



# Building Bridges: Training Social Work Students in Domestic Violence Work

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The pervasive nature of domestic violence in American society is clear. One in four women in the U.S. reports experiencing violence by a current or former partner at some point in her life (Center for Disease Control, 2008). Domestic violence is a chronically underreported crime (U.S. DOJ, 2003); many acts of coercive control within relationships may fall outside traditional legal definitions of abuse. Yet this crime has serious and lasting physical and mental health effects on women, men and children across the lifespan (Tjaden & Thoennes, 2000). All social workers will work with survivors regardless of their setting or treatment modality (see Danis, "[Domestic Violence: A Cross-Cutting Issue for Social Workers](#)").

Many domestic violence programs have internships for social work students, increasing the capacity of the field to respond to the complex needs of survivors. These social work field placements in domestic violence advocacy settings present challenges for students to connect the experiences and lessons of social work clinical internships to the content and theories presented in the classroom, where relatively little time is focused on domestic violence dynamics and interventions. This article will describe how social work concepts, such as the empowerment approach, are "made real" in Passageway, a domestic violence program based in a Boston hospital. Over the course of a two-day orientation, social work interns are introduced to central concepts (empowerment approach, ecological perspective, trauma theory) and key foundational knowledge of domestic violence dynamics and interventions. Quality clinical supervision helps interns work through the dilemmas involved in applying knowledge and theory in practice. The Passageway program takes care to embody the social work value of empowerment through collaborative supervision, collegial staff meetings, an intern group, and consultative interactions with the larger hospital. This description of the Passageway internship will incorporate responses from intern evaluation of the training and its fit with their academic courses. The most important implication of student feedback is the need for greater collaboration between schools of social work and domestic violence internships, with an eye to increased understanding of domestic violence as a social work issue. We envision this occurring not only through

collaborations with field education departments but also through joint curriculum development and intergroup dialogue about dilemmas in domestic violence practice.

## **Passageway: Hospital-based Domestic Violence Intervention**

### **The Passageway Program**

Passageway is a hospital-based domestic violence program that provides advocacy and counseling to survivors of intimate partner abuse. The program is based at Brigham and Women's Hospital, a large teaching hospital in Boston. The program serves approximately 1,000 new clients a year, representing a wide range of ethnic backgrounds, ages, and stages of relationships. Passageway serves both men and women, though the great majority of clients are women. This aligns with prevalence statistics regarding domestic violence victimization which estimate that 85% of domestic violence victims are women (Bureau of Justice Statistics, 2001). Clients are both patients and employees of the hospital, and members of the surrounding community. Services are voluntary, confidential, and free of charge, tailored to each client's individual needs. The program offers crisis intervention and ongoing supportive counseling. No diagnostic work is conducted, and because managed care is not a factor, clients have the option to remain engaged with services as long as they are needed and deemed appropriate. At the cornerstone of all services is continual risk assessment, safety planning, and an effort to widen a client's support network through intensive case management and connections with collateral agencies.

### **Social Work Internship**

The program began accepting graduate social work interns shortly after its inception in 1997. Passageway has sites at the main Brigham and Women's campus, Brigham and Women's Faulkner Hospital (an affiliated community hospital), and Southern Jamaica Plain Health Center. Students are placed at any of the three sites, with some students splitting time between two settings. Both Passageway and partnering field education administrations concur that only second-year students should be considered for this placement experience, given its demanding content and fast-paced setting. Over the last decade, both Passageway and its internship program have grown exponentially. Area schools of social work now routinely report that they view Passageway as a rigorous and challenging field placement experience for their students. Social work interns are expected to fulfill the role and duties of a staff advocate once they are trained, and to participate in all aspects of the Passageway advocate role. Interns typically carry the on-call program pager one day a week, responding to all new requests for services that the program receives that day. New referrals could include in-person responses to the Emergency Department or Primary Care Clinic to talk about shelter options with a patient, visiting a patient on an inpatient medical service to discuss removing an abusive partner from a health care proxy, responding to a phone call from a caller looking for legal assistance in her ongoing custody proceedings with an abusive ex-partner, or connecting with an employee who is not currently seeking to end her relationship but has safety concerns and is looking for support. While many interactions with clients are short term and based primarily around risk assessment, safety

