

TRAINING CHILD WELFARE WORKERS ON DOMESTIC VIOLENCE

Children's Bureau
Child Welfare Research Demonstration and Training
Priority 2.07T, Innovative Training for Exemplary Practice
Health and Human Services
Administration for Children, Youth and Families

TRAINER'S MANUAL

Kathryn Conroy, DSW
Columbia University School of Social Work
Randy Magen, Ph.D.
University of Alaska Anchorage

This Project was also affiliated with The Center for the Study of Social Work Practice

Acknowledgments

We would like to thank the Administration for Children, Youth and Families of Health and Human Services for the grant which enabled the development of this curriculum and the trainings made available in 1995-1997. Prior to their involvement, our work was supported, and continues to be advanced by, The Center for the Study of Social Work Practice, a program of the Columbia University School of Social Work and the Jewish Board of Family and Children's Services. Without its initial and continuing support this project would not have been possible.

We would also like to acknowledge the invaluable contribution made by two of our colleagues, Dr. Peg Hess, Associate Dean, and Dr. Barbara Simon, Associate Professor, both of Columbia University School of Social Work. They worked on the beginnings of this project in ZONE C and continued to give feedback and counsel along the way. The same is to be said for staff at the Administration for Children's Services, particularly Terrie Weiss, Diane Connolly and Tula Lacy. Thank you, also, to Alisa Del Tufo of the Family Violence Project at the Urban Justice Center. And finally, we are grateful to the feedback given us on the curriculum by the Domestic Violence Educators' Colloquium of New York City.

Kathryn Conroy, DSW
Randy Magen, PhD

Introduction

This Domestic Violence Training, for Child Protective Service Workers and their Supervisors, is premised on the fact that participants will come to the training with a degree of knowledge and experience in the area. It is assumed that participants will not have to be convinced that domestic violence exists, or that there is a need to make an assessment. It assumes that participants will want to know the laws as well as the resources, and that they have a professional desire to intervene in an appropriate manner. It also assumes that participants have varying levels of sensitivity and knowledge. For this reason the two day training is divided according:

Day One is about **UNDERSTANDING** domestic violence. The goal of Day One is for participants to become aware of their own feelings regarding victimization and to begin to empathize with the position, plight and peril of battered women and their children. A Victimization Exercise is used to help participants begin to get in touch with their own reaction to being a victim. Lecture and discussion helps them cognitively explore reasons why battered women with children are in, and stay in, domestically violent relationships.

Day Two is about **RESPONDING**. Now they know, if not totally understand, about battered women and the domestic violence they experience and with which they live with their children. This day the goal is to learn what to do: how to assess and intervene; how to use the laws, protocols, and resources. Day Two they practice more of their work and integrate it into their ongoing responsibilities.

Taken together, Days One and Two should address the various levels at which participants begin this process. Those who come in sensitive to the issue, disposed to empathy already, should leave armed with the information necessary to put this heightened awareness on their part to good use. Those who are unaware of the issue at the beginning of Training should emerge with information and skill, at least at a beginning level. And those, perhaps less sympathetic to the issue, but responsible for the work nonetheless, will know the interventions for which they are responsible and have the knowledge and beginning expertise necessary to meet their professional commitments.

SCHEDULE

DAY ONE:

9:00 to 9:30

Coffee, Pastry and Pretest

9:30 to 9:45

Introductions

9:30 to 10:45

Victimization Exercise

Opening Discussion

10:45 to 11:00

Break

11:00 to 12:30

Overview of Clinical and Social Issues:
Normal Child Development,
Violence and Caring,
Abuse vs. Neglect
Socialization of Women

12:30 to 1:30

Lunch

1:30 to 3:00

Clinical and Social Issues continued:
Problems and Isolation: Eco Maps
Coping Responses
Society's Response

3:00 to 3:15

Break

3:15 to 4:00

Effects on Children

DAY TWO:

9:00 to 9:30

Coffee & Pastry and Recap

9:30 to 10:45

Batterers

10:45 to 11:00

Break

11:00 to 12:30

Assessment and Protocol

12:30 to 1:30

Lunch

1:30 to 2:45

Safety Planning, Laws and Resources

2:45 to 3:00

Break

3:00 to 3:45

Worker Issues and Supervision

3:45 to 4:00

Evaluation

DAY ONE

Introductions

Who are we?

The Trainers introduce themselves. Give relevant information about professional background particularly in the areas of child welfare and domestic violence work.

Who are you?

The Participants; a quick around the room with each covering name, position (Sup I, Sup. II, etc.), office to which assigned, experience with the Agency, extent of professional experience with child abuse/neglect and domestic violence (no case examples) and brief etc's.

Opening Discussion

Trainers: We know that you are supervisors and have had years of experience. You may be new to CWA, either as supervisors or as coming from other parts of HRA, but you have had experience on the front line yourselves. Therefore, this training is not going to spend time on convincing you that domestic violence exists. It is not going to go to great lengths to assure you that women are battered by their partners in intimate relationships. Rather, this training will go beyond the facts and what you know and look at reasons, causes and understanding. In this way you will be better able to supervise your workers, support their training and growing understanding of this issue, and ultimately help the women and families they in turn are working with on the front line.

Opening Exercise

Victimization Experience

Goals of the exercise: (These should be printed on Newsprint at the front of the room so that workers see them)

1. *To sensitize* workers to the fact that we have all been, and can all be, "victims".
2. *To understand* that there are a range of "normal" behaviors appropriate to being in a victim situation.
3. *To avoid judgment* by seeing that there is no one "right" response to being a "victim".
4. *To develop empathy* by seeing that participants had a choice to "pick" a victim experience to discuss. Our clients do not have a "choice". Probably participants did not pick the worst "victim"

experience they have ever had.

Trainer tells Participants:

Divide into pairs. I suggest that you pair with someone you do not know well. Each of you will think of a time when you were a victim. For the purpose of this exercise a "victim experience" will be defined as a time you were in a situation you did not want to be in, having to do, or have done to you, something you did not want, by someone over whom you had no control. For example, a time you were humiliated by a boss in front of your peers; a time your home or car was broken into; etc. You will each take ten minutes and describe only to your partner, without interruption or discussion, the experience in detail following structured questions:

1. What happened?
2. What did you think about while it was happening or when you discovered that it had happened?
3. Who did you tell?
4. Who did you consciously not tell?
5. How did you feel?
6. What did do?
7. What were the immediate aftereffects?
8. What were/are the long term effects?
9. What is it like to remember it now?

This will be followed by you having a five minute discussion together on the exercise itself. We will then return as a group and go over the nine questions together without you specifying individual experiences. We will only discuss general responses to each of the questions.

Distribute the Participant Workbook. Explain that this is truly a **WORK**book. It is only for their use but it is expected that they will be writing all over it for the next two days. Have them turn to Page One and see the Victimization Exercise you have just described and the questions you have just covered. (Ask them not to turn ahead pages just yet.)

General Discussion:

The questions #2 through #9 are each on a piece of newsprint around the room. Trainer goes from question to question in order and elicits from participants their responses. Responses are general enough so as not to spell out specific event (unless a participant chooses to share it) and the Trainer should steer the discussion to stay with the specific intent of each question. For example, question #2 asks about thinking or cognitive reactions, #3 and #4 about telling reactively and/or by decision, #5 is about feeling, #6 about doing, etc.

Responses should cover the gamut. For example: some participants had racing thoughts while they were being victimized, some drew a blank; some told no one while some told everyone;

some felt humiliation, shame, fear or anger; some fought back and some did nothing, etc. Identify this Continuum on each newsprint to teach the lessons outlined in the Goals:

We can all be victims. There are a range of "normal", average, expectable reactions; there is no one right way to react; and that participants could pick and choose what they would discuss. Our clients have no such option.

End this Exercise with a discussion of #9: What is it like to remember this now? And, how has this exercise been helpful or not?

Definition of Domestic Violence (Centers for Disease Control Definition in use 1995) is on newsprint at the front of the room and is read aloud by Trainer.

"Violence against women is the threatened or actual use of physical force against a woman that either results in or has the potential to result in injury or death. This type of violence includes the physical, sexual, or psychological assault of women by partners, intimates, family members and acquaintances." (This is on Page 2 in their Workbooks)

Discussion:

Which are the key words and what do they mean to us?

Trainers: ask the participants this question and put responses up on the newsprint with the definition. Participants should at least mention the following:

threatened, actual, force, results, potential, physical, sexual, psychological assault, intimates

If they do not, trainer should elicit them. Reinforce for participants that these are "charged" words. They have meaning, and meanings, and emotion attached to them. We will be referring to them frequently over the next two days. Validate for participants that this training will probably not be easy. That it will raise for participants, as it does for Trainers, all kinds of issues, prejudices, attitudes, and responses. We will address them as we need to, and how they impact on your work, as we proceed. For now, we only have to recognize that they have importance. Remind them that there are no "Right" or "Wrong" answers. The bottom line is working together to gain knowledge to be helpful to workers who, in turn, will be helpful to clients.

