

The impact of domestic violence on the family unit: A closer look at gender and cultural dynamics

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Course Outline

- Introduction of IPV (Intimate Partner Violence)/ Domestic violence: Defining the problem
- Prevalence: A closer look at gender
- Lenore Walker's Cycle of Violence
- Characteristics of Batterers
- The impact of IPV on young children
 - Brain, social/emotional development
- The impact of IPV on school age children and adolescents

Course Outline Cont.

- Assessment of violence in intimate relationships
 - Risk assessment and safety planning
- Intervention strategies
 - Family-based intervention: Child-parent psychotherapy
 - Brief overview of interventions for batterers
- Cultural factors
 - Ethnic minority families, and LGBT families
- Ethics codes
- California legal codes
- Questions/discussion

Introduction

- **What is Domestic Violence or Intimate Partner Violence (IPV)?**
- Abuse between 2 people in a close relationship
“intimate partner” = current and former spouses and dating partners
- Threatened, attempted or completed
 - Physical abuse
e.g. hitting, kicking, burning
 - Sexual abuse
e.g. forcing partner into a non-consensual sex act
 - Emotional abuse
e.g. stalking, name-calling, intimidation, isolating partner

Centers for Disease Control and Prevention Survey, 2008

Magnitude of the problem

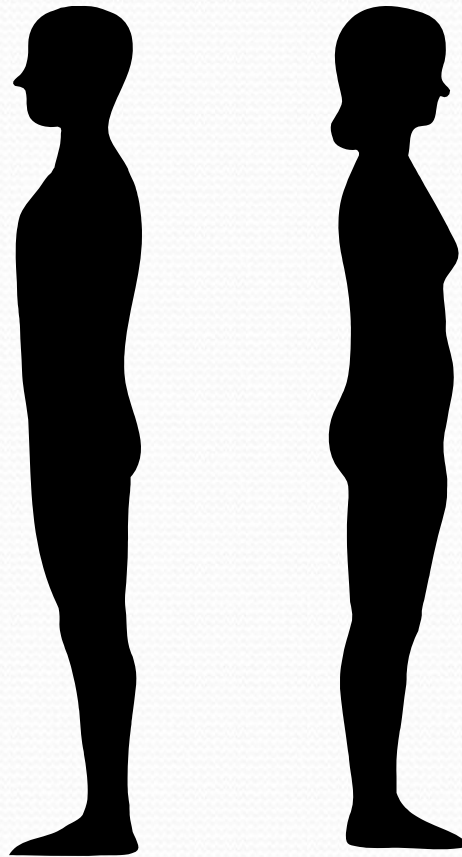
- The following data greatly underestimates the magnitude of the problem. Most IPV incidents are not reported to the police.
- About 20% of IPV rapes or sexual assaults, 25% of physical assaults and 50% of stalkings directed toward women are reported. Even fewer IPV incidents against men are reported.
 - (Tjaden and Thoennes, 2000).

IPV Prevalence (of reported incidents)

Each year, 3.2 million men experience intimate partner violence

(Tjaden & Thoennes, 2000)

11% of men will be physically abused at least once in their lifetime. 22% of men experience physical, emotional or sexual abuse in their lifetime.



Each year, 5.3 million women experience intimate partner violence

(Tjaden & Thoennes, 2000)