planning, information and resource sharing, and referrals, the majority of referred clients maintain some contact with the program in the months following their referral. Roughly a quarter of newly referred clients will want to engage in more ongoing services. Interns will therefore carry an ongoing caseload of 10-30 clients engaged in ongoing services, ranging from periodic phone check-ins to weekly counseling sessions. Ongoing advocacy cases generally take the form of supportive counseling with ongoing risk assessment and safety planning integrated into the work. Interns collaborate with internal and external collaterals as appropriate to the situation and as requested by the client. Interns and clients then set mutually agreed upon goals for the advocacy work. Interns also provide consultation as requested by other health care providers, acting as internal sources of expertise on domestic violence dynamics, interventions, and resources.

### **Orientation**

The two-day orientation for social work interns at Passageway begins by presenting domestic violence definitions and prevalence statistics, then continues with a discussion of social work concepts central to domestic violence practice. The goal of the orientation is to supplement concepts offered in schools of social work curricula, and to begin to integrate them with practice realities. At orientation, a brief overview of concepts central to domestic violence practice – the empowerment approach, the ecological perspective and liberation health model, and trauma theory – is presented.

## **Social Work Concepts**

### **Empowerment Approach**

Domestic violence work is based on models which uphold client self-determination, especially the strengths perspective and an empowerment approach central to feminist theory. Interns are given readings which support these models. The importance of using a strengths perspective in family violence work was emphasized by Bell (2003) in her qualitative study on secondary trauma with counselors of battered women. Bell writes that for settings to succeed in embodying a strengths perspective they must acknowledge that “people have strengths, that they are experts in their own experience, and that relationships of collaboration, rather than hierarchical power, assist in identifying and building those strengths” (2003, p. 520). Saleebey (1996) adds, “The power to name oneself and one’s situation and condition is the beginning of real empowerment” (p. 303).

The empowerment approach employed at Passageway is inherently challenging, especially for new practitioners. The practical application of empowerment in a domestic violence advocacy setting will, by its nature, involve an ongoing tension between the worker’s wish for the client’s safety, and the practical realities of the client’s life, with all the ambivalence that typically attends abusive intimate partnerships. Quite often in the work of domestic violence advocacy, a client will make a choice to return to an abusive partner, initiate contact with a partner against whom they have a restraining order, or make other choices that compromise their safety. In these instances, the social worker offers non-judgmental support, engaging in ongoing discussions about risk and safety planning, and

remaining engaged with the client. The social worker can speak about concerns for the client, but in a non-judgmental way that always leaves room for the client to disagree and honors the survivor as the expert on her situation. The work is to walk with clients through their process, offering support, guidance, and a safe environment in which to explore options that are fraught with emotional meaning and practical implications.

### **An Ecological Perspective and the Liberation Health Model**

An ecological perspective is also central to family violence practice (Heise, 1998). Domestic violence advocacy programs are rooted in the socio-political perspective of the battered women's grassroots movement of the 1970s (Schechter, 1982). While a social justice perspective is central to the mission of the social work profession, some have criticized social work education for straying from this approach, towards a greater emphasis on individualized private practice psychotherapy models (Specht & Courtney, 1994). In 1998, O'Keefe & Mennen discussed the ecological approach to family violence practice and criticized the medical model for re-victimizing domestic violence clients. They said:

Focus on psychiatric diagnosis obscures the fact that violence was the causal factor in the development of symptoms. The client is defined by a diagnosis rather than as a person responding to victimization...The task [in social work education] is to help students recognize the value and timing of advocacy. They may be reluctant to employ advocacy with clients due to fear of creating dependence or a belief that 'psychotherapy' is more valued and does not include advocacy. (p. 83, 94)

