Supervising Professionals
Who Work with Domestic
Violence: Ethical
Considerations

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# ♦ Tools for clinical use and reference when working with or supervising clinicians who work with people who have experienced or caused harm

### Overview

- ♦ Common ethical dilemmas
- ♦ Creating shared meaning and accurate language
- ♦Do good, do no harm

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#### ♦ 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"

### Reflection

- ♦ Normal ♦ Where did you see examples of domestic violence growing up?
  - ♦ Your home ♦ Relatives' or friends' homes

♦ Drug/alcohol problem

- ♦ Community
- $\,\diamond\,$  News, social media
- $\ensuremath{\diamond}$  How did this shape how you saw it then and now?

designe  Pefinitions   Coercive  Patter  Patter	of coercive and controlling behavior d to increase power over the victim control
efinitions o "Patter	control
♦ Patter	
frighten	n of domination that includes tactics to degrade, exploit and control as well as or hurt them physically" Evan Stark, • Control
<ul><li>Beha</li></ul>	vior is compelled indirectly

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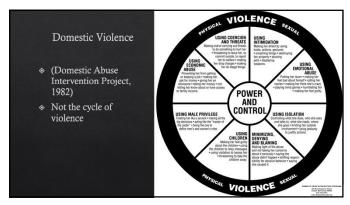
# Clinical and Ethical Challenges

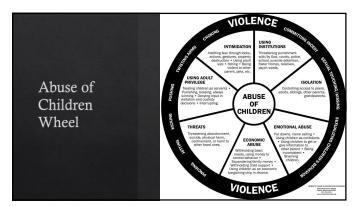
- ♦ Understanding power and control
- $\, \diamond \,$  Substance use and mental health coercion
- ♦ Suicide and non-suicidal self-injury
- Child exposure
   Mandatory reporting
- ♦ Resisting the urge to fix, accepting limits of control and influence

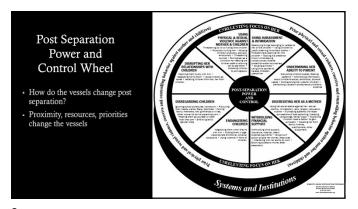
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Clinical
Competence: Be
familiar with the
most common tools
for understanding
and offering
psychoeducation

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







# Lethality Factors Revised Danger Assessment (2021) Lethality assessment (2021) Lethality assessment (2011) Lethality assessment (2021) Lethality assessment

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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

#### 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



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Clinical
Competence:
Understand the
relationship and
timing of cooccurring 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

	enter
Doi	mestic Violence, Trauma & Mental Health
	Coercion Related to Mental Health and Substance Us in the Context of Intimate Partner Violence:
	A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings
	Carole Warshaw, MD and Erin Tinnon, MSW, LSW March 2018

# Substance Use Coercion \$\infty 37.5\% were threatened to have alcohol or drug use exposed to prevent survivors from getting what they wanted or needed \$\infty 15.2\% attempted to get help and of those \frac{60.1\%}{60.1\%} were discouraged or prevented from doing so by partner or ex-partner \$\infty 43\% experienced some kind of substance use coercion \$\infty 37.5\% were threatened to have alcohologous exposed to prevented to metal Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health Settings Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Courseling in Primary Care and Behavioral Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Coursel

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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)

# Suicide and Non-Suicidal Self-Injury Elevating factors: Higher Danger Assessment score Sexual abuse Isolation from friends and family Isolation from fetness and family Assault reculting in significant injuries Threats with a weapon (San Dilementa Sabara, 2007) Hopelessess 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

- $\ \, \Leftrightarrow \ \, \text{Encouraging unhelpful boundaries} \\$
- 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
- ♦ 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

- · 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

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(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 Expo	sure
(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

hurt a child or put a child or loved ones in dangerous situations  Corrupted Modeling, permitting, or encouraging inappropriate or harmful behavior substance abuse  Spurned Verbal or nonverbal acts that degrade Perpetrator calls child names			
encouraging inappropriate or and physical aggression, harmful behavior substance abuse  Spurned Verbal or nonverbal acts that degrade Perpetrator calls child names	Terrorized	hurt a child or put a child or loved	
	Corrupted	encouraging inappropriate or	and physical aggression,
or reject a child	Spurned	Verbal or nonverbal acts that degrade or reject a child	Perpetrator calls child names

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	Language for Impa	
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

- $\, \diamond \,$  Integrating questions about domestic violence into mental health assessments
- $\boldsymbol{\diamond}$  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

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### Caring for Ambivalence

- ♦ Avoid thought traps
  - ♦ Example: "You're not safe, leaving will make you safe"
- Acknowledge and explore good reasons to stay

  - ♦ 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
- $\, \diamond \,$  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
- $\, \diamond \,$  Skills for flashbacks, nightmares, triggers
- \* Treatment should include:
  - ♦ Establishing safety
  - ♦ Mourning the past
  - ♦ (Herman, 2023)
- ♦ "Forgiveness is letting go of the hope of a better past."
  - A (Herman 2023)

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# Emotional and Physical Safety

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

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# Mandatory Reporting

- ♦ Consider the "vulnerability"
  - $\diamond~$  Pattern of being in an abusive relationship is  ${\bf not}$  inherently a vulnerable adult
  - $\diamond\,$  An older adult who calls 911 or sexual assault hot lines repeatedly regarding abuse that does not seem plausible
- $\ensuremath{\diamond}$  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)

# 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 Do no harm Accurate but do not need to be intimate Consider documenting traumatic impact, protective efforts Do no harm Accurate but do not need to be intimate Consider documenting traumatic impact, protective efforts 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 Possible 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
- $\ensuremath{\diamond}$  Anticipate who will be affected by the decision
- $\ensuremath{\diamond}$  Figure out who, if anyone, is the client
- \* Assess whether your competence is a good fit
- $\ \, \otimes \ \, \text{Review relevant formal ethical standards} \\$
- ♦ 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
- $\ensuremath{\diamond}$  Consider sociocultural and religious factors' impact on the situation
- Consider consultation
- ♦ Develop alternative courses of action
- ♦ Think through how they play out

### Actionable Framework

- $\diamond\,$  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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