Coffee Break

Lecture and Discussion

Overview of Clinical and Social Issues for Women in Battering Situations

Goal: To understand that there are regular components of normal development that impact on a woman's ability to identify that she is in, and able to leave, a battering situation.

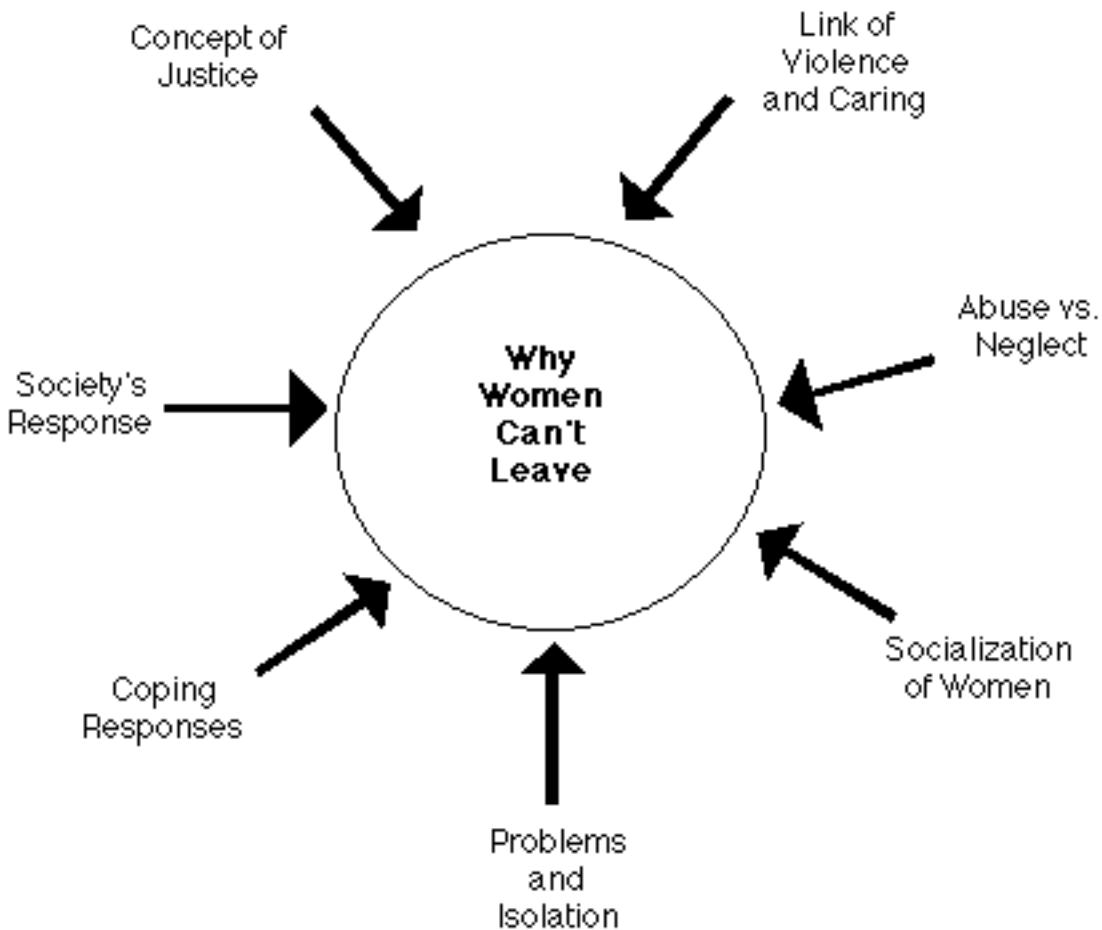
This is the most "lecture" that will happen in the training. Participants should be informed of this. The point is that there is information, about both clinical and social issues, that they need to master in order to do this work effectively. Cognitive mastery of this information, coupled with their developing insight into victimization as experienced in the Victimization Exercise, will well prepare them to work on behalf of women and children in domestic violence situations.

There are seven issues that must be understood in order to comprehend why it is so difficult for a battered woman to identify that she is in, and is able to leave an abusive relationship. Taken together these issues conspire to keep her there and should make us wonder how any battered woman can actually leave.

Have participants turn to Clinical and Social Issues Chart (Page Three) before beginning the lecture.

Explain to Participants that you will be covering each of these SEVEN elements in detail. Encourage participants to fill in on this chart any information that will help them remember what the concepts are about. They should note in their Workbook the material you cover on each of the elements that conspire to make it difficult for a woman to identify that she is in, or to leave, a battering relationship.

Clinical and Social Issues Chart



1. Normal Child Development:

The young child understands the world through the concept of Justice (Piaget or Skinner). Simply put, the good get rewarded, the bad get punished. More basic, this concept is our

foundation for reason: Cause and Effect. If something happens there must a "cause" for it. If I am beaten, there must be a reason for it. If not, the experience would be "irrational". If it were irrational, I would have no control over it. That would be "unreasonable". Therefore, to make sense, it must have a cause. For many women, for many reasons, they define the cause as themselves. (How many of you have worked with children who's parents have gotten divorced? Don't they blame themselves for their parents split?) (Wallenstein, 1984)

2. Link of Violence and Caring:

Our society links together "violence" and "caring" in its child-rearing practices (Straus). Many people believe that when all else fails, in order to teach a life-sustaining lesson, parents have the right to hit their children. Actually, most American parents, across class and race, believe, and operate, that parents can use physical punishment to teach other than just life-sustaining lessons (not to lie, steal, disrespect, etc.) as long as the physical discipline does not leave marks. (New York Times, December 7, 1995, "Parent Poll Shows Higher Incidence of Child Abuse) And we couch physical punishment in the language of caring: "I'm doing this because I love you; this hurts me more than it hurts you." This establishes for the young child a link between violence and caring. For many children this gets worked out over time as they become more verbal and parents move from physical punishment to establishing other consequences for misbehavior (no T.V., "grounded" for the week, etc.) For those for whom this does not get worked out, the link between violence and caring evolves into: those who love you, hit you.

There is also literature about violence in relationships as Learned Behavior.(Walker, 1979) There is a group, not all, but a group of batterers who learned abuse as an acceptable behavior from their fathers. Some victims may have learned these lessons as well. They expect this is part of a normal relationship.

3. Abuse vs. Neglect:

Any attention is better than none. Simply put, I would rather be abused than ignored. Small children, when no one is paying attention to them, act out. The human being needs attention from other human beings in order to survive. Some of the literature on "failure to thrive" talks about this. Some literature also exists that suggests that children who are neglected may suffer more long term consequences than children who are abused. To be neglected, to be "unattended" to, means that we are not worth attention. At least if one is abused they are "worth" some attention, negative though it is.

What may be most difficult, the worker has to come to grips with the fact that everyone has their own acceptable level of violence. For one person, to be hit once is too much; for another being slapped once a week is not so bad. For another, to be punched once a month is bad but not the worst. What is our personal "acceptable" level is partly a result of our life experiences. Every client, every person, has their own acceptable threshold of violence. What is important to the worker is that violence is wrong and at a certain level illegal.

4. The Normal Socialization of Women:

Women are socialized to be nurturer's. This is normal and good. It does not work, however, in trying to leave an abusive relationship. Women as nurturers in this society are socialized to be care-givers and forgiving. This socialization, appropriate and successful in some situations, poses a major obstacle in the face of domestic violence.(Bardwick & Douvan, 1971) If you are

trained to care for, and forgive, how can you withhold forgiveness and leave? To complicate matters, consider this: no battering man, no matter how horrible, is always, purely violent. There can be tender moments, if only few. There can be caring, if only financial. There can be comfort, if only of the familiar. Therefore, to leave a battering relationship a woman must not only go against her socialization as care giver and forgiver, she must also give up the good with the bad, the familiar and the sanctioned. And, hard to believe, she must mourn their loss.(Turner & Shapiro, 1986) Most, she has to lose the dream that things can, and will get better.

