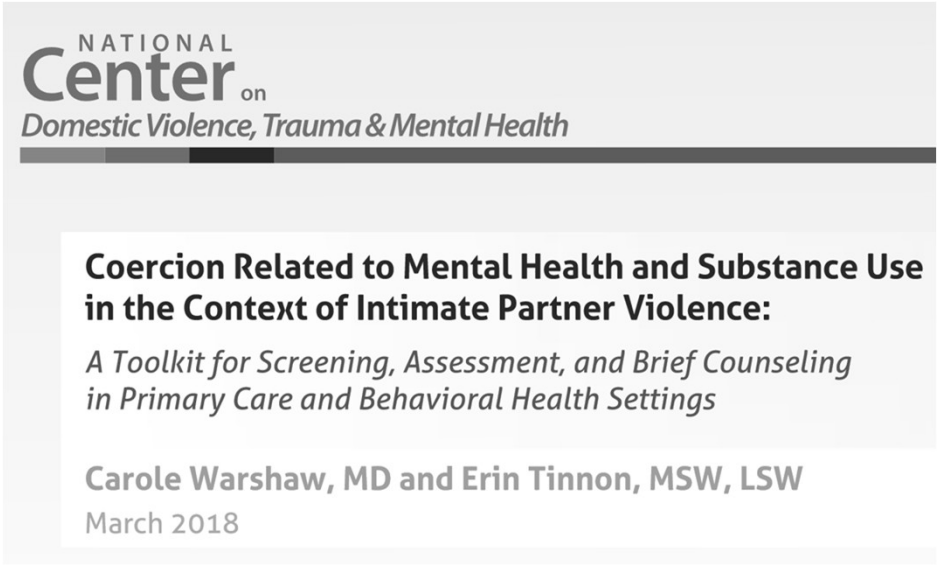
- Survey with 3,056 participants
- 26.0% reported using alcohol or drugs to reduce pain of abuse
- 27% experienced pressure or force to use more than they wanted
- 24.4% reported fear of calling the police or for help because their partner said they wouldn't be believed or would be arrested due to alcohol or drug use



(Warshaw & Tinnon, 2018)

Substance Use Coercion

- 37.5% were threatened to have alcohol or drug use exposed to prevent survivors from getting what they wanted or needed
- 15.2% attempted to get help and of those 60.1% were discouraged or prevented from doing so by partner or ex-partner
- 43% experienced some kind of substance use coercion



(Warshaw & Tinnon, 2018)

Clinical Competence:

Become comfortable openly screening for and responding to suicidal ideation

Focusing so much on homicide risk that suicide risk is ignored is a clinical blinder

Suicide and Non-Suicidal Self-Injury

- Differentiating the two- neither always require hospitalization
- Women who experience IPV may be 3x-12x more likely to attempt suicide than women who do not; 14-40% of female-identifying survivors attempt suicide
  - (Munro & Aitken, 2019; Bergman & Brismar, 1991; Seedat et al., 2005)
- All gender samples reinforced the same elevated risk, 3x more likely to engage in NSSI, and 2x more likely to have had suicidal thoughts
  - (McManus, et al., 2022)
- Abuse frequently cited as a driver for suicidal ideation and attempts
- In *one* study, 1/3 of women in the sample went to a hospital for an abuse-related injury the same day as a suicide attempt (Stark & Flitcraft, 1995)

Suicide and Non-Suicidal Self-Injury

- Elevating factors:
  - Higher Danger Assessment score
  - Sexual abuse
  - Isolation from friends and family
  - Assault resulting in significant injuries
  - Threats with a weapon
    - (Sato-DiLorenzo & Sharps, 2007)
  - Hopelessness for end of abuse
- *Likely that more survivors die from suicide than homicide*
- **We must be comfortable screening and responding**
- Emphasis on validating pain, exploring reasons to live, and physical safety
  - The Education and Development Center, 2019
- Use a screener such as Columbia Suicide Severity Rating Scale (C-SSRS)

Bad Ideas from a Caring Place

- Clinician vs client goals
- Encouraging unhelpful boundaries
  - Is the boundary to help your client establish the line between them and someone else?
  - Is the boundary rooted in “between” or “within” lens?
- Overly prescriptive
- Coercion to leave, conveying judgment about leaving or staying
- Refusing to work with someone until they have left the relationship

Bad Ideas from a Caring Place

- Bad experiences seeking services
  - Managing therapist reaction to the content
  - Couples counseling
- SMI/SUD causes and/or justifies domestic violence
- Punishing people for being symptomatic
- Demonizing the person causing harm
- Improperly accounting or failing to account for trauma in diagnosis

Clinical Competence: Using varied, descriptive language to convey accurate empathy

Relying on generic language holds back the therapeutic process

Reframing Exposure

(Holden, 2003)		
Prenatal exposure	Real or supposed effects of dv on the fetus	Fetus assaulted in utero; pregnant mother lived in terror
Intervenes	Child verbally or physically attempts to stop the assault	Asks parents to stop; attempts to defend adult victim
Victimized	Child is verbally or physically assaulted during an incident	Child intentionally or unintentionally injured, verbally abused
Participates	Child is forced or "voluntarily" joins in on the assaults (more often with sons)	Coerced to participate; used as a spy; joins in taunting mother
Eyewitness	Child directly observes the assault	Watches assault or is present to hear verbal abuse