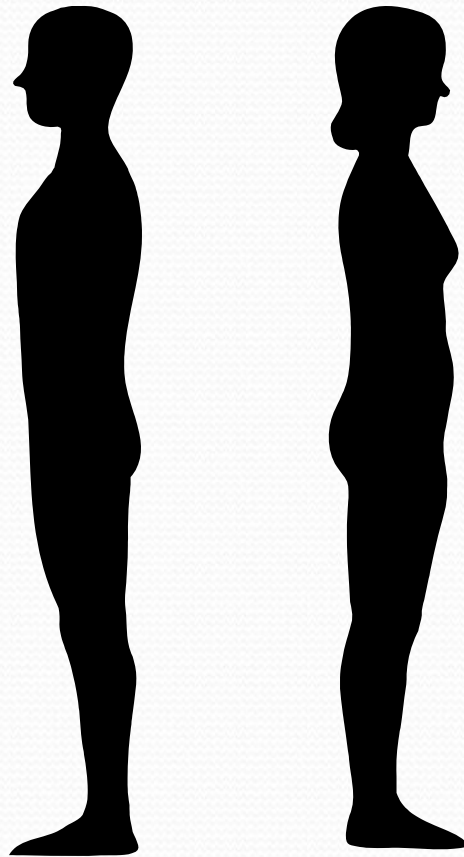
25% of women will be physically abused at least once in their lifetime. 29% of women experience physical, emotional or sexual abuse in their lifetime.

Centers for Disease Control and Prevention Survey, 2008

Centers for Disease Control and Prevention Survey, 2008

Lethality Prevalence

24% of IPV homicides were male (2008)



76% of IPV homicides were female (2008)

44% of women murdered by their partner had visited the ER within 2 years of the homicide with a prior injury.

30% of women killed in the U.S. are killed by their husbands or boyfriends

Centers for Disease Control and Prevention Survey, 2008

Centers for Disease Control and Prevention Survey, 2008

A closer look at gender...

- Family conflict studies (using the Conflict Tactic Scales) show about equal rates of assault by men and women.
- Crime studies (using the National Crime Victimization Survey and studies using police call data) show much higher rates of assault by men, often 90%.
- The difference can be accounted by the fact that crime studies only represent a small part of all domestic assaults.

“The Battered Husband Syndrome”

- Suzanne Steinmetz’s book published in 1977
Surveys relied primarily upon the “Conflicts Tactic Scales” (CTS). Developed in 1971 to measure family violence

Results:

In four out of the five studies reported, Professor Steinmetz found that husbands and wives are roughly equal in their use of any form of physical violence.

Male victims: Unique dynamics

- **Stigma**: Many men face the stigma of not being “macho” or being a “wimp” if they disclose the abuse.
- **Law**: Many men feel do not feel protected by the law. They face unique challenges proving that they are victims.
- **Children**: The law presumes that the children are almost always better off with their mother. Many men worry that the children will be victimized and with limited visitation rights, they won't be there to protect them.
- **Resources**: Most services (DV shelters, advocacy services, etc) are geared towards women only.

www.batteredmen.com

Gender comparisons in type of violence

Wives compare to husbands in *use and frequency of violent behavior, but not in the severity of the type of violence employed.*

Male violence produces injury at *six times* the rate of female violence. Comparing the type of injuries also shows that women suffer greater physical and psychological harm when physically assaulted.

Prevalence of children exposed to IPV

- 3.3 million children witness IPV each year
- Children of abused mothers were 57 times more likely to have been harmed because of IPV
(Parkinson et al., 2001)
- 60% to 75% of families with IPV have children who are also battered
- 30-70% overlap between IPV and child abuse

Children exposed to IPV

- Study of investigated IPV police reports
 - Children under six were over-represented in homes with IPV
 - 81% of children in the home at the time of a IPV incident were found by investigating officers to have seen or heard the event
 - 4% of exposed children were physically injured in the event

Fantuzzo & Fusco (2007)

Prevalence of IPV and Child Abuse

- Children exposed to IPV
 - 15 times more likely to be abused than the national average
- Battering men
 - 50% of men who assault female partners assault their children
- Battered women
 - twice more likely to abuse their children than comparison groups

(Osofsky, 2003; Edleson, 1999; Margolin & Gordis, 2000; McCloskey, 1995)

Lenore Walker's Cycle of Violence

- Fundamental theory introduced in 1979. A 3 phase cycle of violence
 - Tension building
 - Acute battering incident
 - Loving-Contrition

Unfortunately, tension can only be suppressed for so long before it surpasses available coping strategies and is released with violence again.