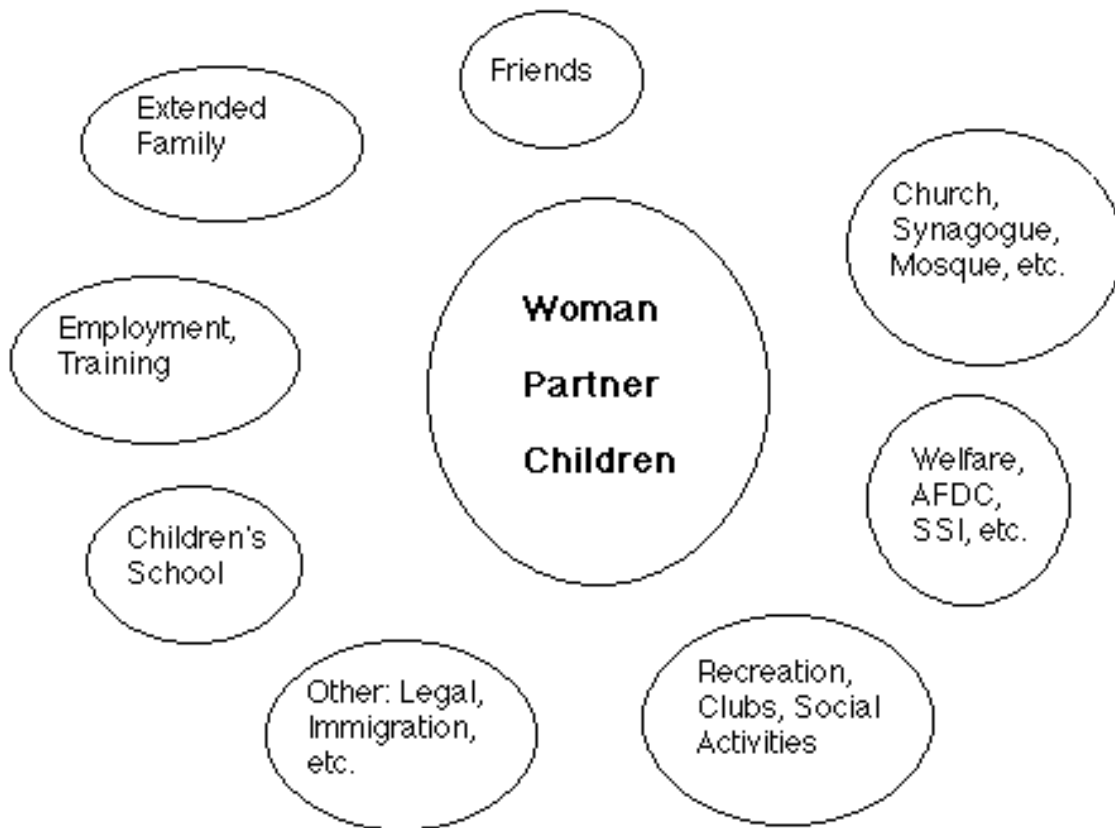
****LUNCH****

Clinical and Social Issues, continued:

5. Problems and Isolation:

We have a "Myth of the Perfect Family" and that is that the "Family" can be done RIGHT. When the family is not perfect (and who's is?) when there are problems like drug and alcohol abuse, infidelity, physical abuse, the average family tends to isolate itself. If it does not, we isolate them. How many of us have heard physical altercations in the next apartment and not knocked on the door? There is a direct relationship between "problems" and "isolation". As one gets worse, so does the other. In fact, not only isolation occurs but the family is "stigmatized" and begins to receive an increase in negative social inputs. (Mahler's work) Eco Maps are a way of judging a family's isolation and hypothesizing about their level of problems. Have participants turn to Page Four in their Workbook. This is an Eco Map. Now, in addition to all the NORMAL things in a woman's background that conspire internally to keep her in a battering relationship we add the external social constraints: lack of resources, social support, legal remedies, finances, etc.

EcoMap



(See Hartman, 1978; Meyer, 1970)

Trainers, have workers each think of a client with whom they have worked. Have them note on the margins of this page in their Workbook the client problems that they identified, i.e. abuse, addiction, truancy, etc. Have them then complete the Eco Map with connections (positive, negative, or absent) with each of the social entities described. Have them draw in other circles of possible social interaction and have them label them. Ask for volunteers and draw out one, two or three of their Eco Maps on newsprint at the front of the room. Draw enough to have a discussion with the group that evidences to you that they have the concept.

6. Coping Responses:

Coping responses are, simply put, the way we get through something, the way we manage to put up with and live through a crisis, a problem, or an overwhelming life event. Some coping responses are very familiar, and helpful to us. Can you name some? Elicit from the Participants some coping responses and make sure to get, or list yourself at least these (see Kelly & Graham in Yllo & Bograd, 1988): *Forgetting*: "We forget experiences in order to cope with an event that we do not understand, cannot name, or that places acute stress on our emotional resources." *Minimizing*: women minimize the abuse, either the individual assault or the effects of it, in order to help them deal with it and get on with their life. *Denial*: that it happened or that if it did, she is responsible for it occurring. *Rationalization*: she reasons that the batterer is basically a good man who does this one bad thing and that she can help him with it.

Battered women have used all of these coping responses that help us each day get through difficult times only in their case it has not helped them at all. While it aids them in getting through the moment it does not help them in the longrun. (Herbert, Silver & Ellard, 1991) Turn to Page Five in your Workbook. Here are the coping responses used by battered women as outlined by Pfouts (1978) Her work is presented here on a continuum of Helpful to Less Helpful. (A normal distribution of 100 battered women seen at the Park Slope Safe Homes Project presented on this continuum 1979-1981)

Typology of Battered Women's Coping Responses



1. *Early Disengagement Response*:
Has resources; is not isolated; actually leaves or threatens to leave.
2. *Reluctant Mid-Life Disengagement Response*:
Mid-Life is not middle aged. It means mid-life in the relationship, not in the beginning. Reluctant means "I am leaving because I am afraid of being killed" or "Because of the children" not "Because I should not be beaten." This woman disengages because of "other" object (fear of death or fear for the children). "Reluctant" is the key word.
3. *Self Punishing Response*:
It's my fault. This gives it a meaning and a rationale. This thinking is reinforced from outside: if I did not deserve this then my mother would support me, there would be resources, the police would treat me better, etc.
4. *Aggressive Response*:
Woman responds by being violent against herself (suicide, depression, addiction), her

mate (how much of this is seen as "mutual" battering?) or towards others (if children, then child abuse).

Each of these coping responses, except the first, help keep a battered woman in a violent relationship. It is only when she moves down the continuum to the left, toward Health and resources, that she is able to leave. It is at that point she is able to say "I am not deserving of violence and I have the wherewithal not to stay."

7. Society's Response:

The response of society, until recently, has not been positive toward battered women. Until the mid 1970's there were no shelters and only recently, 1994, did the federal government take seriously their plight and pass comprehensive legislation guaranteeing them certain rights. We all know of stories, or have experienced, women calling the police and then the officers taking the man out of the house to "cool" off, not taking the crime seriously; women going to Court for an Order of Protection and being sent away; women going to their clergy who did not know what to do; or women going to the hospital obviously beaten and never being asked the appropriate questions. Only recently has wife or woman battering become the crime it should always have been. This passive, and sometimes overtly hostile attitude on the part of society toward battered women has impeded their ability to leave. It is one more factor in a system that has confounded them and then blamed them for staying.

Trainers: if time permits elicit from the group other examples of society, the community, not being helpful to battered women and their families.

Trainers: Explain to Participants about "Leaving". We have used the word "Leave" in this training. By "Leave" we do not necessarily mean "Leave the batterer" We do mean "Leave the Battering Relationship." If a batterer is willing to get help, join a batterers' group, take responsibility for his violence and get counseling, he can learn to relate in other ways. If the batterer himself does not "own" his behavior and get help, nothing the woman does will help make the relationship a non-violent one. Then, leaving the relationship, the batterer, is the only option.

Coffee Break

Trainers: Tell Participants that for our last hour today it seems really appropriate to end on the issue of children. As CWA supervisors, you have been trained, and know about, child abuse and neglect. When children are the direct targets of abuse you know what to do. What we will cover here are the effects on children of living in domestically violent households.

CHILDREN IN DOMESTIC VIOLENCE FAMILIES

Trainers: Put several sheets of newsprint at the front of the room. Label them: Effects on Children of Living with Domestic Violence.

Trainers: Just as with Battered Women there is no ONE picture, so for the child who lives in a household where there is domestic violence there is no one picture. Rather, there are a variety of

responses a child will have to living in such a situation. Much of what we covered about Battered Women yesterday applies to their children. So, thinking about what we covered yesterday about Battered Women, help fill out these sheets. What kinds of problems are we likely to see in children of battered women? How do these children look to the outside world? What do they think or feel as a result of living with domestic violence? As participants respond, put their suggestions on the sheets. Participants should give the following responses and, if not, you should draw them out or add them. (Key words have been highlighted as well on Page Six in their Workbook)

Children **think** they are **responsible**

Feel anxious that at any moment the violence will happen again.

Fear being **abused** themselves or **abandoned**

Are **ambivalent** about one or both parents; they hate and love both the batterer and the battered. (Elbow, 1982)

Are **ashamed** that this is happening.

Have feelings of **detachment**, psychic numbing, constricted affect. (Crimando, Maurer & Travers, 1995)

Cling to mothers, need "excessive" attention.

Become **traumatized** (afraid to go to school and leave mother home alone) or fall behind in school. (Pfouts, Schopler & Henley, 1982)

Become **isolated**; are afraid to have friends for fear they will find out about the abuse.

