Social Work and Family Violence

Theories, Assessment, and Intervention

Second Edition
Social Work and Family Violence
Joan C. McClennen, PhD, MSW, is a full professor at the Missouri State University School of Social Work. Prior to her academic career, Dr. McClennen held counseling and administrative positions in the areas of child abuse, mental health, and children’s services. She authored the first edition of Social Work and Family Violence and co-edited A Professional’s Guide to Understanding Gay and Lesbian Domestic Violence. She contributed chapters to various social work textbooks, including the Handbook of Research with Lesbian, Gay, Bisexual, and Transgender Populations; Social Work Practice with Children and Families; Family Health Social Work Practice; Strategies to Overcome Oppression and Discrimination for Marginalized Groups; and Family Health in Social Work Practice. Her articles appear in numerous professional journals such as the Journal of Interpersonal Violence, Journal of Gay and Lesbian Social Services, Family Therapy, College Student Journal, and Research on Social Work Practice. She has made presentations at local, state, national, and international conferences. These writings and presentations are combined with her service on behalf of social justice for vulnerable populations.

Amanda M. Keys, PhD, LCSW, is an assistant professor and BSW coordinator for the Missouri State University (MSU) School of Social Work. She is a licensed clinical social worker in the state of Missouri. Prior to MSU, she was the director of field education for Southwest Baptist University. She received her BSW and MSW from MSU and her PhD from the University of Missouri–Columbia. Before entering academia, Dr. Keys spent over a decade in frontline and administrative positions in child welfare. Her primary research interests are in child welfare services and organizations; family engagement in early childhood education; burnout, turnover, and retention of social work professionals; and family violence.

Michele L. Dugan-Day, PhD, LCSW, is a social worker and gerontologist with a PhD in social work. As associate professor, she teaches and researches health topics for the Missouri State University School of Social Work where she serves as director. Her publications can be found in Contemporary Rural Social Work, Journal of Social Work in End-of-Life & Palliative Care, Journal of Gerontological Social Work, Journal of Pain and Symptom Management, and Telemedicine and e-Health. Prior to an academic career, Dr. Dugan-Day worked in the continuum of care for older adults in the Southwest Missouri region (MSW 1986—Washington University). She also has experience in the fields of child welfare, mental health, and community organizing.
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As in the first edition, this textbook continues to be dedicated to social workers around the world who give themselves tirelessly in helping humans reach their maximum potential and in advocating for populations who otherwise would be left unrepresented. Our mission is to provide a thorough overview of the three areas of family violence (i.e., child abuse, intimate partner abuse, and older adult abuse) and thus prepare you to join us in the journey toward reducing all types of aggressive, inappropriate behaviors people carry out on family members. *We are family.* Only through continued teamwork can we overcome the violence that is so rampant in American society.

The second edition of *Social Work and Family Violence: Theories, Assessment, and Intervention* presents comprehensive coverage of child abuse and maltreatment, intimate partner violence, and older adult abuse. It includes plentiful case examples, real-life stories, keywords, and discussion questions; the Test Bank is updated to align with changes in the chapters; and the PowerPoint presentations have been expanded. This text is aligned with the 2015 Educational Policy and Accreditation Standards of the Council on Social Work Education (CSWE, 2015) and is based on the *Code of Ethics* of the National Association of Social Workers (NASW, 2008).

With the suggestions of our readers, revisions were made to this second edition in the three areas of family violence. In all three areas, statistical information is updated; keywords are expanded based on additional information; new terminology is integrated (especially in the area of former “elder abuse,” which is now “older adult abuse”). Additional theories are presented and applied for understanding the counseling process with clients. Many of the news articles are changed to reflect more recent events. Laws and policies are updated. The appendices are updated to reflect emergency numbers for child abuse hotlines, older adult abuse hotlines, and domestic violence services.

In the area of child abuse, the chapter on child witnesses of intimate partner violence has been moved from following the chapter on introduction to intimate partner violence (also known as “domestic violence”) to before this chapter so that it is among the chapters on child abuse. Tables and exhibits reflect recent changes and information in addition to that in the first edition. Expanded information is provided on the various agencies working with abused children and on being an expert witness for the courts.