Cycle of Violence



© LA Criminal Defense
Click on image to go to LA-CriminalDefense.com

Cycle of violence

- The cycle can happen hundreds of times in an abusive relationship. Each stage lasts a different amount of time in a relationship. The total cycle can take anywhere from a few hours to a year or more to complete.

It is important to remember that not all domestic violence relationships fit the cycle. Often, as time goes on, the 'making-up' and 'calm' stages disappear.

Adapted from the original concept of: Walker, Lenore. The Battered Woman. New York: Harper and Row, 1979.

Types of violence dynamics

- Instrumental Violence: Violence that is premeditated, motive-driven, and goal directed
- Expressive Violence: Violence that is more emotionally impulsive and reactive, stemming from lack of emotional regulation.

Characteristics of Batterers

- Type III- Typical (Gondolf); Family Only (Holtzworth-Monroe); Common Couples Violence (Johnson)
 - Occasional violence, low severity and frequency, low to no psychopathology, low to no criminal history.
 - May be stress reactive
 - May be less likely to be evident to the rest of the world as a perpetrator. Violence usually only directed towards family.
 - Lower risk

Characteristics of Batterers

- Type II- “pitbull” (Gondolf); Dysphoric Borderline (Holtzworth-Monroe)
 - Likely to display labile or dysphoric mood. Violence may be limited to the family, but may be seen as a “hothead” in more public arenas.
 - Likely to be diagnosed with Schizoid or Borderline Personality Disorder.
 - Moderate severity and frequency of violence; moderate to high psychopathology; violence is mostly expressive due to severe dysregulation.
 - Emotionally dependent, reactive, jealous
 - Medium Risk

Characteristics of Batterers

- Type I “cobra” (Gondolf); Generally Violence Antisocial (Holtzworth-Munroe); Intimate Terrorist (Johnson)
 - Often diagnosed with Antisocial Personality Disorder. When tested for physiological signals, they are unlike other batterers. They show no escalation in heart rate or blood pressure.
 - Does not limit violence to the family
 - High levels of frequency and severity of violence. High psychopathology, criminal history. Uses violence instrumentally.
 - Very High Risk

IPV's Impact on the family unit



Impact on young children

Impact on school age children

Impact on adolescents

Impact on parenting

Impact across the lifespan

- Infants: disorganized attachment at one year even after controlling for parental sensitivity (Owen & Cox, 1997)
- Pre-school children: less empathy than did children from non-violent homes (Hinchey & Gavelek, 1982)
- Pre-school and school age children: increased externalizing and internalizing problems (Lieberman & Van Horn, 1998; O'Keefe, 1994, 1995)
- Adolescents: increased aggression and anxiety and diminished cognitive/pro-social skills related to father aggression (Kempton, et al., 1989)

Trauma is Toxic to Child Brain Development

- Overactivation of amygdala – area responsible for assigning emotional meaning to sensory stimuli
 - Underactivity of anterior cingulate of the medial prefrontal cortex – area involved in extinguishing learned fear responses
 - Significantly smaller corpus callosum – connects the left and right brain hemisphere
 - Smaller corpus callosum in children with PTSD associated with lower IQ
- Cohen, Perel, DeBellis, Friedman & Putnam, 2002

Developmental Tasks of Early Childhood

- Forming attachments
 - Essential to feelings of safety, security, self-worth
- Developing the capacity for self regulation
 - Physiological regulation
 - Emotional regulation
- Cognitive development and exploration

Exposure to IPV disrupts the natural trajectory of development.

How are Young Children who Witness IPV Affected?