Adolescents (and younger) **may abuse** alcohol or drugs. (Roy, 1988 in Saunders, 1994)

May develop hearing, speech or learning **disabilities**. (Penfold, 1982 and Martin, 1981 in Saunders, 1994)

May **act out** with parents, siblings, peers, or teachers. (Pfouts, Schopler & Henley, 1982)

Inhibited, hypervigilant, phobic, nightmares (Crimando, Maurer & Travers, 1995)

Have **behavioral and emotional problems**. (Hershom & Rosenbaum, 1985)

Symptoms of **Posttraumatic Stress Disorder**. (Silvern & Kaersvang, 1989)

Show more **distress** than the average child. (Hughes, Parkinson & Vargo, 1989)

Present more child **adjustment problems** (Shepherd, 1992)

Physical symptoms: bedwetting, headaches, stomach aches, nail biting, etc.

Trainer: The truth is that this list does not only indicate domestic violence. Any configuration of the items on this list indicates that "a" problem is present. Some of these components may be present in children and there is no domestic violence. But any configuration of them should lead

a worker to explore "What is the Problem?" and a supervisor to ask the worker if she or he has explored the possibility of domestic violence. Since workers are already there to investigate child abuse and/or neglect, these indicators are an additional assessment tool in determining overall healthy family functioning.

Trainers: Tomorrow, we will cover batterers, and talk more about what they look like and what can be done for them. We will look at Assessment, particularly through the use of a Protocol, the law, including specific material on Orders of Protection, other legal recourse and resources. We will end, because you are supervisors, with the impact on workers of doing more in the area of domestic violence and the particular challenges for you.

TRAINING CHILD WELFARE WORKERS ON DOMESTIC VIOLENCE

Kathryn Conroy, DSW and Randy Magen, PhD
DAY TWO

Trainers: Welcome back. Let's do a quick recap of yesterday. First we addressed the CDC definition of domestic violence and then explored our reaction to violence in our experiences through the Victimization Exercise. We then spent the rest of the day looking at those issues that impact on why women do not identify that they are in, and are often unable to leave, battering situations. That's our recap.

Trainers now ask participants: What was the most helpful thing you learned yesterday? (Write some of these on newsprint.)

Today we will start out looking at Batterers.

BATTERERS

Trainers have three pieces of Newsprint taped up in the room. Each has a heading. One says "All batterers are...", the second says "Batterers never...", and the third says "Sometimes batterers...". Participants are given markers and told to go to each newsprint and complete the sentence. They should not worry about what they think you want them to say, but, simply complete the sentence with whatever comes to mind.

Using the responses on the newsprint, wherever possible, validate what the Participants know and have articulated in their writing. Misconceptions should be clarified and corrected. To do this, review the material on Batterers so that you can respond with an affirmation or correction of each sentence completion the participants offer. This section should not be a lecture. Rather than a lecture, the information presented below on Batterers, is covered by using the material the Participants offer.

Batterers have been described in the literature (Else, et al.,1993) as having poor problem-solving skills, being hostile towards others and critical of themselves, and as often mildly depressed.

Saunders (1992) divided batterers into three categories. (Trainers: This is a good way to help Participants "group" Batterers):

1. Family Only Aggressors

They are least likely to be violent outside the home.

2. Generally Violent Aggressors

Most likely to be violent outside the home.

3. Emotionally Volatile Aggressors

Angry, depressed and jealous; some physical violence and much psychological abuse.

Elbow (1977) identified six common characteristics of all abusers:

1. They use Projection:

blame the wife for marital strife

2. Disallow wife's autonomy:

wife can only be a possession or an extension of his ego.

3. Mate is a symbol:

she is not a person in her own right but a symbol of someone, or something, else.

4. He adheres to his expectations of marriage:

he demands that she adhere to his original expectations of what their marriage would be like. For example, how many children they will have, if she will go to school or work, how much social activity she will have outside home, etc.

5. All batterers have some attractive characteristics:

no batterer is totally vicious and there can be warmth and comfort at times.

6. Lack of intimacy:

batterers are unlikely to attain the mutuality of a truly intimate relationship

And Brekke (1987) and Bergman (1992) described him as follows (key words highlighted):

1. Is generally **hostile or passive**

2. Has **rigid sex-roles** perceptions

3. Has **Patriarchal attitudes**.

4. Probably has a **history of abuse**: either seeing his mother being abused or was himself abused as a child.

5. **Feels victimized** by women.

6. Is himself **isolated** from significant relationships outside the family.

7. May be extremely **jealous**.

8. Is **unable to discriminate** emotional states other than anger or frustration.

9. **Depends totally** on his partner to satisfy his emotional needs.

The role of alcohol needs to be mentioned. The available literature is not clear. Do men who want to batter in the first place, drink in order to lower their inhibitions to enable them to do it, or, are there men who when they drink they become batterers? The definitive answer is unknown. What is clear is that alcohol is not an excuse for battering and should not be

entertained as such.(Bennett,1995)

Trainers: put up a Fourth piece of newsprint. Work with participants to develop one paragraph (5 or 6 sentences maximum) that everyone can agree with that describes batterers in general. Have Participants write this definition on Page Seven of their Workbooks. The MOST important ingredient of this definition is that Batterers are RESPONSIBLE. No matter if or how they are impaired, or sorry afterward, or feel "provoked", their behavior is their own responsibility. It is essential that the definition that the group evolves contain this fact.

Coffee Break

ASSESSMENT & PROTOCOL

Trainers: We have now spent a day looking at Battered Women and the Effect Witnessing Domestic Violence has on Children, and part of this morning looking at Batterers. It is now time to look at Assessment. There already exists an assessment tool for looking at domestic violence in your work, the CPS Domestic Violence Protocol. This tool was developed for use in a pilot program in CWA's Zone C. Workers, supervisors and administrators had input on its development and it was approved for use by management and the Union. Columbia University School of Social Work did an evaluation of the pilot and its use was quite effective. Because it has been useful, and supported by workers, Union and administration, we have chosen to use it as the Assessment tool here. A copy of the Protocol begins in your Workbook on Page Eight. (Trainers, you will be using pages 37-40 in this Manual. You might note to how many of the Participants this Protocol looks familiar.) We will be covering the portions of the Protocol that most aid in assessing the situation in cases of suspected domestic violence. Remember that in this assessment, each member of the household should be interviewed separately. Women should not be interviewed with their partners or anyone else; they should be interviewed individually. The following questions are most important:

Use of the Protocol (Trainers: Review with Participants, in depth, Sections I, II, and III, of the Protocol in their Workbooks. Give them an opportunity to read them.)

Now ask them as a group:

How many of you are familiar with this Protocol?

Of those who are:

What has been most helpful in the Protocol for assessing violence?

Which questions have been the most difficult to ask?

What questions have produced the most information?

What have you done (or suggested your workers to do) when you have been certain there is domestic violence and all the answers you have been given by the woman were to convince you that there isn't?

For those to whom the Protocol is new ask:

Which of these questions seem the most difficult to ask?

Which questions do you think clients would have the most difficulty answering?

Trainers: Tell the Participants that no matter what Protocol workers are using they are going to put much of the assessment into their own words. Tell them that we are going to work on developing a way of framing these questions in the most helpful manner to get the information that is really needed. Break the large group into five or six groups of four each. Have each group identify a Recorder to take notes. Give that person a piece of paper and a pencil. Have the group identify, in their own words, agreed upon by consensus, the four most important questions they have used, or would use, to help battered women identify themselves as such. Remind Participants that women in domestically violent situations may well be afraid that, even if their children are not abused, if they admit to being abused, their children will be removed. Also remind them not to use "charged" words. The goal is to recognize that workers will use their own words, no matter what format or protocol we give them. This is the opportunity for them to identify the most comfortable words they would use with clients to get the maximum amount of important information. With this in mind, have them articulate the four questions that they think would:

cover the areas in the Protocol

elicit the material necessary to make an assessment

help a woman identify that she is in a domestically violent relationship.

After the groups have finished have the Recorder for each read out the four questions for Trainers to put on newsprint at the front of the room. Look for similarities and differences in what has been offered. Summarize.

****LUNCH****

Trainers: Welcome Participants back and remind them that this is the final afternoon of training. Using the Summary you ended the morning session with, begin the next section of Safety Plans.

SAFETY PLANS

Trainers, tell Participants that Safety Plans are a way to help a woman identify how she might be safe AT THE MOMENT. This is an important concept to get across. Safety Plans are useful at the MOMENT you need them in order to be safe then. They are not a long-term solution to being battered. However, in addition to helping a woman be safe at the MOMENT, they also help her mobilize her cognitive resources, i.e. get her thinking about how she can help herself. In doing this, she actively engages in problem solving thereby helping herself to raise her self esteem through self empowering behavior.

Have Participants look at Page Twelve in their Workbooks.