In the area of intimate partner violence, additional information is provided on male victims of female perpetrators along with theoretical underpinnings, assessment instruments, and treatment options for both male and female victims and perpetrators. A section is added (in Chapter 9) on the use of social media in
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precluding and enabling perpetrators. At-risk populations are expanded to include sex-trafficking victims; veterans of war suffering from posttraumatic stress disorder (PTSD); middle-class families; Native Americans; and gay, lesbian, bisexual, transgender, and queer (GLBTQ) families. Focus is placed on safety plans and orders of protection.

In the area of older adult abuse, chapters are revised to reflect more recent policies and terminology and are reorganized and retitled to make clearer distinctions in the information contained within the chapters. Major changes in understanding old age assistance are made with emphasis on the different typologies of behaviors of various abusers, thus reducing the focus on caregiver stress as synonymous with older adult abuse.

EDUCATIONAL POLICY AND ACCREDITATION STANDARDS

The Council on Social Work Education (CSWE, 2015) developed the Educational Policy and Accreditation Standards (EPAS) for the accreditation of social work programs. BSW and MSW students must demonstrate mastery of core competencies. The CSWE states that “social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being” (CSWE, 2015, p. 6).

There are currently nine social work competencies:

- Demonstrate ethical and professional behavior.
- Engage diversity and difference in practice.
- Advance human rights and social, economic, and environmental justice.
- Engage in practice-informed research and research-informed practice.
- Engage in policy practice.
- Engage with individuals, families, groups, organizations, and communities.
- Assess individuals, families, groups, organizations, and communities.
- Intervene with individuals, families, groups, organizations, and communities.
- Evaluate practice with individuals, families, groups, organizations, and communities.

Qualified instructors who would like more information and tools to integrate the second edition of Social Work and Family Violence: Theories, Assessment, and Intervention into their courses should refer to the Test Bank and PowerPoints, which they may request by e-mail: textbook@springerpub.com.

REFERENCES

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**From Dr. Amanda M. Keys**

There are no words to express the gratitude of getting to work with my teachers, mentors, and now colleagues—Drs. McClennen and Dugan-Day. I’m humbled and honored to have spent the last 20 years with both of them as my role models. To my children—the world is only as small as you make it, so I know it will be unlimited for each of you. To my parents and husband—there will never be adequate words.

**From Dr. Michele L. Dugan-Day**

I would like to acknowledge the staff at the School of Social Work, Linda Steinshouer and Veronica Morris, and the administrative team, including Regina Russell and Jannette Eldred. This administrative team makes it possible to meet responsibilities and have some energy remaining for creativity. I would like to thank my husband, Scott, for being with me on this journey and many others as we have taken turns over the years keeping the home fires burning.

**From Dr. Joan C. McClennen**

This textbook is my last professional work at Missouri State University. I am retiring from the noble profession of teaching. The future efforts toward educating students in the profession of social work and in providing further educational information to the public are turned over to the capable hands of my two colleagues, with whom I have been honored to serve—Dr. Michele Dugan-Day and Dr. Amanda Keys. I wish them, and you, much success in your worthy endeavors of reducing violence in the homes of our citizens.
Conservative annual estimates suggest that 4 to 9 million people are the victims of family violence and 171 million (or 60% of the population) are at risk of violence. The estimated cost of these acts of violence to taxpayers easily exceeds $1 trillion a year (Dubble, 2006; Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). Family violence affects everyone, either directly or indirectly.

In this book, attention is given to child maltreatment, intimate partner violence, and older adult abuse. Although these three categories are discussed separately, they are interconnected. Adults who were abused as children have a high probability of becoming abusive parents, victims, or perpetrators themselves in abusive intimate relationships. Although far from inevitable, the pattern of intergenerational violence affects millions of families annually (Hurley & Jaffe, 1999). Furthermore, families may be affected by multiple forms of violence occurring simultaneously.

This chapter introduces family violence and the general perspective from which the book is written. Its theories, values, and contents are based on the family health perspective, the National Association of Social Workers’ (NASW) Code of Ethics (2008), and accreditation materials from the Council on Social Work Education.