- Young children develop in the context of relationships
- Young children use relationships with caregivers to
 - Regulate physiological response
 - Form internal working models of relationships
 - Provide secure base for exploration and learning
 - Model accepted behaviors
- ➔ Young children who witness IPV may develop a view of relationships as: unpredictable, scary, punitive, and confusing

Traumatic Impact of IPV in Early Childhood



- For children under four
 - Witnessing domestic violence is more likely to cause symptomatic behavior than any other type of traumatic event
 - Aggression
 - Fear
 - Hyperarousal
 - Witnessing intimate partner violence was uniquely associated with development of PTSD when compared to other trauma types

Scheeringa & Zeanah, 1996

Sequelae of Children's Exposure to Violence

Increased aggression and externalizing problems

Increased levels of depression and poor self-esteem/self-concept

Impaired social interactions and peer relationships

Delayed cognitive development and poor academic functioning

(Margolin & Gordis, 2000)

IF THERE'S VIOLENCE
IN THE HOME, THE KIDS
GET THE PICTURE



Impact of Children's Exposure to IPV

- Double the rate of psychiatric problems than comparison groups
- Psychiatric problems persist after parents separate
- Younger children more vulnerable than older ones
- Witnessing IPV predicts adult family violence for both genders

Impact of Children's Exposure to IPV

- Across 118 studies that included comparison groups, meta-analysis shows
 - Overall, 63% of child witnesses are faring more poorly than the average child not exposed to interparental violence
 - Overall, 37% of child witnesses showed outcomes similar to, or better than, nonwitnesses
 - Evidence of greater risk among preschoolers

Kitzmann, et al., 2003

Impact of Children's Exposure to IPV

- Some individual studies support a “double whammy” theory with physically abused child witnesses having more adjustment problems
- Meta-analysis revealed no significant differences in adjustment problems among
 - Child witnesses
 - Physically abused children
 - Physically abused child witnesses

Kitzmann, et al., 2003

Impact of Violence on the Parent-Child Relationship

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help - Who is safe and who is dangerous?
- Contradictory feelings towards the parent

(Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

Impact of Violence on the Parent-Child Relationship

- Either partner may develop new negative attributions based on trauma experience
 - Changes to internal working models
 - Traumatic expectations
- Caregiver and child may serve as traumatic reminders for one another

Pynoos, 1997

Video

- FIRST Impressions: Exposure to Violence and a Child's Developing Brain
California Attorney General's Office Crime and Violence Prevention Center



What Factors Affect the Impact of IPV on Children?

- Characteristics of the violence –
 - How long? How severe? How close? Who was the victim? Who was the perpetrator?
- Developmental phase of the child
- Child's cognitions and attributions
- Environmental Supports
 - Best predictor of outcome for children following a traumatic event is the caregiver's ability to cope with the trauma

Resilience and Protective Factors

- Individual sensitivity buffering factors
 - Temperament
 - Intelligence
 - Pro-active, planful problem solving
 - Ability to calm and self-soothe
- Environmental buffering factors
 - Positive parenting
 - Safe relationships in extended family
 - Positive school experiences

(Rutter, 1999)

Signs of Traumatic Impact in School-Age Children

- Behavioral problems
- Physical health problems
- Chronic somatic complaints
- Depression
- Anxiety
- Violence towards peers
- Attempt suicide
- Abuses drugs and alcohol
- Runs away from home
- Engages in teenage prostitution
- Commits sexual assault
- Has increased difficulties with learning and school functioning

Youth Experiences with IPV

(Teenage Research Unlimited, 2006)

- 1 in 5 teens (20%) report being hit, slapped or pushed by a partner
- 1 in 3 girls (33%) have worried about being physically hurt by their partner
- 1 in 4 teens (25%) say that a boyfriend or girlfriend has tried to prevent them from spending time with friends or family
- Nearly 1 in 4 girls (23%) reported going further sexually than they wanted to as a result of pressure

IPV among Youth is often Hidden because teens...