There are Five Questions that workers should ask battered women to help in developing a Safety Plan (see DePanfilis and Brooks, 1989). It might help to have a woman write down her answers to these questions. It also might be dangerous for her to write them down and have them found by her abuser. Ask her what is the safest thing to do. If writing them is not an option, at least have her think about them and process them with you. Tell her to be specific. If she cannot keep written notes she should memorize the names of resources and phone numbers. Trainers, have

Participants refer to their Workbooks and ask them these questions they should ask women:

1. What kinds of cues have there been in the past before a battering event? (use of alcohol or drugs, increased stress, verbal fights; what time of day, beginning or end of week, season of the year; etc.)
2. What have you done in the past to protect yourself and your children? Has it worked?
3. Where can you turn for help? Do you have family or friends who would take you in; are their organizations you are connected to; if you had to walk out of the house where would you go? (Have workers think of the ECO MAPS they did earlier.)
4. Do you know what you can do legally? (Call the Police, 911; get an Order of Protection, etc.)
5. Do you know where to go if you need medical attention? (Does she know where the nearest hospital or outpatient facility is?)

Trainers: Ask Participants to list, and you put at the front of the room on newsprint, what things a woman should take if she has to flee. Their list should include:

Identification, driver's license, birth certificates (yours and the children's), money, bank and check books, ATM cards, AFDC forms, food stamps, lease or rental agreement, house and car keys, medications, address books, medical records, immigration papers, work permits and green card, medical records, social security card, school records, passport, divorce papers, and something that each small child sleeps with at night (this will help the children if they are sleeping in a strange place that night.)

Point out to Participants that it might be helpful if a woman had these things ready if she ever has to flee but she should also be careful not to make a batterer more angry though suspicion. She should also be reminded that this is an emergency response, not a permanent solution. Also, remind them that she can always call 911 in an emergency. Tell participants, again, that this exercise might save a woman and her children's lives in the short run and help her start to think about her long-term safety issues.

RESOURCES

Trainers: Tell participants that now their workers have made an assessment, have determined that there is domestic violence present. One thing we know is that without intervention, domestic violence gets worse (more violent incidents or greater frequency) over time. You already know how to assess for danger to children and what your responsibility is for them. What are your options, and what is available for women as well? The second page of the Protocol in your Workbook, Page Nine, lists several options for service. Most important are:

NYC Domestic Violence Hotline: 1-800-621-HOPE
TDD 1-800-810-7444 (for hearing impaired)

NYS Coalition Against Domestic Violence: 1-800-942-6906
Spanish Hotline: 1-800-942-6908

Victim Service Agency Hotline: (212) 577-7777

(available 24 hours)

Court Order of Protection

To highlight one of these we are going to show a video prepared by the Victim Service Agency on getting an Order of Protection.

Trainers: The most important thing is not to think, or present to women, that an Order of Protection is a magic cure for battering. In some situations it will make the batterer pay attention, see that what he is doing is illegal and that others, the Court, are taking this seriously. This realization may have the effect of motivating him to get the appropriate help. In other circumstances the batterer may become enraged over the woman making public his private act of violence and he may escalate his aggression. You, or your worker, exploring this option with the woman, must make an assessment about the likely outcome and the use of the option.

Trainers: elicit feedback from the Participants about the tape. Tell them that pages 13 and 14 in their Workbook outline the major provisions of the Family Protection and Domestic Violence Intervention Act of 1994 and that they should review them at another time. They are here in your manual on pages 41 and 42.

Coffee Break

SUPERVISION

Trainers: For the rest of this afternoon we are going to cover specific issues for supervisors in dealing with workers in the area of domestic violence.

First, supervisors should be aware that problems, or issues, that come to the fore for workers in dealing with clients in general, are heightened for workers in dealing with intimate violence. To start, there are five Worker Tasks in Responding to a Domestic Violence Victim:

- a. Respond to the client's urgency. Show that you recognize her distress
- b. Express concern. This helps to boost her self esteem.
- c. Mobilize the client's cognitive resources to discuss fears. Ask about particular hazards. Talk about options such as an Order of Protection, the use of a Safety Plan.
- d. Establish ways violent behavior can be avoided i.e. use of friends, family (unless she has run out of them) emergency rooms etc. This is NOT A SOLUTION for the long-term.
- e. Make clear your own accessibility and your agency's and what you can provide. NO false promises. "Real" is better than better not delivered.

Trainers: the underlined portion is on newsprint at the front of the room. Ascertain that Participants are clear on these five tasks, and, more importantly, know the significance each has in working with battered women and their families.

Trainers: Just like Battered Women use certain coping responses so do workers working with domestic violence. There are certain common pitfalls for workers since intimate violence raises all sorts of concerns. The first, Rescue Feelings is on newsprint at the front of the room. Ask

Participants for other kinds of feelings that workers have. Try to elicit at least these four and have Participants define them:

- a. Rescue feelings: workers should listen to what the client wants, not what they want her to want. For example, workers should not tell a battered woman what to do (i.e. Go to Court, get an Order of Protection.) Workers should also be wary of wanting to "rescue" the children and blaming the mother.
- b. False assurances: workers should not tell clients not to worry and that things will be OK.
- c. Charged Words: workers should stay away from words like "Domestic Violence" and "Abused Woman". Workers should not tell her what is happening or what she is. She does not want to be labelled. Workers should ask her to describe what she is talking about and what has gone on and then use her own words to describe it..
- d. Minimizing: Workers should not make less of what has happened to her. Reality testing about the seriousness of the situation is most important, and therapeutic.

Trainers: Workers use these responses to help put distance between themselves and what is happening in this woman's life. If they can tell her what to do, assure her that things will work out, label her and the actions around her and put them in a neat "box", and make the horrible situation she is facing seem less awful than it is... the worker will feel better. It is the supervisor's job to help the worker see that this will only work to make the worker feel better in the short run, and does not really help the client at all.

As supervisors get to know their workers better, and work with them in domestic violence situations over time, it is possible, and important, to identify what kind of "Helper" your worker is. Workers seem to fall into one of three categories (Gibbons, Lichtenberg & Van Beusekam, 1994). They may consistently fall into the same category over and over, or, may fall into a different category depending upon the type of client they are working with at the time. Have Participants refer to Page Fifteen in their Workbooks. The three categories of "Helpers" are:

Empathetic Helper: the worker stays with the client wherever she is, is with her in her process, is not judgmental, does not lose sense of self but is connected to painful feelings the client is having.

Disaffected Other: worker cares about client and wants to help but, when realizes there is no quick "fix", gets burnt out and blames victim or detaches emotionally.

Empathetic Sympathizer: worker does not recognize the individuality or self determination capacity of the client and disempowers by taking control.

Clearly, supervisors would like workers to be Empathetic Helpers. Identifying how your workers respond to clients based on these categories is the first step toward working with them to be one. It is just as important that supervisors identify for themselves what kind of "Helpers" they are in terms of supervising workers. The more you know about your own style and response the better able you will be to help those you supervise.

CLOSING EXERCISE

Have Participants pair off. Each is to think of a supervisor they have had in the past (or have now). The first Participant should take ten minutes and tell her/his partner about that supervisor in detail following these questions. After the first Participant speaks, the second should do the same. Have Participants turn to Page Sixteen in their Workbooks.

1. How has that supervisor reacted when you have said you have a problem?
2. What has been that supervisor's response, verbal or otherwise, when you have made a mistake?
3. How do you know if that supervisor is skilled in their work?
4. How do you know if that supervisor is supportive of you professionally?
5. Is that supervisor the kind of supervisor you would like to be? Why, or why not?

Trainers tell Participants:

We started yesterday with Participants pairing off for a Victimization Exercise. In structured questions you looked at your own responses to being in a victim situation with the goal of developing empathy and understanding for the clients with whom we work. We are ending this Training in much the same way: a structured exercise to help you empathize with your workers about their need for an effective and empathetic supervisor.

We hope this Training has been helpful and that you will take from it the lessons that will be most helpful for you, and for your workers. We appreciate your feedback and encourage you to be open and honest in your evaluation of these two days. Thank you.