Many schools remain appropriately committed to the ecological perspective where assessment is multi-systemic, focusing less on the client's emotional issues than on family dynamics, culture, economic and social barriers and supports, and legal and policy issues. Based on this assessment, intervention plans should include not only supportive counseling but also case management, legal advice, and advocacy. The liberation health model further broadens students' perspectives by asserting that the presenting problems of any person in an oppressed position are largely because of that oppression (Moane, 1999). Paulo Freire asserts the need to analyze a person's problem on three levels: personal, cultural and institutional. In his 1970 writings in *Pedagogy of the Oppressed*, he discusses the need for oppressed individuals to take action to change their conditions. Although the liberation health approach sees individual transformation as important, the core of the approach lies in the importance of being part of a collective and finding solidarity with those who are similarly subjugated. This theoretical model also affirms the importance of clients being seen as experts on their own lives, and calls for the social worker and client to be equal participants in the work, honoring the client's expertise. The liberation health model is congruent with domestic violence practice because of its survivor-centric approach, its commitment to integrating a social justice approach, and its scrutiny of the ways in which institutional factors contribute to the continued epidemic of social issues such as domestic violence.

## Trauma Theory

One of the dilemmas encountered by social work interns is how to apply the trauma theory that they may be learning in school. The potential for confusion seems rooted in the basic instruction of trauma theory: that it is crucial that safety be established with a client *before* getting into details of traumatic history (Herman, 1992). In direct contrast, we are teaching our Passageway interns to do thorough risk assessments in the first few moments of meeting someone, and in fact to get as many details of the traumatic incident as possible. This is always with attention to simultaneously building as safe a connection in which to do so and with clinically-informed training on *how* to do so.

Yet the ongoing nature of domestic violence can present challenges to the application of trauma theory. Treatment in trauma centers or in mental health centers is phase-oriented: clients move through stages such as stabilization, remembrance and mourning, and integration. Some therapists believe that obtaining detailed information early on about their trauma may be destabilizing to the client. Moving through these stages of trauma toward healing is a goal that many of our Passageway clients share. However, because safety is also likely threatened in a very immediate way, advocates are trained to first attend to this through the gathering of information that will inform the ongoing safety planning process. The more traditional trauma framework students are learning about in their classrooms may feel more applicable at Passageway when the client is no longer in immediate danger and is engaged in ongoing work. Again, clinical supervision aids students in the delicate process of blending the principles of trauma-informed counseling and domestic violence advocacy.

## From Theory to Practice

After interns are presented with relevant theories, orientation moves to mastering the skill sets of risk assessment and safety planning. Directly after risk assessment principles are taught, an exercise is conducted in which students are required to go through a sample affidavit from a mock-up restraining order and identify various risk factors. The rapid flow from conceptual to practical application is an intentional departure from the more theoretical discussions students may be accustomed to from academic coursework. From the beginning, the idea that concrete practical tasks are an integral part of the advocacy role is introduced. This method aligns with a problem-based learning style in social work education that “. . . can potentially reinforce the profession’s core paradigms, including the person-in-environment orientation, self-determination, and empowerment perspective, the advocacy for social justice, and a multisystemic approach to society’s most complex and inscrutable problems” (Tuchman & Lalane, 2011, p. 331).

Interns also learn about the many ways in which domestic violence affects children, elders, and especially vulnerable populations, including LGBT individuals, disabled persons, people with substance abuse issues, and those with major physical or mental health issues, and the intersection of these vulnerabilities with domestic violence. Speakers from local community shelter programs and batterer

intervention programs give interns an insider perspective on both. Students are given an overview of how legal issues present in domestic violence work. Case examples are used consistently throughout as a means of further instruction, but in a way that deepens the discussion rather than training specifically on the way the program responds to referrals. For instance, orientation will teach about mandatory reporting laws, ways in which involving protective services can affect the clinical relationship, and safety concerns in doing so, but instructors will not talk specifically about the Passageway procedures for filing a 51A. Separating the information in this way has been a successful strategy to teach a large, complicated amount of information in a relatively short amount of time. Orientation ends with training on self-care that acknowledges the potential for secondary traumatization in this work and the vital role of self-care practices.