- are inexperienced with dating relationships
- are pressured by peers to act violently
- want independence from parents
- have "romantic" views of love

Early Warning Signs of IPV among Youth

- Extreme jealousy
- Controlling behavior
- Quick involvement
- Unpredictable mood swings
- Alcohol and drug use
- Explosive anger
- Isolates partner from friends and family
- Uses force during an argument
- Shows hypersensitivity
- Believes in rigid sex roles
- Blames others for his/her problems or feelings
- Cruel to animals or children
- Verbally abusive
- Abused former partners
- Threatens violence

Signs that Youth are Experiencing IPV

- Physical signs of injury
- Truancy, dropping out of school
- Failing grades
- Indecision
- Changes in mood or personality
- Use of drugs/alcohol
- Pregnancy
- Emotional outburst
- Isolation

Dating Bill of Rights for Youth

Domestic Violence Advocacy Program of Family Resources, Inc.

I have a right to:

- Ask for a date
- Refuse a date
- Suggest activities
- Refuse any activities, even if my date is excited about them
- Have my own feelings and be able to express them
- Say, "I think my friend is wrong and his actions are inappropriate"
- Tell someone not to interrupt me
- Have my limits and values respected
- Tell my partner when I need affection
- Refuse affection
- Be heard
- Refuse to lend money
- Refuse sex any time, for any reason
- Have friends and space aside from my partner

Dating Bill of Rights for Youth

Domestic Violence Advocacy Program of Family Resources, Inc.

I have the responsibility to:

- Determine my limits and values
- Respect the limits of others
- Communicate clearly and honestly
- Not violate the limits of others
- Ask for help when I need it
- Be considerate
- Check my actions and decisions to determine whether they are good or bad for me
- Set high goals for myself

Factors Affecting Parenting

- Psychosocial functioning of the parent
- Quality of the marital relationship
- Learning from the experience of raising children
- Emotional and environmental resources of the parent

Rutter, 1989

Impact of Domestic Violence on Parenting

- Meta-analytic studies show that the quality of parent-child relationship is linked to the quality of the marital relationship (Erel & Burman, 1995)
- Battered women report higher levels of parenting stress than controls (Ritchie & Holden, 1998; Holden & Ritchie, 1981)
- Level of parenting stress exacerbates the impact of domestic violence on child outcomes (Levendosky & Graham-Bermann, 1998)

Family dynamics

- The perpetrator may use children as a control tactic against adult victims.
- Children may experience strong ambivalence toward their violent parent: affection coexists with feelings of resentment and disappointment

How Can We Help? Respond when there is IPV

- Show empathy for the person's predicament
 - Wish for safety may conflict with the wish to hold onto the relationship
- Know your community resources and have referrals handy
- Engage in safety planning
- Offer kindness, express support, encourage hope

How Can We Help parents?

- Understand the factors that make an effective parent
- Understand the factors that create resilience in children
- Understand the factors that create greatest risk for children in households with high conflict and violence

Resilience and Protective Factors

- Individual sensitivity buffering factors
 - Temperament
 - Intelligence
 - Pro-active, planful problem solving
 - Ability to calm and self-soothe
- Environmental buffering factors
 - Positive parenting
 - Safe relationships in extended family
 - Positive school experiences



(Rutter, 1999)

Predicting Child Abuse in Families with Partner Violence

- Frequency and severity of violence between adults (Ross, 1996; O'Keefe, 1995)
- Frequency of father's partner violence is more predictive of aggression toward children than frequency of mother's partner violence (Ross, 1996; O'Keefe, 1995)
- Other factors: troubled father-child relationships; male child; step-parent (O'Keefe, 1995)
- Parent sustained corporal punishment as an adolescent (Ross, 1996)
- History of sexual assault of father against mother (Bowker, Arbitell & McFerron, 1988)

Assessing for risk factors

- High levels of couple conflict
- Lower socioeconomic status
- Unemployed perpetrator
- Larger power or status differential
- Isolation and lack of resources

Structured Risk Assessments

- Actuarial: Ontario Domestic Assault Risk Assessment
 - Designed to be completed by trained police officers
 - Designed to be completed from criminal data bases
- Structured Screens
 - Spouse Abuse Risk Assessment (Kropp, et al.)
 - Danger Assessment (Campbell)