Reframing Exposure

(Holden, 2003)		
Overhears	Child hears, though does not see, the assault	Hears yelling, threats, or breaking objects
Observes the initial effects	Child sees some of the immediate consequences of the assault	Sees bruises or injuries; police; ambulance; damaged property; intense emotions
Experiences the aftermath	Child faces changes in his/her life as a consequence of the assault	Experiences parental reactions to trauma; change in parenting; separation from a parent; relocation
Hears about it	Child is told or overhears conversations about the assault	Learns of the violence from parent, sibling, relative, or someone else
Ostensibly unaware	Child does not know of the assault according to the source	Violence happened away from home or while the child is believed to have been asleep

Language for Impact

Terrorized	Behavior that threatens or is likely to hurt a child or put a child or loved ones in dangerous situations	Threaten to hurt or abandon child; abuse of pets
Corrupted	Modeling, permitting, or encouraging inappropriate or harmful behavior	Father models misogyny, verbal and physical aggression, substance abuse
Spurned	Verbal or nonverbal acts that degrade or reject a child	Perpetrator calls child names

Language for Impact

Denied emotional responsiveness	Ignoring child's attempts and needs to interact and showing no positive emotion to the child	Father uninvolved and mother may be unable to be affectionate with child
Isolated	Confining or placing unreasonable limits on child or on contact with others	Father isolates family or child isolates self to avoid the batterer
Neglect of mental health, medical, or educational needs	Failure to provide or refusal to allow necessary treatment	Child's needs not met because father ignores and mother is overwhelmed

Elements of Great Practice

- Integrating questions about domestic violence into mental health assessments
- Whole person approach- discussing impact of abuse along with interests, strengths, and goals
- Addressing short- and long-term safety needs
- Providing information about trauma and domestic violence
- Discussing options, priorities, and **choices**
- Support autonomy and empowerment

Domestic violence takes from people the things they need to leave that relationship, both internal and external

Caring for Ambivalence

- Avoid thought traps
  - Example: “You’re not safe, leaving will make you safe”
  - Things we want to be true but can’t control
  - Things that could be true, but the survivor may not imagine they could be true
- Acknowledge and explore good reasons to stay
  - Impact to children
  - Familiar financials
  - Safety
  - Social support
  - Decision making
  - Values

Clinician Fixing Reflex

- "The natural desire of helpers to prevent harm and promote a person's welfare by trying to correct or repair perceived problems." (Miller & Rollnick, 2023)
  - Different from skillful advice giving
- Like adjusting a child's tower of blocks, it mimics control
- Power taking vs. power sharing with people who have experienced trauma

Questions for supervision:

- Are you frequently trying to convince survivors of their next steps, from your own point of view?
- Are you frequently met with "yes, but" client relationship dynamics?

Treatment Considerations

- Seeking training in trauma-specific modalities
- Positive vs. negative worldview approaches
- Skills for flashbacks, nightmares, triggers
- Treatment should include:
  - Establishing safety
  - Mourning the past
  - Focusing on the future
  - (Herman, 2023)
- “Forgiveness is letting go of the hope of a better past.”
  - (Herman, 2023)

Emotional and Physical Safety

- Safe ways and times to communicate
- Safe billing
- Safe access of services (transportation, telehealth)
- Seek safe support systems- family, friends, support groups
- Conveying nonjudgment and a capacity to hear

Mandatory Reporting

- Consider the "vulnerability"
  - Pattern of being in an abusive relationship is **not** inherently a vulnerable adult
  - An older adult who calls 911 or sexual assault hotlines repeatedly regarding abuse that does not seem plausible
- Determine your threshold for *suspecting* child abuse
  - A child living in the home
  - A child who witnesses physical abuse, emotional abuse, abuse to animals
  - A child who overhears abuse
- Know what entity you are a mandated reporter to (police vs. child welfare)

Record Keeping

- Do no harm
- Imagine how your records will sound being read out loud in court
- Accurate but do not need to be intimate
- Consider documenting traumatic impact, protective efforts
- Consider potential access to the person causing harm
  - Patient portals
- Discuss risks and benefits of speaking with child welfare, police, or attorneys

Actionable Framework

- State the question clearly
- Anticipate who will be affected by the decision
- Figure out who, if anyone, is the client
- Assess whether your competence is a good fit
- Review relevant formal ethical standards
- Review relevant legal standards

Actionable Framework

- Review the relevant research and theory
- Consider whether personal feelings or biases are affecting our ethical judgment
- Consider sociocultural and religious factors' impact on the situation
- Consider consultation
- Develop alternative courses of action
- Think through how they play out

Actionable Framework

- Try to adopt the perspective of each person affected
- Decide what to do and take action
- Document the process and assess the results
- Assume personal responsibility for consequences
- Consider implications for preparation, planning, and prevention

Trauma and adversity lower the *floor* not the *ceiling*.

- Thank you!

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