Orientation then moves from teaching of concepts and relevant information to practice applications. In their study on the merging of a domestic violence-specific course and real-world practice experience, Buttell and Carney (2007) concluded that:

[For] the same reasons that students are required to complete a field placement while they are simultaneously completing coursework in social work, it appears to be important that students engage clinically with clients experiencing domestic violence at the same time that they are learning content, assessment, and intervention techniques. (p.82)

Interns move from doing exercises during orientation, to shadowing staff, to developing their own caseload. Once the two-day intensive series of orientation sessions is complete, interns immediately begin shadowing staff advocates as they respond to referrals, to get a sense of the work in real time while also learning about it on a theoretical basis. Student learning is further augmented throughout the first month through additional blocks of instruction and discussion time with the training director, individual clinical supervisors, and staff advocates. After the first month, interns begin to pick up an increasing number of ongoing cases.

### **Support: Supervision, Teamwork, and Consultation**

Clinical supervision plays a vital role in the training of clinical social work interns in that it provides one singular hub for processing, feedback and learning for all of these issues, as related to both specific case work and more global themes. Supervision provides guidance in learning particular social work skills. Finally, it is where interns can experience the integration of micro, mezzo and macro skills, of clinical practice and advocacy in real-life situations. As a student put it, "Those moments when we were able to...bridge the difference in advocacy work and theory were really helpful."

## **A Safe Space**

Domestic violence work is difficult: interns can experience stress ranging from feelings of incompetence to actual vicarious traumatization (McCann & Pearlman, 1990; Baird & Jenkins, 2003). The supervisory relationship is crucial in creating a safe space for students to share their feelings. Process recordings provide an excellent forum to give feedback and elicit discussion on these themes, providing a “safe” sounding board to test out practice skills and talk through different decisions made. One intern said, “I [appreciated] the attention to my own feelings in session with the client and all the ways I wanted to control the situation...acknowledging what I was feeling in a session, whether I was afraid for them, sad for them.” Supervisors expect this process to be challenging, and at times uncomfortable. At the beginning of placement, process recordings can help to pinpoint and alleviate interns’ feelings of confusion or impotence. In particular, students are asked to pay attention to and reflect on the potential discrepancy between their goals for the client and the client’s expressed desires about their own situation.

In one example, a student wrote about an interaction with a client where the client reported that things were going much better with her abusive partner and that she felt he had truly changed. The student then challenged the client, asking her if she worried that the change might not stick and commenting on how difficult it might be if her wish that this change might be permanent is not fulfilled. The student reflected in the recording on being unsure if she was “pushing [the client] too hard” and wondered about her goal of getting the client to engage in safety planning, despite what she perceived to be some resistance to this process on the part of the client. The supervisor then commented back to the student on the recording that her concerns were normative and valid. The supervisor asked in what other ways the student might have responded to the client’s initial report about her relationship, and how the client may have perceived her challenging comments in that moment. The supervisor also wondered with the student about how she might go about being more collaborative in the process of goal setting with the client, so that the student’s wish for the client’s participation in the safety planning process would not negatively affect the client and the mutual work. In several places in the recording, the supervisor proposed questions for further discussion in individual supervision so that the larger themes would become ongoing conversations about the nuances of domestic violence advocacy. Reflection and supervision on how to integrate the dissonance that can often arise between the client’s and student advocate’s goals are vital to supporting an intern’s learning.

Empowering the intern does not necessarily mean refraining from direct advice. Social work educators – professors and field instructors alike – often encourage interns by letting them know that there is seldom one way to solve a problem, and that there is seldom a right or wrong intervention. However, students often find in domestic violence work that, especially at the beginning of the relationship, there are in fact “right” and “wrong” answers, and knowing these answers can often have a direct impact on a client’s situation. An intern’s client may ask in the first few minutes of their meeting, “Can I get this restraining order extended? Where do I need to go? Will my partner

be there? What happens if I don't go?" These questions all have concrete answers that are crucial to a client's safety. At the beginning of an internship in domestic violence, interns can become anxious because of the risks involved. Provision of direct advice by the field instructor can potentially build an intern's initial confidence in an anxiety-provoking situation. As this is often not a knowledge base with which an intern enters the program, the learning curve is steep and fairly rapid, and the material must be integrated quickly. Once this learning is incorporated, it is again the responsibility of the intern to be able to deliver and process this information in a clinically appropriate manner.