Factors from Structured Screens

- Escalation of violence, especially physical violence
- Recent acquisition of weapons or change in use of weapons
- Suicidal or homicidal ideation, threats, or attempts
- Change in substance use/abuse patterns

Factors from Structured Screens

- Stalking
- Obsessive jealousy/preoccupation with non-offending parent
- Violent behavior tied to mental health problems
- Violent criminal behavior outside the family
- Increase in personal risk-taking by the offending parent

Factors from Structured Screens

- Imprisonment of the non-offending parent in the home
- Symbolic violence, including destruction of the non-offending parent's pets or property
- The non-offending parent's attempt to flee the offending parent or terminate the relationship

Clinical Factors to Assess Risk:

IS PATH WARM

- I – ideation
- S – substance abuse

- P – purposelessness
- A – anxiety
- T – trapped
- H – hopeless

- W – withdrawal
- A – anger
- R – recklessness
- M – mood changes

(Rudd et al., 2006)

Campbell's Danger Assessment

- The gold standard for predicting level of risk for homicide
- The main 3 key questions to ask that are most predictive of homicide risk:
 - Does your partner own or have access to a firearm?
 - Has your partner ever threatened to kill you or those that you love?
 - Do you believe he/she might be capable of killing you or those that you love?

Safety Planning

- Commit important phone numbers to memory
- Keep extra money on your person at all times (i.e. for transportation)
- Make copies of all important document (i.e. marriage license, birth certificates, social security card, passports, lease/mortgages, insurance papers)

Safety Planning

- Leave copies of documents, extra set of clothes, extra set of keys, and extra money with trusted friend or relative
- Rehearse and commit escape plan to memory
- Provide resources to be kept private (away from perpetrator)



Safety Planning with children

Refer to handout

Documentation

- Record description of encounters as told to you by client (using quotes when possible)
- If patient names perpetrator, write name down
- Recommend client photograph visible injuries (e.g. go to physician – note that medical providers are mandated reporters)

Interventions



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Family-Based Interventions

- Studies show that less parental distress and more familial support mitigates the negative impact of trauma on children. Interventions that help the parent resolve emotional distress about the child's trauma, and which enhance the parent's ability to support their child, will maximize the child's outcome in treatment (Cohen, Mannarino, and Deblinger, 2003).

Family-Based Interventions

- Clinicians should be aware of traumatic triggers when working with more than one family member that experienced the same traumatic event. Family members can be traumatic reminders to each other. One goal of therapy is to help family members anticipate, identify and manage trauma reminders.

Child- Parent Psychotherapy

Theoretical basis:

- Based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories.

Key components:

- Focus on safety, affect regulation, improving the child-caregiver relationship, normalization of trauma related response, joint construction of a trauma narrative, with the goal of returning the child to a normal developmental trajectory

Child-Parent Psychotherapy

- **CPP** is a treatment for trauma-exposed children aged 0-5.
- Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment.
- **CPP** examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory.
- A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health.
- Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect.

Child- Parent Psychotherapy

Outcomes

- CPP has been shown to improve both maternal and child functioning, reduce PTSD symptoms, as well as improve the parent-child attachment relationship.

Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2006). Child-Parent Psychotherapy: 6-month follow-up of a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(8), 913-918.

Interventions for youth

- Most of the trauma-focused treatments share increasing skills in these areas:
 - Emotional identification, processing, and regulation;
 - Anxiety management
 - Identification and alteration of maladaptive cognitions;
 - Interpersonal communication and social problem solving

Some also seek to enhance the parent-teen relationship by promoting positive interactions, reducing negative interactions and using effective behavior management skills.

Trauma-Focused Interventions for Youth in the Juvenile Justice System. National Child Traumatic Stress Network.

Interventions for Youth

- *Cognitive Behavioral Therapy for PTSD* (Cohen, Mannarino and Deblinger's 2003) has received the strongest empirical support from studies with abused children (Saunders, 2003). It can be used in individual, family, and group therapy and in office or school based settings. It is designed to reduce negative emotional and behavioral responses and correct maladaptive beliefs and attributions related to traumatic experiences.