**CATEGORIES OF FAMILY VIOLENCE**

Child maltreatment or *child abuse* includes any nonaccidental injury to a child by an adult and, according to the federal Child Abuse Prevention and Treatment Act (CAPTA), is categorized as physical, sexual, and/or emotional abuse as well as neglectful acts (Massey-Stokes & Lanning, 2004). Over 3.3 million reports of abuse are made annually in the United States, representing an estimated 905,000 children as victims, or 12.1 victims per 1,000 children. Every day four children die as a result of child abuse (Child Maltreatment Report, 2006).

*Intimate partner violence* (IPV), commonly referred to as *domestic violence* (DV), is any act of commission or omission against an intimate partner using a complex pattern of physical, sexual, psychological, and/or economic behaviors devised and carried out to control and abuse a partner (Healey, Smith, & O’Sullivan, 1998). In the United States, more than one in three women (35.6%) and more than one in four men (28.5%) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011).

*Older adult abuse*, also referred to as *mistreatment of older adults* (Lithwick, Beaulieu, Gravel, & Straka, 2000) and *elder mistreatment* (Loue, 2001), is “any
knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult” (National Center on Elder Abuse, n.d.), occurring to individuals 60 years of age and over. These acts can occur in the person’s home or in an institutional setting. Older adult abuse includes at least seven common types: physical, emotional or psychological, sexual, financial or other material exploitation, abandonment, neglect, and self-neglect (Jogerst et al., 2003). Although statistics and definitions of older adult abuse vary, it is estimated that every year, 600,000 older adults are the victims of older adult abuse (Teaster et al., 2006).

**FAMILY HEALTH PERSPECTIVE**

The *family health perspective* (Pardeck & Yuen, 1997), the foundation for this book, defines a family as a system of two or more interacting persons who are related by ties of marriage, birth, adoption, or personal choice, and have committed themselves to each other as a unit for the common purpose of promoting the physical, mental, emotional, social, cultural, financial, and spiritual growth and development of each unit member. This definition goes beyond the traditional definition of a family as a husband and wife with children. Family is self-defined by the individual as to whether the other members are human, animal, and/or deceased individuals who form the person’s personally defined family.

The family health perspective is based on an integration of the biopsychosocial and ecological perspectives, systems theory, social constructionist theory, and postmodernity (Pardeck & Yuen, 1997). It emphasizes the importance of focusing on clients’ total well-being (physical, psychological, mental, spiritual, financial, social, and cultural), allows clients to interpret their own levels of health, and stresses the importance of understanding clients as they influence and are influenced by their families and society.

Components of the family health perspective (i.e., systems theory and the ecological approach) are concerned with humans as they interact with each other and the world around them. The ecological approach assumes that the environment is embodied by living and dynamic interactions, whereas social systems theory assumes that the environment also includes inanimate operations (Kirst-Ashman & Hull, 2009). These theories apply to interventions that take place at any level (micro, mezzo, or macro); thus, they help social workers to integrate those therapeutic approaches that are most appropriate for their clients and to attend to environmental policies and planning activities that will enhance their clients’ total well-being.

Other components of the family health perspective (i.e., the social construction theory and postmodern perspective) emphasize the ability of individuals to interpret their own reality and the celebration of diversity. These theories are in keeping with the profession’s values of the dignity and worth of all persons and the importance of human relationships. These values are reflected in the NASW’s *Code of Ethics* as to self-determination (Standard 1.02) and cultural competence (Standard 1.05).
The commitment to clients (Standard 1.01) as well as to social and political action on behalf of vulnerable populations (Standard 6.04) align the family health perspective with the National Association of Social Workers’ Code of Ethics. It provides the values, ethics, and conduct to be adhered to by social workers, among which is the commitment of service to help families experiencing family violence. These values and ethics have been adapted into principles congruent for social work within the area of family violence (Exhibit 1.1).