In domestic violence agencies, interns assume a wide variety of social work roles, from counseling to case management and advocacy to consultation. They develop skills in competencies like critical thinking, engagement of diversity, application of knowledge about human behavior and the social environment, and engagement with individuals, families, groups, organizations, and communities. In practice, interns learn firsthand about the dilemmas of implementing various theories in work with domestic violence survivors, addressing in particular the application of ethical principles and the definition of the social work role. One of the major functions of the field instructor is to help interns grapple with these dilemmas in engagement, assessment, goal-setting and referral or intervention. Though they are not traditional psychosocial assessments, the assessment process an intern does with clients at Passageway is thorough, comprehensive, and of tremendous clinical relevance. Core clinical skills, such as engagement, reflective listening, and validation, build a foundation for engagement, assessment, and goal-setting. Students have often commented that, in the beginning of their time at Passageway, risk assessments appeared to be simple flow chart or checklist tools. However, students are instructed to use these assessments as the foundation for a deeper dialogue that will foster an ongoing clinically supportive relationship. Supervisors teach students to remember that our clients have managed their situations, however high-risk, before they were connected to Passageway, and to begin any process of safety planning by asking what strategies the client has been using to stay safe. Interns make referrals to other agencies to increase clients' support networks and access to resources, yet they are advised to be aware of the potential risks of escalation that any intervention can have – that calling the police, getting a restraining order, involving protective services, or seeking help of any kind can all have unintended negative outcomes. We train interns to be mindful not to recreate a dynamic of power and control in the relationship; while advocates may talk openly with clients about a wish for their safety and the belief that everyone deserves to live free from abuse, they must also work with the realities of the many barriers clients face in leaving abusive relationships, chief among them strong feelings of ambivalence. By coaching students to see the survivor as the expert on their own batterer and safety, they learn to practice their advocacy skills within a true empowerment model, working through their own discomfort with the choices clients may make. This is all in the service of creating an ongoing therapeutic alliance with a survivor that provides steady non-judgmental support, access to information and resources, and expertise about the dynamics and systems affecting their lives.

### **Skill-based Interventions**

To successfully place domestic violence advocacy work in a professional social work context, it is also important for interns to understand that clinical practice involves a wide variety of interventions. Lyter and Smith (2004) state that, "The definition of 'clinical' should be reinforced and defined as inclusive of psychotherapy, clinical case management, and problem solving" (p. 40). Field instructors in the Passageway program teach interns how to apply concepts such as empowerment in intervention as well as assessment.

Students are taught to consider bringing educational tools into advocacy work, such as the [power and control wheel](#). This tool is helpful in globalizing the issue of domestic abuse by portraying the dynamics and cycles of abuse and giving clients perspective on their relationships by placing their experiences in the context of a power and control dynamic common to all abusive relationships. A correlated intervention which we coach students to use is the creation of a client's "own" power and control wheel. We have found the original wheel to be tremendously helpful in validating experiences and contextualizing abusive behaviors. This conversation can be deepened by inviting clients to reflect on the specific ways power and control affect their own lives, and how the traditional wheel does and does not reflect their experience. A fruitful process can take shape when we ask clients to consider what words they would choose to describe the dynamic of their own relationship. Many respond that while power and control are a part of their relationship, they might choose other words, for example, "lack of respect and cruelty," to put at the center of their "own" relationship wheel. This process can be a potent way to guide and continue a progression of insight and growth for a client in advocacy work.