Batterer Treatment Challenges

- Violent recidivism rates are only slightly lower (5%) on average, for those assigned to group treatment versus no treatment group.
- Rates of treatment dropout are 30-60%

The Duluth Model

- The most common model used
- Seeks to re-educate batterers about healthy power and control in relationships.
- Perpetrators are confronted with their denial and minimization of the violence.
- Deficits: Bidirectional violence in relationships are discounted. Places primary importance on accountability but lacks skill building. This often perceived as shame-based technique alienates many men

Psychotherapeutic Approaches

- Focus on modeling desired behavior: Offering batterers the experience of acceptance (although not excusing the violence) have been found more effective than confrontational approaches. Respond to the feelings of inadequacy and pain beneath the rage.
- Client-Centered Approaches:
 - Erickson's "Pacing and leading" which involves building rapport, using passive and active listening skills to understand the client's experience and then gently suggest change.

Self-Psychology Approaches

- Based on the concept that all children need 3 elements for becoming “whole”.
 - They must be “mirrored” or nurtured by their caregivers
 - They must have adequate role models
 - They must experience “bonding”

Wexler (1999): Those who batter often describe inadequate or abusive experiences with their caregivers. This contributes to their weak sense of self, which places them at risk for easily distorting their partner’s intentions as deliberate attempts to hurt him. Self-Psychology approaches give them the mirroring they lacked in their early life.

The Compassion Workshop

- Designed by Stosny (1995). The premise is that batterers struggle with attachment as well as with the regulation and expression of their emotions.
- This workshop offers experiential exercises to promote better self-cohesion and increase compassion for their wounded selves.
- The cornerstone technique is the HEALS method
 - Healing
 - Explain to yourself
 - Apply self-compassion
 - Love yourself and
 - Solve

Solution- Focused Approaches

- O'Hanlon & Weiner- Davis, 1989
- Treatment focuses on skill building and redefining their self perception as a person lacking skills, as opposed to a pathological person.
 - Exceptions (What is different about the times when you don't blow up?)
 - Outcome (Miracle question)
 - Coping (How do you cope with stress?)
 - Scaling (How much lower in intensity or duration are episodes in which you lose your temper?)

Attachment-Based Treatment

- Sonkin and Dutton (2003), based on Bowlby's (1988) work.
- Goal is to gain awareness of ambivalent feelings, better modulate their anxiety and avoid rage when they perceive rejection or abandonment by their partner.
- Treatment tasks:
 - Create a safe place or “secure base”
 - Explore current relationships with attachment figures (including with therapist)
 - Explore relationship between early childhood attachment experiences and current relationships

Core Components of Complex PTSD Intervention

1. Safety
2. Self-Regulation (Body, Emotion, Behavior)
3. Relational Engagement & Attachment (Working Models)
4. Self-Reflective Information Processing
 - (Attention, Narrative Reconstruction—current/historical, Executive Functions—anticipation, planning, decision-making)
5. Positive Affect Enhancement
 - (Creativity, Imagination, Pleasure, Future)
 - (Orientation, Achievement/Competence/Mastery-seeking)
6. Trauma Experience Integration
 - National Child Traumatic Stress Network – NCTSN.ORG

Cultural factors

- IPV happens in every age group, race, ethnicity, culture, social class and sexual orientation.
- Possible cultural barriers to seeking help:
 - Acculturation level
 - Language skills
 - Cultural beliefs about seeking help
 - Institutional barriers

Culturally appropriate assessment

- Should include questions about:
 - Race/Ethnicity
 - Economic status
 - Family Structure: boundaries, family roles, family support network
 - Level of acculturation: language preference, immigration history
 - Prior exposure to violence: personal and ancestral
 - (West, 2003)

Lesbian, Gay, Bisexual and Transgender Relationships

- Intimate Partner Violence is prevalent in 11% of women and 23% of men (slightly lower than heterosexual relationships). *Centers for Disease Control and Prevention Survey, 2008*
- This has increased over the years indicating greater recognition and reporting in the community.
- Unique challenges: May not seek assistance for fear of “coming out” or being met with prejudice from heterosexual police, shelter staff, counselors and clergy.