EVALUATION

DOMESTIC VIOLENCE BIBLIOGRAPHY

Kathryn Conroy, DSW Randy Magen, PhD

Amaro, H. (1990). Violence during pregnancy and substance abuse. American Journal of Public Health, 80,(5),575-579

Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. Journal of Abnormal Psychology, 104,(2),277-285

Aquire, B. (1985). Why do they return? Abused wives in shelters. Social Work, 30,(4),350-354

Astin, M., et. al (1995). Posttraumatic stress disorder and childhood abuse in battered women: Comparisons with maritally distressed women. Journal of Consulting and Clinical Psychology, 63,(2),308-312

- Balcom, D. (1991). Shame and violence: Considerations in couples treatment. Journal of Independent Social Work, 5,(3/4),165-181
- Ball, M. (1977). Issues of violence in family casework. Social Casework, 58,(1),3- 12
- Bardwick, J. & Douvan, E. (1971) Ambivalence: The socialization of women. Women in Sexist Society, Gornick & Moran, eds., NY: Basic Books, 225-241
- Barnett, O. & LaViolette, A. (1993) It Could Happen to Anyone: Why Battered Women Stay, CA: Sage Publications
- Bass, D. & Rice, J. (1979). Agency responses to the abused wife. Social Casework, 60,(6),338-342
- Bennett, L. (1995) Substance abuse and the domestic assault of women. Social Work, 40,(6),760-771
- Bergman, B. & Brisman, B. (1991). A 5-year follow-up study of 117 battered women. American Journal of Public Health, 81,(11),1486-1489
- Bergman, L. (1992). Dating violence among high school students. Social Work, 37,(1),21-27
- Berk, R., Newton, P. & Berk, S. (1986). What a difference a day makes: An empirical study of shelters for battered women. Journal of Marriage and the Family, 48,(3),481- 490
- Bern, E. (1982). From violent incidents to spouse abuse syndrome. Social Casework, 63,(1),41-45
- Bograd, M. (1984). Family systems approaches to wife battering: A feminist critique. American Journal of Orthopsychiatry, 54,(4),558-568
- Brekke, J. (1987). Detecting wife abuse and child abuse in clinical settings. Social Casework, 68,(6),332-338
- Brisson, N. (1981). Battering husbands: A survey of abusive men. Victimology, 6,338-344
- Brown, P. & Dickey, C. (1992). Critical reflection in groups with abused women. Affilia, 7,(3),57-71
- Campbell, J., et. al. (1994). Relationship status of battered women over time. Journal of Family Violence, 9,(2),99-111
- Cantoni, L. (1981). Clinical issues in domestic violence. Social Casework, 62,(1),3- 12
- Caputo, R. & Moynihan, F. (1986). Family options: A practice/research model in family violence. Social Casework, 67,(8),460-465
- Carlson, B. (1984). Causes and maintenance of domestic violence: An ecological analysis. Social Service Review, 58,(4),569-587
- _____. (1977). Battered women and their assailants. Social Work, 22,(6),455- 460

- Christopoulos, C. et.al. (1987) Children of abusive women: Adjustment at time of shelter residence. Journal of Marriage and the Family, 49,August,611-619
- Crimando, S.,Maurer, B. & Travers, D.(1995) Responding to children who witness violence, paper presented at Social Work '95, National Association of Social Workers Annual Conference, October 12-15, Philadelphia, PA
- Davidson, B. & Jenkins, P. (1989) Class diversity in shelter life. Social Work, 34,November,491-495
- Davis, L. (1984). Beliefs of service providers about abused women and abusing men. Social Work, 29,May-June,243-250
- _____ (1987). Battered women: The transformation of a social problem. Social Work, 32,(4),306-311
- Davis, L. & Hagen, J. (1992). The problem of wife abuse: The interrelationship of social policy and social work practice. Social Work, 37,(1),15-20
- _____. (1988). Services for battered women: The public policy response. Social Service Review, 62,(4),649-667
- Davis, L., Hagen, J. & Early, T. (1994). Social services for battered women: Are they adequate, accessible, and appropriate? Social Work, 39,(6),695-704
- Davis, L. & Srinivasan, M. (1995) Listening to the voices of battered women: what helps them escape violence. Affilia, 10,(1),49-69
- DePanfilis, D. and Brooks, G. (1989). Child Maltreatment and Woman Abuse: A Guide for Child Protective Services Intervention. National Woman Abuse Prevention Project, Washington, DC
- Dobash, E. & Dobash, R. (1979). Violence Against Wives. NY: Free Press
- Dutton, MA. (1992). Empowering and Healing the Battered Woman. NY: Springer Pub. Co
- Elbow, M. (1977). Theoretical considerations of violent marriages. Social Casework, 58,(9),515-526
- _____. (1982). Children of violent marriages: The forgotten victim. Social Casework, 63,(8),465-471
- Else, L. et. al. (1993). Personality characteristics of men who physically abuse women. Hospital and Community Psychiatry, 44,(1),54-58
- Epstein, S., Russell, G., & Silvern, L. (1988) Structure and ideology of shelters for battered women. American Journal of Community Psychology, 16,(3),345-367
- Finkelhor, D. et al. (Eds.) (1983). The Dark Side of Families: Current Family Violence Research,CA: Sage Publications

- Flynn, J. (1977). Recent findings related to wife abuse. Social Casework, 58,(1),12- 20
- Forte, et.al, (1996) Asymmetrical role-taking: Comparing battered women and nonbattered women. Social Work, 41,(1),59-73
- Gelles, R. (1976). Abused wives: Why do they stay? Journal of Marriage and the Family, 38,(3),659-668
- Gelles, R. & Cornell, C. (1990). Intimate Violence in Families. CA: Sage Publications
- Gelles, R. & Loseke, D. (Eds.). (1993). Current Controversies on Family Violence, CA: Sage Publications
- Gibbons, D., Lichtenberg, P. & Van Beusekam, J. (1994). Working with victims: Being empathetic helpers. Clinical Social Work Journal, 22,(2),211-222
- Giles-Sims, J. (1983). Wife Battering - A Systems Theory Approach, NY: Guilford
- Goldstein, D. & Rosenbaum, A. (1985). An evaluation of the self-esteem of maritally violent men. Family Relations,34,(3), 425-428
- Goodman, M. & Fallon, B. (1995). Pattern Changing for Abused Women, CA: Sage Publications
- Goodstein, R. & Page, A. (1981). Battered wife syndrome: Overview of dynamics and treatment. American Journal of Psychiatry, 38,(8),1036-1044
- Grusznski, R., Brink, J., & Edleson, J. (1988). Support and education groups for children of battered women. Child Welfare, 67,(5),431-444
- Hampton, R. (ed.) (1991). Black Family Violence, Lexington, MA: Lexington Books
- Hampton, R. & Coner-Edwards, A. (1993) Physical and sexual violence in marriage. Chapter Five in Hampton,R., Gullotta, T., Adams, G., Potter, E., & Weissberg, R. (Eds.)(1993) Family Violence Prevention and Treatment. Newbury Park, CA: Sage Publications
- Hanks, S. & Rosenbaum, C. (1977). Battered women: A study of women who live with violent alcohol-abusing men. American Journal of Orthopsychiatry, 46,(2),291- 306
- Hartman, A. (1978). Diagrammatic assessment of family relationships. Social Casework, 59,465-476
- Herbert, T., Silver, R., & Ellard, J. (1991) Coping with an abusive relationship: How and why do women stay? Journal of Marriage and the Family, 53,May,311-325
- Herman, J.L. (1992) Trauma and Recovery, NY: BasicBooks
- Hershom, M. & Rosenbaum, A. (1985). Children of marital violence: A closer look at the unintended victims. American Journal of Orthopsychiatry, 55,(2),260- 265
- Higgins, J. (1978). Social services for abused wives. Social Casework, 59,(5),266- 271
- Hilberman, E. (1980). Overview: The wife-beater's wife reconsidered. American Journal of

Psychiatry, 137, (11),1336-1347

Hilberman, E. & Munson, K. (1977-78) Sixty battered women. Victimology, 3,(3- 4),460-470

Holden, G. & Ritchie, K. (1991) Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. Child Development, 62, April,311- 327

Hughes, H. & Barad, S. (1983). Psychological functioning of children in a battered women's shelter: a preliminary investigation. American Journal of Orthopsychiatry, 53,(3),525- 531

Hughes, H., Parkinson, D. and Vargo, M. (1989). Witnessing spouse abuse and experiencing physical abuse: A "double whammy"? Journal of Family Violence, 4,(2),197- 209

Jaffe, P., Wolfe, D. & Wilson, S. (1990). Children of Battered Women, CA: Sage Publications

Jaffe, P., et. al. (1986). Similarities in behavioral and social maladjustment among child victims and witnesses to family violence. American Journal of Orthopsychiatry, 56,(1),142- 146

Johnson, I. (1992). Economic, situational, and psychological correlates of the decision-making process of battered women. Families in Society, 73,(3),168-176

Jouriles, E. & O'Leary, K. (1985). Interspousal reliability of reports of marital violence. Journal of Consulting and Clinical Psychology, 53,(3),419-421

Kalmus, D. & Straus, M. (1982). Wife marital dependency and wife abuse. Journal of Marriage and the Family, 44,(2),227-286

Kaufman, G. (1992). The mysterious disappearance of battered women in family therapists' offices: Male privilege colluding with male violence. Journal of Marital and Family Therapy, 18,(3),233-243

Klein, C. (1995) Full faith and credit: Interstate enforcement of protection orders under the violence against women act of 1994. Family Law Quarterly, 29(2)253- 270

Korlath, M. (1979). Alcoholism in battered women: A report of advocacy services to clients in a detoxification facility. Victimology, 4,(2),292-299

Koval, J., Ponzelli, J. & Cate, R. (1982). Programmatic interventions for men involved in conjugal violence. Family Therapy, 9,(2),147-154

Labell, L. (1979). Wife abuse: A sociological study of battered women and their mates. Victimology, 4,258-267

Lamb, S. (1991). Acts without agents: An analysis of linguistic avoidance in journal articles on men who batter women. American Journal of Orthopsychiatry, 61,(2),250- 257

Lockhart, L. (1987) A reexamination of the effects of race and social class on the incidence of marital violence: A search for reliable differences. Journal of Marriage and the Family, 49, August,603-610

Loseke, D. & Berk, S. (1982). The work of shelters: Battered women and initial calls for help.