Empowerment is not just an individual process; it is collective empowerment that moves clients to confront and master their oppression (Freire, 1970). To that end, we have always found that the strength and influence of group work in domestic violence work is extremely powerful. Groups at Passageway range in modality, length, and structure, depending upon what our evaluative feedback from clients cite as helpful and needed. We have worked to expand our group "menu," which includes more traditional 10-12 week cycle closed models, curriculum-based groups, topically based forums (for example, workshops on legal interventions and self-care), and alternative modalities such as writing groups and other creative projects. At the core of our group approach is the belief that finding solidarity and strength in common experiences is an extremely effective path for gaining support and healing from abuse. We intentionally do not separate groups based on "relationship phase." A client who has been separated from an abuser for two years and is in the process of divorce can provide support for a client who is merely contemplating the abusive dynamics of her relationship. Conversely, it is our job as facilitators to help this newer client in the process of providing important mutual support to the client who is "further along" in the process of reaching her goal to leave her abuser. Our interns are trained to facilitate groups during their time at Passageway by observing sessions, utilizing process recordings, and ultimately playing a key role in co-developing and facilitating a cycle and/or workshop. Parallel to the effectiveness we see groups offer to our

clients, we believe intensive involvement in group work for our interns is an excellent and integral part of their learning and clinical development.

One important intervention skill with which interns are typically unfamiliar is consultation. As advocates, interns are invited into situations by medical providers or, more often, social work colleagues, to provide both consultation and direct intervention, and are essentially seen as the expert on the difficult issue with which this patient is dealing. They begin any conversation with a referring provider with the simple question of whether the patient wants to be seen by a Passageway advocate. A tension can begin right in that moment. The basic questioning of what a client wants is at the very core of the empowerment model. Yet being situated in a health care setting, where the power differential between patient and provider is immediately evident, and interventions of all kinds are routinely “ordered” as part of patient care, makes beginning with this inquiry somewhat unusual. This tension only deepens in cases where it becomes clear that the patient either is reluctant to accept our involvement or does not want to follow the care team’s recommendations.

For example, a social work colleague calls to refer a patient who has been severely assaulted by her husband, and the assessment shows the risk level is high. The social worker lets the intern know that the patient is open to a Passageway referral, and offers her opinion that the intern should start working on options for shelter right away. The intern responds, and in the course of the conversation with the survivor, learns that the patient actually wants to return home to her husband, whose abuse she attributes to his mental health issues and substance use. The intern must carefully walk a line of providing an empathetic non-judgmental response, while also ensuring she is doing all she can to offer tangible safety planning in the event a future escalation occurs. Then the intern must go back to the medical team to report on what she has done. In Passageway’s view, the client may have safety planned extensively, and based on the principle of self-determination, the intern may determine that it is completely appropriate for the client to leave the hospital with her stated plan. Yet the medical team which has treated her injuries and has become invested in the idea of her leaving her abusive relationship may need the intern to explain how the interventions she provided are valid and why the patient’s wishes guided the course of action, despite leaving the patient at risk of further harm.

Interns are guided on how to carefully explain the empowerment approach we utilize to other providers, including the many tangible reasons that urging a client to do something she is not ready to do can actually have unintended dangerous outcomes. Perhaps most importantly, we coach students to offer examples of our clients making change in their lives on their own terms.

### **Social Work Values in the Placement Agency**

The work environment in which domestic violence advocates operate plays a key role in mitigating the effects of secondary traumatic stress, through the provision of formal and informal structures for connection and support. In a study surveying 148 domestic violence advocates on workplace risk and

protective factors related to secondary traumatic stress, Slattery and Goodman (2009) identified three factors central to the psychological well-being of trauma workers: social support, clinical supervision, and access to power. Our work settings also need to strive for balance and equity, inviting all voices at the table to be heard. At Passageway, workplace support for interns is provided not only through quality clinical supervision, but also through teamwork and collegial dialogue, and the opportunity to provide expert consultation within the wider health care setting.