Lesbian, Gay, Bisexual and Transgender Relationships

- Not all states (10 states do not) enable lesbian, gay, bisexual and transgender victims to apply for protective orders because they exclude those who have been abused by members of the same sex.

Social economic status

- Numerous studies show that although violence knows no wealth boundaries, IPV is over-represented in lower social economic status families making it a risk factor. However, study results must be interpreted with caution. Research suggests that wealthy families are less likely to report the abuse and less likely to use public health resources.

Ethical factors

- Therapists must operate only within their scope of practice in general, but in IPV, this is especially critical. Education and training must prepare them to detect, assess, treat and prevent domestic violence. Therapists are cautioned against doing couples therapy in cases of IPV.
- Concerns of confidentiality must be carefully considered. Although medical doctors are mandated to make a report, mental health clinicians are mandated to keep confidentiality unless if a child or elderly is being harmed, in which CPS or APS should be notified.

Ethical factors

- Confidentiality is limited when it's court mandated treatment. These limitations have to be communicated to the client beforehand.
- Seek legal and ethical consultation if a subpoena is served and you are concerned about the safety of your client.
- Be cautious of entering into a dual-role with a battered client. Consider and attend to concerns about conflict of interest if asked to serve as a forensic expert in court.

Codes of Ethics

- American Psychological Association
 - <http://www.apa.org/ethics/code/index.aspx>
- California Association of Marriage and Family Therapists
 - <http://www.camft.org/CamftBenefits/whatiscamftethnical.html>
- National Association of Social Workers
 - <http://www.socialworkers.org/pubs/code/code.asp>

Legal factors

- California Legal codes
 - PC 273.5: Corporal Injury to Spouse/Cohabitant: Domestic violence is a criminal act. The district attorney can prosecute domestic violence cases without the victim's approval or cooperation. Unless there is written authorization to release information, therapist cannot report or disclose information about the battering.
 - PC 646.9: Stalking is illegal
 - PC 237.6: Violation of Protective Order- Even if they are invited, they are still in violation.

Legal factors

- Tarasoff and the Duty to Warn:
 - California Code 43.92: “where the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim”. In these situations, the duty of the clinician is to make a “reasonable effort to communicate the threat to the victim or victims and to a law enforcement agency”

Legal factors

- California Evidence Code 1024: There is no privileged information if the therapist has reasonable cause to believe that the client is in such a mental or emotional condition as to be dangerous to him/herself or to the person or property of another, and that disclosure is necessary to prevent danger. Clinicians cannot evoke 1024 against a batterer if the information comes from the battered client.

Importance of Self-Care when Working with Families in Crisis

- Take care of yourself
- Cultivate time out
- Protect your private life
- Seek out consultation
- Build support systems at work



Resources for Battered Women

- La Casa de las Madres
 - call our 24-hour Crisis Lines
Adult Line: 877. 503. 1850
Teen Line: 877. 923. 0700
- Woman, Inc.
 - 415-864-4722.

Resources for Battered Men

- Bert Hoff:
<http://www.batteredmen.com> - berthoff@comcast.net
- National and International Resources:
<http://www.batteredmen.com/bathelpnatl.htm>
- Domestic Abuse Helpline for Men and Women (DAHMW)
<http://www.dahmw.org>
- References Examining Assaults by Women on Their Spouses or Male partners
<http://www.batteredmen.com/fiebert.htm#strauska>
- The Risk of Serious Physical Injury from Assault by a Woman Intimate
<http://www.batteredmen.com/nvawrisk.htm>
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Questions???