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How social workers resolve the ethical dilemmas that arise when working with women experiencing domestic violence

Jennifer F. Wiech

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Jennifer F. Wiech
How Social Workers Resolve
the Ethical Dilemmas that
Arise When
Working with Women
Experiencing Domestic
Violence

ABSTRACT

Though social workers come in contact with victims of domestic violence in a number of ways, studies indicate that social workers report feeling underprepared by their graduate education to address issues of domestic violence (DV). In an effort to reveal what is preventing social workers from taking a more demonstrative position on this issue, two focus groups comprised of 5 to 8 Master's level social workers were conducted to explore what resources aid in resolving ethical dilemmas, as well as the following ethical issues: upholding a client's right to self-determination, a clinician's duty to warn/duty to protect, mandatory reporting of children witnessing DV, legislation mandating reporting of physical injuries resulting from DV to the police, and honoring cultural values when DV is present. Findings regarding what ethical issues social workers encounter in their work with victims of DV, social workers' understanding of the complexities of DV and the laws and ethics that impact this work, how social workers resolve ethical issues regarding DV, and where they obtain the information to help them resolve these issues are reported. In addition, recommendations for future research and strategies for upholding the core social work value of self-determination when working with women experiencing domestic violence are discussed.

HOW SOCIAL WORKERS RESOLVE THE ETHICAL DILEMMAS THAT
ARISE WHEN WORKING WITH WOMEN EXPERIENCING DOMESTIC
VIOLENCE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2009

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I reflect on this journey with awe in discovering that one does not know what she is capable of until standing on the precipice of accomplishment and looking back on all the obstacles, exhaustion, and anxieties that have been overcome. This journey was not completed by mere perseverance, but rather, by the faith, love, and support from generous and patient advisors, colleagues, friends, and family members. You pulled me up when these challenges seemed insurmountable. With utmost gratitude, I dedicate this paper to all of you who have been instrumental to its completion. To the social workers that participated in this study, I truly admire your dedication and thoughtfulness to this complex work. Thank you to my colleagues at Y.O.U., Inc. for your generous assistance, especially to Connie Flieger, Beth Flanzbaum, and Paul Kelleher who literally made this study possible. Likewise, thank you Sara and Angela for your extraordinary efforts in bringing this study together. To those who were in the trenches with me, thank you Kate Faggella-Luby and Lisa Rudge for helping me gather and analyze data, as well as, providing me with most needed moral support. To Lee Whitman-Raymond, my thesis advisor and a remarkably compassionate woman, an enormous thank you for guiding and encouraging me through every step of this process. To my William Street and Happy Valley roommates, thank you for celebrating all of life's up and downs with me and tolerating all the stress of this process. To my Vermont friends who gave me a place to escape to, my fellow Smithies, and other friends, thank you for your warmth and reassurance. Thank you Timmy for loving me through this, thank you family for nourishing me in every way, and thank you God for getting me this far! Finally, a special acknowledgment to all survivors of domestic violence, whose strength and resilience inspire me to do this work.

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CHAPTER I

INTRODUCTION

Spousal abuse, domestic violence, domestic abuse, battering, intimate partner violence, gender-based violence, family violence, violence against women – the extensive terminology alone speaks to the expansiveness and complexity of this social problem. Each term has multiple, nuanced definitions depending on one’s experience with this issue and one’s philosophical or political perspective, and this, in turn, makes it difficult to gather accurate data about the prevalence of intimate partner violence. A great deal of debate has also occurred over the use of the term *victim* versus *survivor* when referring to a woman who has been impacted by domestic violence (see Dunn & Powell-Williams, 2007 and Mills, 1994 for an overview of this issue). For the purpose of this study, the phrases *victims of domestic violence* and *battered women* will be used interchangeably with the phrase *women experiencing domestic violence* in order to focus on work with women who are just beginning to recognize and take action towards addressing the domestic violence they are experiencing. The terms *domestic violence, domestic abuse, and intimate partner violence* will also be used interchangeably, and *family violence* will be used when referring to overlapping child abuse and domestic violence.

One of the most frequently cited national statistics reports that approximately 32 million Americans are affected by intimate partner violence each year with more than two million incidents resulting in injuries (Tjaden & Thoennes, 2000). However, Davis

(2008) explains that statistics can be misleading, citing academic and media sources that have reported numbers ranging from 188,000 to 60 million female victims of domestic violence a year. He argues that accurate measurement of the prevalence of domestic violence and development of effective intervention programs cannot occur until researchers, advocates, service providers, and policy makers agree on “what domestic violence is and is not” (Davis, 2008, p.41). On a micro-level, social workers may also grapple with the issue of what type of abuse (i.e. verbal insults, threats to safety, physical violence, etc.) constitutes domestic violence, when, for example, trying to determine if the domestic violence witnessed by a child is significant enough to warrant a report to child protective services.