Victimology, 7, 35-48

Maiuro, R., et. al. (1988). Anger, hostility, and depression in domestically violent versus generally assaultive men and nonviolent control subjects. Journal of Consulting and Clinical Psychology, 56,(1),17-23

Margolin, G. & John, R. (1995) Children's exposure to marital aggression: Direct and mediated effects. Paper presented at the Fourth International Family Research Conference, July, Durham, NH

Martin, D. (1977). Battered Wives, NY: Pocket Books

McKay, M. (1994). The link between domestic violence and child abuse: Assessment and treatment considerations. Child Welfare, 73,(1),29-39

McNeely, R. & Robinson-Simpson, G. (1987). The truth about domestic violence: A falsely framed issue. Social Work, 32,(6),485-490 and D. Saunders (1988) response in Social Work, 33,(2),179-183

Meyer, C.H. (1970). Social Work Practice: A Response to the Urban Crises. New York: Free Press

Milner, J. & Gold, R. (1986). Screening spouse abusers for child abuse. Journal of Clinical Psychology, 42,(1), 169-172

MS. (1994). Domestic violence. September/October, 33-64

Neff, J., Holamon, B., & Schluter, T. (1995) Spousal violence among anglos, blacks, and mexican americans: The role of demographic variables, psychological predictors, and alcohol consumption. Journal of Family Violence, 10,(1),1-21

Nicholas, B. (1976). The abused wife problem. Social Casework, 57,(1),27- 33

Orloff, L., Jang, D., & Klein, C. (1995) With no place to turn: Improving legal advocacy for battered immigrant women. Family Law Quarterly, 29,(2),313-329

Peled, E. & Davis, D. (1995). Groupwork with Children of Battered Women, CA: Sage Publications

Petchers, M. (1995) Risk assessment and treatment efficacy in services for domestic violence perpetrators. Paper presented at Social Work '95, National Association of Social Worker's Conference, October 12, Philadelphia, PA

_____. Ethical dilemmas in services to children in battered mothers' households. Paper presented at Social Work '95, National Association of Social Worker's Conference, October 15, Philadelphia, PA

Pfouts, J. (1978). Violent families: Coping responses of abused wives. Child Welfare, 57,(2),101-111

Pfouts, J., Schopler, J. & Henley, H. (1982). Forgotten victims of family violence, Social Work,

27,(4),367-368

Pressman, B. (1989). Wife-abused couples: The need for comprehensive theoretical perspectives and integrated treatment models. Journal of Feminist Family Therapy, 1,(1),23- 43

Reidy, R. & VonKorff, M. (1991). Is battered women's help seeking connected to the level of their abuse? Public Health Reports, 106,(4),360-364

Renzetti, C. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors. Journal of Interpersonal Violence, 3,(4),381-399

Rosenbaum, A. & O'Leary, K.D. (1981). Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 49,(1),63-71

Ross, M. & Glisson, C. (1991). Bias in social work intervention with battered women. Journal of Social Service Research, 14,(3/4),79-105

Rounsaville, B. (1978). Theories in marital violence: Evidence from a study of battered women. Victimology, 3,11-31

Rubin, A. (1991). The effectiveness of outreach counseling and support groups for battered women: A preliminary evaluation. Research on Social Work Practice, 1,(4), 332-357

Saunders, D. (1992). A typology of men who batter: Three types derived from cluster analysis. American Journal of Orthopsychiatry, 62,(2),264-275

_____. (1994). Child custody decisions in families experiencing woman abuse. Social Work, 39,(1),51-59

Schechter, S. (1982). Women and Male Violence. Boston: South End Press

Schechter, S. & Edleson, J. (1994). In the best interest of women and children: A call for collaboration between child welfare and domestic violence constituencies. Briefing paper prepared for the conference: Domestic Violence and Child Welfare: Integrating Policy and Practice for Families, June 8-10, WI

Shepard, M. (1992). Child-visiting and domestic abuse. Child Welfare, 71,(4),357- 367

Silvern, L. & Kaersvang, L. (1989). The traumatized children of violent marriages. Child Welfare, 68,(4),421-436

Snyder, D. & Fruchtman, L. (1981). Differential patterns of wife abuse: A data-based typology. Journal of Consulting and Clinical Psychiatry, 49,(6),878-885

Snyder, D. & Scheer, N. (1981). Predicting disposition following brief residence at a shelter for battered women. American Journal of Community Psychology, 9,(5),559- 566

Star, B. (1980). Patterns of family violence. Social Casework, 61,(6),339- 346

_____. (1980). Comparing battered women and non-battered women. Victimology, 5,32-44

- Stark, E. & Flintcraft, A.(1988). Women and children at risk: A feminist perspective on child abuse. International Journal of Health Services, 18,(1),97-118
- Steinmetz, S. (1978). Violence between family members. Marriage and Family Review, 1,(3),1-16
- Stout, K. (1991). Women who kill: Offenders or defenders? Affilia, 6,(4),8- 22
- Straus, M. (1979). Measuring interfamily conflict and violence: The conflict tactics (CT) scales. Journal of Marriage and the Family, 41,(1),75-89
- _____. (1977-78). Wife-battering: How common and why? Victimology, 2,(3- 4),443-458
- Straus, M. & Gelles, R. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family, 48,(3),465- 479
- Strube, M. (1988). The decision to leave an abusive relationship: Empirical evidence and theoretical issues. Psychological Bulletin, 104,(2),236-250
- Strube, M. & Barbour, L. (1984). Factors related to the decision to leave an abusive relationship. Journal of Marriage and the Family, 46,(4),837-844
- _____. (1983). The decision to leave an abusive relation ship: Economic dependence and psychological commitment. Journal of Marriage and the Family, 45,(4),785- 793
- Surrey, J. et. al (1990). Reported history of physical and sexual abuse and severity of symptomology in women psychiatric outpatients. American Journal of Orthopsychiatry, 60,(3),412-417
- Symonds, M. (1978). The psychodynamics of violence-prone marriages. American Journal of Psychoanalysis, 38, (3), 213-222
- Turner, S. & Shapiro, C. (1986). Battered women: Mourning the death of a relationship. Social Work, Sept.- Oct.,372-376
- Walker, L. (1979). The Battered Woman, NY: Harper and Row
- _____. (1984). The Battered Woman Syndrome, NY: Springer
- Weitzman, J. & Dreen, K. (1982). Wife beating: A view of the marital dyad. Social Casework, 63,(5),259-265
- Wood, G. & Middleman, R. (1992). Groups to empower battered women. Affilia, 7,(4),82-95
- _____. (1992). Re-casting the die: A small group approach to giving batterers a chance to change. Social Work with Groups, 15,(1),5-18
- Yllo, K. & Bograd, M. (1988). Feminist Perspectives on Wife Abuse, CA: Sage Publications
- Zorza, J. (1995). Recognizing and protecting the privacy and confidentiality needs of battered women. Family Law Quarterly, 29,(2),273-311

CPS DOMESTIC VIOLENCE PROTOCOL

(Human Resources Administration Child Welfare Administration)

Facts You Should Know:

Domestic violence can be physical (slapping, beating, punching, shoving) emotional, verbal or sexual.

Battering is the single largest cause of injury to women in the US.

Up to 4,000 women are beaten to death annually by family members.

Studies indicate that children who witness battering often exhibit serious behavioral/emotional difficulties.

Evidence suggests that male children who witness battering may themselves become batterers and female children may become victims of battering in adulthood.

Studies indicate 25% to 50% of men who abuse women also abuse children

Stress or use of drugs/alcohol is not an excuse.

The battered woman is not responsible for the batterer's behavior.

Domestic violence is found in all social-economic and racial groups.

Domestic violence is an issue of power and control.

Battered women are often isolated and need support

GUIDELINES FOR CHILD PROTECTIVE CASEWORKERS

Primary need of domestic violence victims and their children is safety.

Caseworkers must assess risk to the mother and children who may be afraid to disclose the abuse because of fear of the batterer or of losing the children.

Caseworkers must reassure the victim that they have a right not to be hurt and the caseworkers will assist in obtaining services, however, removal of the children may be necessary if the mother remains with the abuser.