### EXHIBIT 1.1 SOCIAL WORK CODE OF ETHICS: VALUES, ETHICS, AND PRINCIPLES AS APPLIED TO FAMILY VIOLENCE

<table>
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<tr>
<th>Values</th>
<th>Ethics</th>
<th>Principles</th>
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<tr>
<td>Service</td>
<td>Social workers’ primary goal is to help people in need and to address social problems</td>
<td>Social workers will use their knowledge, values, and skills to address the social problem of family violence (FV). They will sometimes provide this help with no expectation of remuneration</td>
</tr>
<tr>
<td>Social justice</td>
<td>Social workers challenge social injustice</td>
<td>Social workers will pursue necessary changes on all systems levels on behalf of victims and perpetrators of FV. These change efforts must be adapted so as to be culturally sensitive. While assisting in this endeavor, social workers are to empower clients for self-advocacy and to assure clients’ equal access to information, services, and resources for discontinuing FV</td>
</tr>
<tr>
<td>Dignity and worth of the person</td>
<td>Social workers respect the inherent dignity and worth of the person</td>
<td>Social workers treat each person, including victims and perpetrators of FV, in a respectful manner. Interactions are to be culturally sensitive. Social workers promote victims’ self-determination and seek to empower victims and their families’ abilities to meet their needs toward obtaining total well-being</td>
</tr>
<tr>
<td>Importance of human relationships</td>
<td>Social workers recognize the central importance of human relationships</td>
<td>Social workers value relationships between and among victims of FV, their perpetrators, and professionals. Social workers seek to strengthen these relationships and to enhance the helping process of promoting, restoring, maintaining, and enhancing the well-being of FV victims and their families</td>
</tr>
<tr>
<td>Integrity</td>
<td>Social workers behave in a trustworthy manner</td>
<td>Social workers act in a manner consistent with the Code of Ethics and will, thus, be honest and responsible in working with clients experiencing FV</td>
</tr>
<tr>
<td>Competence</td>
<td>Social workers practice within their areas of competence and develop and enhance their professional expertise</td>
<td>Social workers will increase their knowledge and skills for assisting victims of FV and their families. They will use literature in professional journals as well as other resources for maintaining and improving their professional competence in this area</td>
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SOCIAL WORKERS AND FAMILY VIOLENCE

With their professional mission to serve vulnerable populations—which is inclusive of children, women, and older adults—social workers are at the forefront of the effort to eliminate family violence. According to CAPTA, social workers are legally mandated to report abused and neglected children (Herman, 2007) to Child Protective Services (CPS), and according to the Older Americans Act, they are legally mandated to report abused older adults (Roby & Sullivan, 2000) to Adult Protective Services (APS). Failure to comply with these mandates can result in expulsion from the profession, loss of licensure, and both criminal and civil action. In consideration of these responsibilities, social workers must be adept at assessing and intervening for victims of family violence as well as ensuring perpetrators of such violence receive appropriate intervention to preclude further acts.

These assessment and intervention processes are assisted by the family health perspective, with its fluid definition of a family, evaluation of all aspects of the family’s health, and consideration not only of the family interactions but also of the family in relation to all levels of systems, even into the global community. Assessment of families can be in relation to their physical health (Wu et al., 2004), emotional health (Russell, Lazenbatt, Freeman, & Marcenes, 2004), mental health (Stipanicic, Nolin, Fortin, & Gobeil, 2008), spirituality (Sadler & Biggs, 2006), financial status (Kaushal, Gao, & Waldfogel, 2007), social relationships (Woods & Kurtz, 2007), and cultural issues (Roby & Shaw, 2006). Family assessment instruments continue to be developed in efforts to help professionals to determine the risk of maltreatment (Dorsey, Mustillo, Farmer, & Elbogen, 2008). Deciding when to act and what action to take requires social workers to use critical thinking, which integrates values, ethics, policy, and research (Gray & Gibbons, 2007). The family health perspective provides this foundation for taking the appropriate action.

SUMMARY

Despite increased attention to the assessment and intervention as well as countless federal, state, and local efforts to stop family violence, its existence seems perpetual—perhaps indicative of increased reporting, inadequate funding, and an endemic culture of violence.

Social workers are committed to help vulnerable populations, which include the victims of family violence. By law, social workers are mandated to report suspected abuse and neglect of children and older adults. By their professional code of ethics, they are responsible for being knowledgeable on various aspects of family violence, thus enabling them to help victims and their abusers. Social workers are joined by dozens of other kinds of professionals in their efforts to prevent and intervene in family violence for the enhanced well-being of all.
Minnesota Vikings running back Adrian Peterson says he never intended to hurt his 4-year-old son when he hit him with a tree branch. But experts in childhood development said the intent does not matter—striking a child is never appropriate.

“We do have to respect other people’s cultural points of view, but the law is very clear and the research is very clear,” said Kimberly Sirl, a clinical psychologist at St. Louis Children’s Hospital. “Spanking doesn’t work, and it just makes kids mistrustful and aggressive. What we’re teaching them is fear rather than responsibility and problem-solving.”