## **Team Support and Ongoing Collegial Dialogue**

### **Equal treatment**

Consistent with Slattery and Goodman's (2009) findings about the importance of shared access to power, we have found it extremely important for our interns to enjoy an equality of treatment in both their responsibilities and level of invited input from the beginning of their experience at Passageway. As Slattery and Goodman's (2009) study stated:

The finding that shared power was the critical protective factor contributing to the well-being of domestic violence advocates supports the ideas from early feminists in the battered women's movement concerning the central role that empowerment plays in the work, not only for battered women but also for the individuals who do the work and the organization that provides the service. (p. 1371)

Passageway interns are asked to perform all tasks a staff advocate would perform, and are given an equal seat at the table in terms of taking on early independent learning relatively quickly. Interns are also asked to both give to, and elicit input from, their fellow team members on clinical and programmatic issues. This flow of conversation is vital to the realization of the interns' roles at Passageway, and adds significant support to bridging their field and academic experiences. One former student commented, "As the year progressed, the team as a whole kept discussing how risk assessments and safety planning are ongoing conversations, rather than assessments that are simply completed at the start of a clinical encounter."

### **Intern group**

Consistent with messages regarding the usefulness of support from the team as whole, a recent addition made to the internship program invites our group of interns to meet on a bi-weekly basis to process their internship experience and provide peer support to one another. Providing a structure for this peer-led forum is one of several ways we aim to acknowledge that interning at Passageway is a unique and varied experience that likely will feel somewhat different from their fellow students' internships. The intern group also provides mutual support for interns in a potentially stressful learning process. One intern said, "I really enjoyed peer supervision with the other interns, because they understood the unique position we were in."

## **Domestic Violence Practice in a Medical Setting**

Passageway is fortunate to operate in the context of the Brigham and Women's Hospital (BWH) community, which has provided consistently strong institutional support to the program from its inception. Being positioned, as Passageway is, in the Center for Community Health and Health Equity (CCHHE), the program is able to maintain connections to clinical areas throughout the hospital in the course of day-to-day clinical work. Passageway is also able to take a more preventative stance through collaboration with other CCHHE programs focused on health disparities, birth equity, and youth and community violence. Passageway has always centered on the idea that our goal is not to just have individual Passageway advocates responding to survivors of domestic violence in our system, but to continually strengthen the BWH institutional response to domestic violence through ongoing training of providers throughout the system. To that end, clinical staff are required to complete an annual competency on domestic violence, and Passageway provides additional, ongoing in-depth training throughout all our sites in which providers learn not only the basics of domestic violence dynamics, screening, and intervention, but also details of what an empowerment approach looks like in practice. Passageway also garners institutional support and buy-in through the awareness efforts it puts forth each October for Domestic Violence Awareness Month. Typically, Awareness Month includes visual displays, awareness tables, services honoring survivors, and public forums where speakers on different topics related to domestic violence come to share their perspectives.

### **Collaboration between Schools of Social Work and Domestic Violence Agencies**

Greater collaboration between schools of social work and domestic violence internships is also necessary to connect the social work concepts taught in class to practice realities. This need for collaboration was corroborated by surveying former Passageway interns. Collaboration could be improved in several areas: support from field education departments, inclusion of more domestic violence content in the curriculum, and more effective intergroup dialogue around the dilemmas inherent in domestic violence practice.

### **The Integral Role of Field Education**

Field education departments serve as the links between schools of social work and affiliated placement agencies. In the first few years of Passageway's internship program, dialogue with schools' field education departments was needed to confirm that a placement at a domestic violence advocacy program was clinically substantial enough to satisfy the requirements of an internship. These concerns have largely been allayed, as students have reported back on their clinically rich internship experiences to their respective field education departments. Yet at times, Passageway continues to encounter student perspectives likely influenced by current economic realities involving the pressures of managed care and the primacy often placed on well reimbursed diagnostic care. We recommend that field departments educate all field liaisons about domestic violence practice to ensure that liaisons are well-matched to a domestic violence agency. Field liaisons have an important role in the acclimatization of interns to the Passageways placement and to the ongoing integration

of interns' experience in the field. In the past, one liaison worried about whether the placement could give the student "a clinical enough experience, given that this seems like mostly case management." In this instance, the lack of awareness about the clinical potency of domestic violence work and the advisor's consequently expressed concern felt undermining to the student. Fortunately, most advisors have shown respect and understanding of the work which greatly augments the interns' experiences at Passageways. One student reported, "I know I'm doing great work here, and to hear the person who bridges the school and field agree makes me feel like that my work is understood and valued." Advisors can also offer consultation when interns believe that there is a conflict between what they are learning in class and practicing in field.