The United States Justice Department Office on Violence Against Women (n.d.) offers the following definition of domestic violence:

A pattern of abusive behaviors in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone... domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender... affects people of all socioeconomic backgrounds and education levels... occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating.

It is important to recognize that domestic violence is not exclusive to heterosexual, married couples, and does not specifically refer to male perpetrated violence towards female partners. However, in a 2004 report by the Bureau of Justice, intimate partner violence caused approximately 1,544 deaths, 75% of which were females, and women were more than twice as likely as men to be victimized by a partner. Database searches of

Social Work Abstracts and PsychInfo reveal that studies about gender-based domestic violence in heterosexual couples has been diminishing over the last decade and may be overlooked as victims' voices become ever more silenced in this isolating and hectic society. While domestic violence amongst homosexual couples is also in need of more extensive research and research regarding female perpetrated violence against male partners is still in its infancy, there are divergent theories, barriers, and stigmas associated with these similar but distinct populations and it is regrettably beyond the scope of this project to research all forms of intimate partner violence. Since power differentials between men and women continue to persist and women sustain significantly more physical, social, economic, and psychological damages from domestic violence than men, this study will specifically focus on male-perpetrated domestic violence against women.

Though Payne et al. (2007) highlight the high frequency and various capacities in which social workers come in contact with victims of domestic violence, Danis and Lockhart (2003) found that graduating Master's level social workers report feeling under-prepared to work with victims of domestic violence and that information and resources about domestic violence are largely lacking from social work curricula across the United States. Cervantes (1993) explains that the ways in which mental health professionals encounter victims of domestic violence can be classified into two categories: through referrals from battered women services where domestic violence is the overt presenting problem or (more commonly) through self, child protective services, or physician referrals where the primary presenting problems are typically somatic complaints, depression, or anxiety and domestic violence is the covert problem. For this second category of referrals, clinicians who do not effectively assess for domestic violence can

minimize the abuse or leave the issue of domestic violence unaddressed (Cervantes, 1992; Lindhorst et al., 2005). Since male-perpetrated domestic violence against female partners continues to be a major social problem and one that many social workers will come up against during their careers, the question remains: what is preventing social workers from taking a more demonstrative position on this issue?

Acknowledging ethical challenges as a possible contributor to this egregious omission from social work education, Danis and Lockhart (2003) recommend further research on how social workers mediate professional values and ethics of honoring a client's right to self-determination while considering the effects of domestic violence on children, as well as, mandated reporting when a client is in serious, imminent danger. Thus, this study seeks to explore how social workers reconcile ethical dilemmas that arise when working with victims of domestic violence. Through a snowball sample of convenience, two groups comprised of 5 to 8 Master's level social workers were invited to participate in a focus group. Once informed consent letters were signed and collected, participants were asked to complete a brief demographic questionnaire and engage in a 60-minute discussion about their thoughts on each of the following ethical challenges as they relate to their work with women who are in domestically abusive relationships: upholding a client's right to self-determination, clinician's duty to warn/duty to protect, children witnessing domestic violence, legislation mandating health professionals to report physical injuries resulting from domestic violence to the police, honoring cultural values when domestic violence is present, and sources of knowledge or guidance that aid social workers in making such ethical decisions.

A focus group was chosen because it provides rich, open-ended, largely participant-driven qualitative data about a topic that is insufficiently researched or discussed in social work education and practice. It also provides observational data about how social workers interact with one another when exploring and discussing ethical challenges. Krueger and Casey (2000) note that focus groups are best used in gathering a range of ideas, observing and trying to understand different perspectives, considering how various factors influence people's opinions, and gathering information about a new research topic for future study. This design was also partially inspired by Bent-Goodley's (2007) study, which used focus groups to explore students' perspectives on ethical dilemmas that arise when working with victims of domestic violence.

This study seeks to examine the ambiguity and ambivalence surrounding social work and domestic violence and may contribute to our understanding of why this major social problem is generally lacking from social work education. This study may benefit the field through: 1) evaluating how social workers mediate ethical challenges in their work with victims of domestic violence, 2) exploring how laws regarding mandated reporting and the NASW code of ethics provides or does not provide guidance regarding work with this population, 3) considering how the ethical challenges presented in working with victims of domestic violence may be hindering social workers from taking a stronger position on this major social problem, and 4) providing a springboard for future discussion, research, and literature that can guide social workers in their work with women and children impacted by domestic violence. Findings regarding 1) what ethical issues social workers encounter in their work with victims of domestic violence, 2) social workers' understanding of the complexities of domestic violence and the laws and ethics

that impact this work, 3) how social workers resolve ethical issues regarding domestic violence, and 4) where they obtain the information to help them resolve these issues will be reported.

