

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*

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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?

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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

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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

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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

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Domestic Violence

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

The Domestic Violence Wheel is a circular diagram with 'POWER AND CONTROL' at the center. It is divided into eight segments, each representing a different tactic of abuse, with 'PHYSICAL VIOLENCE' and 'SEXUAL VIOLENCE' labeled at the top and bottom respectively.

- USING COERCION AND THREATS:** Making and/or carrying out threats to do something to her/him.
- USING ECONOMIC ABUSE:** Keeping her from getting or keeping a job; making her ask for money; giving her no allowance; taking her money; not letting her know about or have access to family income.
- USING MALE PRIVILEGE:** Treating her like a servant; making all the big decisions acting like the "master of the castle"; being the one to arrive home and eat dinner first.
- USING CHILDREN:** Making her feel guilty about her children; using the children to relay messages; using children to isolate her; threatening to take the children away.
- MINIMIZING, DENYING AND BLAMING:** Blaming her for the abuse and not taking her concerns about it seriously; making her feel like the abuse didn't happen; shifting responsibility for the abuse onto her.
- USING ISOLATION:** Controlling what she does, who she sees and who she talks to; making her feel like she's being watched; making her feel guilty.
- USING EMOTIONAL ABUSE:** Putting her down; making her feel bad about herself; calling her names; making her think she's crazy; playing mind games; humiliating her.
- USING INTIMIDATION:** Making her afraid by using looks, actions, gestures.

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Abuse of Children Wheel

The Abuse of Children Wheel is a circular diagram with 'ABUSE OF CHILDREN' at the center. It is divided into eight segments, each representing a different tactic of abuse, with 'VIOLENCE' labeled at the top and bottom.

- USING ADULT PRIVILEGE:** Treating children as servants; punishing, shaming, always winning; dominating adult decisions; interrupting.
- THREATS:** Threatening abandonment, isolation, physical harm, confinement, or harm to other loved ones.
- ECONOMIC ABUSE:** Withholding basic needs; using money to control behavior; withholding child support; using children as an economic bargaining chip in divorce.
- EMOTIONAL ABUSE:** Put down, name calling; using children as confidants; using children to get or give information to other parent; being inconsistent; shaming children.
- ISOLATION:** Controlling access to peers, adults, siblings, other parents, grandparents.
- USING INSTITUTIONS:** Threatening punishment with by God, courts, police, school, juvenile detention, foster homes, treatment, prison wards.
- INTIMIDATION:** Instilling fear through looks, actions, gestures, property destruction; using adult size; making her feel vulnerable to other parent, peers, etc.
- CHOKING:** Choking.

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Post Separation Power and Control Wheel

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

The Post Separation Power and Control Wheel is a circular diagram with 'POST SEPARATION POWER AND CONTROL' at the center. It is divided into eight segments, each representing a different tactic of abuse, with 'PHYSICAL & SEXUAL VIOLENCE AGAINST MOTHER & CHILDREN' and 'UNRELENTING FOCUS ON HER' labeled at the top and bottom respectively.

- USING HARASSMENT & INTIMIDATION:** Sending texts, making or receiving calls; threatening to harm her or her children; threatening to harm her or her children; threatening to harm her or her children.
- UNDERMINING HER ABILITY TO PAREN:** Denying children access; making children feel like they are not wanted; making children feel like they are not wanted; making children feel like they are not wanted.
- DISCREDITING HER AS A MOTHER:** Making her feel like she is not a good mother; making her feel like she is not a good mother; making her feel like she is not a good mother.
- WITHHOLDING FINANCIAL SUPPORT:** Withholding child support; withholding child support; withholding child support.
- ENDANGERING CHILDREN:** Making children feel like they are in danger; making children feel like they are in danger; making children feel like they are in danger.
- USING CHILDREN:** Making children feel like they are being used; making children feel like they are being used; making children feel like they are being used.
- USING MALE PRIVILEGE:** Treating her like a servant; making all the big decisions acting like the "master of the castle"; being the one to arrive home and eat dinner first.
- USING ECONOMIC ABUSE:** Keeping her from getting or keeping a job; making her ask for money; giving her no allowance; taking her money; not letting her know about or have access to family income.

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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	
<p>Domestic violence has been associated with increased risk of homicide (murders) of women and their intimate 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 know how many of the risk factors apply to your situation.</p> <p>Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write in that date how bad the incident was according to the following scale:</p> <p>1. Bruising, pushing, no injuries and/or feeling pain 2. Scratching, hitting, slapping, kicks, and/or constraining pain 3. "Beating up," severe contusions, burns, broken bones 4. Threat to use weapons, head injury, internal injury, permanent injury, miscarriage or choking (yes) 5. Use of weapons, wounds from weapons 6. In the state to indicate choking or strangulation off your breathing (example 40%) 7. Use of weapons, wounds from weapons</p> <p>(If any of the descriptions for the higher number apply, use the higher number.)</p>	
<p>Mark Yes or No for each of the following. If "Yes" refers to your partner, partner, ex-partner, ex-partner, or someone is currently physically hurting you.)</p> <p>1. Has the physical violence increased in severity or frequency since the past year? 2. Does he own a gun? 3. Have you ever been together during the past year? 4. If you have never lived with him, check here ____ 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. Has he threatened to kill you? 7. Has he ever forced you to have sex when you did not want to do so? 8. Does he ever try to choke/strangle you or cut off your breathing? 9. Has he ever tried to kill you? 10. Does he use illegal drugs? (By drugs, I mean "hard" or "soft" drugs, not alcohol, "weed", "angel dust", cocaine, "crack", street drugs or opiates.) 11. Is he an alcoholic or problem drinker? 12. Does he control most or all of your daily activities? (For instance, does he tell you who you can see, how much money you can have, how much money you can use, or when you can leave the house? If he does, but you do not tell him, check here ____) 13. Does he threaten to harm your children? 14. Is he violent and constantly jealous of you? (For instance, does he say, "I can't have you with any other man.") 15. Have you ever been beaten by him while you were pregnant? (If you have never been "beaten" 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 have to be constantly on edge? 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?</p>	
<p>Final "Yes" Answers</p> <p>Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means to your situation.</p>	

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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

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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)

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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)

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

Explore the role of substance use coercion in the relationship

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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)

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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)

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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

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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)

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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
 - ◆ (San-DiLorenzo & Sharp, 2003)
 - ◆ 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)

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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

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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

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

Relying on generic language holds back the therapeutic process

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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

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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

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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

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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

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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	

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

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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

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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?

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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)

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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

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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)

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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

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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

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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

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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

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

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◆ Thank you!

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