### **Domestic Violence in the Curriculum**

Postmus, McMahon, Warrener, and Macri (2011) found that increased education and training lessen students' blaming attitudes and increase positive interventions in domestic violence cases. A number of articles over the past several decades have focused on the need for increased inclusion of domestic violence material in social work classroom curricula; this material would aid students in critical thinking skills, values clarification, and would reduce the tendency towards victim blaming (Bent-Goodley, 2008; Black et al., 2010; Buttell & Carney, 2007; Danis, 2003; Danis & Lockhart, 2003; Postmus et al., 2011; O'Keefe & Mennen, 1998). Over the evolution of Passageway's internship program, there has been continual movement towards strengthening the connection between field and school in the area of curriculum. Many more schools of social work offer elective classes that focus exclusively, or include substantial material, on domestic violence issues. One local school of social work requires students to complete a comprehensive online training on domestic violence assessment and intervention during their foundation year. Additionally, there is support in the literature that the social work profession is making progress incorporating domestic violence training into graduate curricula and professional development. Yet while Danis (2003) reported an increasingly appropriate response to and understanding of domestic violence within the social work field, Black, Weisz, and Bennett (2011) presented findings that call into question what substantive progress the social work field has truly made in this area. The authors found that even in 2011, students "seem to be graduating with a mental health...orientation to domestic violence" and that "few students seemed to have adopted a feminist perspective on domestic violence or placed the cause of violence within traditional power structures..." (p. 181). The presence of field faculty on curriculum committees, and regular input from Field Advisory Boards, are crucial to maintain the inclusion of content on domestic violence in the core curriculum of schools of social work.

### **Addressing Dilemmas in Domestic Violence Practice**

A second way to build collaboration between schools and agencies is addressing in class, as well as in field, the dilemmas inherent in domestic violence practice. Domestic violence practice is difficult; it surfaces many conflicts in social work and evokes strong responses. One particularly extreme example of this dynamic involved a professor advising a student to call the police to ensure a client's safety

if the client refused to get a restraining order. This type of directive intervention would have the potential to compromise the client's safety and would also likely negatively affect the client/advocate relationship.

In another class, an intern told a client's story and was questioned by another student who said, "Well, do you really believe her?" In yet another class, an intern wondered if she should modify her responses in her paper to get a good grade as the perspectives on domestic violence she was hearing in the classroom differed from how she was being coached to practice in the field. These examples illustrate the tensions that exist for our students in bridging the many perspectives and approaches inherent in social work and domestic violence work. Though challenging, we view these instances as fruitful opportunities for learning, both for our interns and for those who support their learning process.

It is crucial for social work educators and students to address these dilemmas and strong feelings together in a respectful manner. There are many opportunities for intergroup dialogue among students and social work educators from field and academia. Domestic violence practitioners should be invited to social work classes, especially those on trauma. Domestic violence practitioners should also seek out social work venues, such as annual NASW conferences, at which to present current trends in domestic violence practice and encourage ongoing dialogue within the social work field on these complex practice issues.

### **Conclusion**

Best practices in domestic violence work have been difficult to implement because of several factors outlined above, including the need for greater inclusion of domestic violence content in social work curricula and deeper ongoing dialogue between professionals. The Institute of Medicine identified additional factors that hamper best practices in a report from a multidisciplinary committee: domestic violence professionals, including social workers, are often marginalized in health settings (2002, p. 53); accreditation and licensure standards seldom require specific proficiency in domestic violence practice skills; and importantly, there exists a lack of adequate funding for the prevention, screening and advocacy interventions necessary in domestic violence practice. Therefore, ongoing dialogue between social workers in academia and in practice is essential to promote the level of best practice in domestic violence training addressed by the Passageway program.

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