Peterson was reinstated on Monday to the Vikings 2 days after being charged with child abuse. A prosecutor in Texas, where the running back has a home, said that the child had cuts on his legs and bruises on his back and buttocks from the incident last May. Peterson indicated in social media that he also inadvertently struck the child’s scrotum. The injuries were discovered during a routine medical exam.

“I am not a perfect son. I am not a perfect husband. I am not a perfect parent, but I am, without a doubt, not a child abuser,” Peterson said in a statement on Monday. “I am someone that disciplined his child and did not intend to cause him any injury.”

Most parents who use physical punishment do not intend to harm the child, said Deborah Sendek of the nonprofit Center for Effective Discipline in Ohio.

“Parents are looking for what works—‘How can I be a disciplinarian, how can I teach the child right from wrong and hold them accountable?’” Sendek said.

Peterson also used a common argument in defense of corporal punishment by saying he received the same form of discipline as a child. More than 90% of American parents report physically punishing their child at some point, and most of them were spanked as children. Many parents have publicly supported Peterson by saying they consider themselves good citizens despite or even because of physical discipline they received as children.

Child psychologists and prosecutors hear that argument often. They point out that it also used to be acceptable for kids to ride bikes without helmets or ride in cars without car seats. Even in families and cultures where corporal punishment is the norm, parents can decide to end the pattern of violence toward children, experts said.

“It takes a strong person to take from our parents what was good, and throw away what wasn’t the best,” said Dr. Kathleen Berchelmann, a pediatrician at St. Louis Children’s Hospital.

Berchelmann said she occasionally spanked her oldest child years ago but has since banned the practice in her own home. The topic is one of the most controversial in pediatrics because most parents are trying to do what’s best for their children, Berchelmann said.
Corporal punishment of a child by a caregiver is legal in every state, but it crosses the line to abuse when a child is injured. Doctors and teachers are required to report to authorities any marks, bruises, cuts, or other injuries inflicted on a child. A switch, or tree branch, as Peterson used, could be considered a weapon under the law in most states.

But when talking to most parents about more typical swatting, “it’s not very effective to say it’s child abuse,” Berchelmann said. “I choose to highlight the fact that corporal punishment brings an immediate and effective behavior change but is not effective in teaching long-term self-discipline and values.”

In 19 states, including Missouri, corporal punishment is legal in public schools. In the most recent data available, Missouri ranked in the top 10 states for use of corporal punishment in schools, with more than 5,000 students receiving a physical discipline in 2006, according to a report from the U.S. Department of Education. The state still allows individual school districts to set their own rules. Local doctors said they were not aware of any recent cases of spankings in area schools.

The American Academy of Pediatrics opposes spanking because research shows it results in long-term aggression in children.

“The more children are spanked, the more anger they report as adults, the more likely they are to spank their own children, the more likely they are to approve of hitting a spouse, and the more marital conflict they experience as adults,” a statement from the group says.

The American College of Pediatricians takes a more moderate view by approving of “appropriate spanking” for children aged 2 to 7 years when milder forms of discipline have failed. “Appropriate” is defined as a couple of swats to the child’s clothed buttocks as a planned, not angry, reaction that does not leave a mark.

It is better to praise and reward good behavior than physically punish for bad behavior, experts agree. Kids should have rules and expectations for their behavior based on three simple concepts, said child psychologist Sirl: to keep them safe, to keep them healthy, and to help them get along with others.


DISCUSSION QUESTIONS

1. What are your opinions about spanking a child?
2. Your client is a mother who left bruises on her child from discipline. How would you work with this woman when she states that she disciplined her child the way she was disciplined?
3. Imagine that you are told by your clients that the school spanked your child, but they do not believe in spanking. Address this situation on the micro, mezzo, and macro levels.
KEYWORDS

Child abuse
Domestic violence
Family health perspective
Intimate partner violence
National Association of Social Workers’ (NASW) Code of Ethics
Older adult abuse

REFERENCES


Gray, M., & Gibbons, J. (2007). There are no answers, only choices: Teaching ethical decision making in social work [Electronic version]. Australian Social Work, 60(2), 222–238.