A. Investigation Procedures

1. Caseworkers must follow CPSRD procedures to assess evidence of recent child maltreatment.
2. The caseworker must contact the Youth Officer in the precinct nearest to the case address to determine if the police have responded to prior reports of domestic violence or child abuse/neglect.
3. All members of the household should be interviewed separately. Do not confront the batterer with the allegations in front of the victim or children.
4. Complete the CPSRD and Domestic Violence Protocol.

B. Assessment of Risk/Service Provision

1. Services should be offered regardless of whether the client chooses to remain in the household.
2. If allegations are indicated and children or mother are at risk, caseworker would assist the mother in obtaining appropriate services such as:

Court Order of Protection or
Referral to Battered Women's Emergency Residence by contacting:

NYC Domestic Violence Hotline 1-800-621-HOPE
NYS Coalition Against Domestic Violence 1-800-942-6906
Spanish Hotline 1-800-942-6908
Victim Services Agency Hotline (212) 577-7777 (24 hours)

3. If parent/caretaker refuses services and children are at risk, removal of children must be considered in consultation with supervisor.

On the following pages are questions which you should use in your investigation to validate the allegations and assess risk to the children.

I. TO VALIDATE ALLEGATIONS OF BATTERING

1. Does your partner ever prevent you from leaving the home, from working or returning to school? YES___NO___
2. Does your partner destroy possessions or things of value to you? YES___ NO___
3. Does your partner monitor your activities or phone calls? YES___ NO___
4. Does he accuse you of being unfaithful YES___ NO ___
5. Has he ever threatened to commit suicide? YES___ NO___
6. Has your partner ever threatened to injure you or kill you?
Regularly___ Sometime___ Not often___ No___
7. Has your partner ever hit you, attacked you with a weapon, forced you to have sex,
other _____
Regularly___ Sometimes___ Not often___ No ___

II. ASSESSMENT OF RISK TO THE CHILD(REN)

1. Has your partner ever threatened to hurt, kill or remove the children from the home? If yes, how often? YES___ NO___
2. Have your children ever witnessed your partner hit you? YES___ NO___
How Often? Regularly___ Sometimes___ Not often___ No___
3. Has your partner hit your child(ren) with belts, straps or other objects which have left marks, bruises, welts, or other serious injuries? YES___ NO___
4. Has your partner touched your child in a way that made you or your child uncomfortable?

YES ___ NO ___

5 Does your child attend school regularly? YES ___ NO ___

6. Do the teachers complain about your child(ren)'s behavior at school? (fighting, destroying property, not paying attention in class, or withdrawn) YES ___ NO ___

7. Does your child(ren)'s behavior remind you or your partner? YES ___ NO ___

If yes: describe:

8. Do you find you have to use physical punishment to get your child(ren) to behave?

YES ___ NO ___

If yes: describe:

9. Does your child ever try to hurt him/herself, pets, or destroy possessions? YES ___ NO ___

10. Is your child anxious and fearful of leaving you? YES ___ NO ___

III. ASSESSMENT OF PARENT/CARETAKER'S ABILITY TO PROTECT CHILD(REN)

1. Have you ever left home as a result of abuse? YES ___ NO ___

If not, why?

If yes, when? _____ Where?

2. Have you taken the child(ren) with you? YES ___ NO ___

If not, why? _____

3. Have the police ever been called for assistance? YES ___ NO ___

If yes, what precinct?

4. Have you ever gone to court to get an order of protection against your partner? YES ___ NO ___

If not, why?

5. Do you want assistance from CWA in seeking a temporary battered women's emergency residence, court order of protection or other services for you and your child(ren)? YES ___ NO ___

If not, why?

IV. CASEWORKER ASSESSMENT

1. The children are at risk if the parent answers "YES" to any of the following questions: Section I, questions 6,7, and/or Section II, questions 1,3.

Actions: Assess imminent risk to the children. If children are at risk from the batterer, assist parent to obtain temporary emergency residence or court order of protection. if the parent/caretaker refuses or is unable to accept necessary services to protect the children or is responsible for abusing the children: Follow procedure to remove children immediately.

2. If the allegations are indicated and the children are not at risk of physical injuries but exhibit serious emotional/behavioral difficulties:

Actions: Discuss your observations and assessment with the parent/caretaker then refer to battered women's emergency residence or domestic violence counseling services for her and the children. (Consult PPRS Resource Consultant/Liaison for appropriate resources.) If parent/caretaker refuses needed services for children: Request case conference with Supervisor II regarding other approaches and/or possible OLA consult.

3. If the allegations of domestic violence and/or risk to the child(ren) is not clear because you believe the victim and/or family members are not responding to the questions truthfully:

Actions: Request case conference with Supervisor II.

V. ACTIONS TAKEN (Reminder: on all cases, contact Precinct Youth Officer for additional information, if available.) Based on your assessment what actions have you taken:

- Emergency removal of child(ren)
- Supervisory case conference and/or OLA consult
- Referral to Hotline for community based services (excluding PPRS)
- Assistance with Court Order
- Referral to battered women's residence
- Referral to PPRS Resource Consultant Liaison

Other services (specify):

**MAJOR PROVISIONS OF THE FAMILY PROTECTION AND DOMESTIC
VIOLENCE INTERVENTION ACT OF 1994
SENATE 8642/ASSEMBLY 11992**

Establishes New York's first mandatory arrest law requiring police to arrest upon the commission of: (1) felony between family or household members; (2) a misdemeanor constituting a family offense; and (3) violation of "stay away" provisions of an order of protection.

Repeals New York's "choice of forum" rule forcing victims of domestic violence to choose either the family court or criminal court for redress within 72 hours of filing a family offense complaint.

Authorizes three year orders of protection in family court upon a finding of "aggravating circumstance", including physical injury, a history of violence, the use of a weapon, and the exposure of children to harm. Aggravating circumstances will also occasion the arrest of a perpetrator in family court proceedings.

Makes violation of certain orders of protection a felony criminal contempt.

Establishes a statewide computerized registry of orders of protection and arrest warrants to be immediately accessible to law enforcement agencies and the courts.

Authorizes the family court to make a temporary order of child support at the same time an order

of protection is issued.

Establishes restitution of up to \$10,000 as a dispositional order in a family court family offense proceeding.

Mandates the training of judges, law enforcement personnel, including new and veteran members of the state police and municipal police agencies, and district attorneys in the requirements of the new law. An appropriation of \$500,000 has been included in this years state operations budget to implement this training requirement as well as to evaluate the impact of the state's mandatory arrest law.

Authorizes forfeiture of bail upon a willful violation of an order of protection

Requires the district attorney to notify a victim of a family offense of any decision to decline prosecution of a crime, dismiss the charges, or inter into a plea bargain with the defendant.

Adds harassment in the first and second degree and menacing in the second degree to the definition of family offenses, making these crimes actionable in both family and criminal court.

Establishes a uniform domestic violence victim notice to be distributed to victims of domestic violence by all law enforcement agencies, the courts and hospitals.

Creates a standardized domestic violence incident reporting form for use by all law enforcement personnel when investigating allegations of domestic violence.

JUSTIFICATION

Domestic violence is a crime of enormous magnitude and tragic consequences in our society. It affects people from every race, religion, ethnic, educational and socioeconomic group. It is the single major cause of injury to women. An estimated six million women are beaten by their husbands or intimate partners each year. The National Institute of Mental Health has identified battering as the leading cause of injury to women, more than auto accidents, rapes and muggings combined.

The corrosive effect of domestic violence is far reaching. the batterer's violence injures children both directly and indirectly. Abuse of a parent is detrimental to children, whether or not they are physically abused themselves. Children who witness domestic violence are more likely to experience delayed development, feelings of fear, depression and helplessness, and are more likely to become batterers themselves.

No age group is immune from domestic violence. Too many of New York's elderly residents have become the victims of their own family or household members.

Currently, victims of family offenses are barred from initiating simultaneous proceedings in the family court and in the criminal court. As a result of this bar, individuals, who commit violent acts escape criminal prosecution whenever the victim seeks civil redress.

Research indicates that one of the major problems contributing to the recurrence of domestic violence lies in the absence of aggressive enforcement by law enforcement officials. Injuries which would be grounds for arrest of a stranger assailant are often found insufficient to justify arresting man who bears his wife or other family member. A "familial connection" between the

victim and the offender should not be a defense or an excuse for less serious treatment of unlawful conduct.

The Family Protection and Domestic Violence Intervention Act of 1994 in its amended form reflects dozens of changes to the substantive law recommended by those most familiar with the dynamics of family violence and its aftermath: police, victim service agencies, victim advocates, judges, district attorneys, and the survivors of domestic violence.

Because stronger and more aggressive court intervention in family offense cases is required, this bill establishes more decisive police and judicial interventions in these family offense cases.

MATERIALS LIST

Newsprint. Oaktag or other large paper can be used but cost becomes factor. Chalkboards are a last resort as it is helpful to refer back to work already accomplished as the training builds upon itself. Trainers also find it helpful to review what Participants have said Day One as they prepare for Day Two.

Markers. Black or Dark Blue are best.