CHAPTER II

LITERATURE REVIEW

Several complicated ethical issues arise when working with women experiencing domestic violence. This literature review will outline some of the laws and ethics that impact this work, present scenarios that challenge these guidelines, and offer academic and other professional responses to how these ethical dilemmas may be resolved. Prior to acknowledging various theoretical lenses that guide social workers' understanding of and work with victims of domestic violence, it is important to identify the major professional value lying at the center of the tension between theory and intervention with women experiencing domestic violence. The first, and perhaps most important, anchoring core ethical component to the profession of social work is a "commitment to clients" followed by honoring a "client's right to self determination." The National Association of Social Workers (NASW) Code of Ethics (1996) states:

1.01 Commitment to Clients - Social workers primary responsibility is to promote the wellbeing of clients. In general, clients' interests are primary. However, social workers responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be advised...

1.02 Self Determination – Social workers respect and promote the right of clients to self determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self determination when in the social workers' professional judgment, client's actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

Upholding a client's right to self-determination may appear to be a straightforward and unwavering ethical standard, but there are many instances, particularly when working with women or families impacted by domestic violence, that challenge a social worker's commitment to honoring this ethical principle.

Guiding Theories for Social Work Practice with Victims of Domestic Violence

How do we best serve clients who are caught in the cycle of abuse and violence with their intimate partners? The feminist perspective views male perpetrated intimate partner violence as a public (versus private) matter attributed to learned, socially constructed gender stereotypes that guard male privilege by promoting dominance, intimidation, and manipulation over women (Register, 1993). Congruent with the above ethical principles of social work, many victim rights advocates believe that the major goals and values of the feminist model - empowerment and self-determination - are crucial to helping women break the cycle of violence. In practice, this would mean sitting with the knowledge that one's client is being repeatedly exposed to abuse and violence, while supporting her to make plans and decisions that she feels will be most helpful.

However, other theories such as learned helplessness and the battered woman's syndrome (Walker, 1984), traumatic bonding and attachment theories (Painter and Dutton, 1985; Henderson, Bartholomew, and Dutton, 1997), and theories of mutually caused violence in dysfunctional relationships (Giles-Sims, 1983) offer conflicting perspectives that may influence a clinician to override a client's right to self determination in order to assure the client's safety. As mentioned earlier, women who experience domestic violence do not typically enter treatment with domestic violence as their primary presenting problem. If a clinician does not effectively screen for intimate

partner violence, other psychological concerns (i.e. depression, somatic complaints, etc.) may mask the underlying issue of domestic violence (Cervantes, 1991), and the client's mental health concerns may further cause a social worker to grapple with the idea of whether or not a client in an abusive relationship is competent enough to make reasonable and safe choices for herself.

At a time when Walker's theory of the battered woman syndrome was widely supported, Huston (1984) elaborated on the struggle between respecting a client's right to self-determination and argued for taking a more directive, "paternalistic" approach to treatment with women experiencing abuse. By this, she meant encouraging a woman to leave her abuser versus staying with the client's ambivalence about whether or not to leave (Huston, 1984). However, several researchers in the field of domestic violence are now shifting away from pathologizing theories of domestic violence and arguing for an ecological perspective, particularly when considering the intersectionality of domestic violence and child abuse (Danis, 2003; Little & Kantor, 2002; Chalk & King, 1998). Ecological theory abandons the notion of a "single-risk-factor" approach and considers the individual, social, and cultural components that influence the use of violence in the family (Chalk & King, 1998). Findings from this study may shed light on whether or not current practicing social workers are using an ecological model in their work with women and families impacted by domestic violence. Shifting to an ecological framework may significantly influence social workers' views on upholding a client's right to self-determination.

Duty to Warn/Duty to Protect and Mandated Reporting

While a clinician's duty to warn/duty to protect was developed to free clinicians from their committed to confidentiality in order to protect others' well-being, this poses another challenge to a social worker's value of honoring self-determination. In the case of *Tarasoff v. the Regents of the University of California* 551 P.2d 334 (1976) the court decided that:

When a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. The discharge of this duty may require the therapist to take one or more of various steps, depending upon the nature of the case. Thus it may call for him to warn the intended victim or others likely to apprise the victim of the danger, to notify the police, or to take whatever other steps are reasonably necessary under the circumstances.

However, when a client is already aware of the danger she is in, does this dismiss the clinician's duty to protect by reporting the violence or threat of violence to the police?

Cervantes (1991) warns that, "in order to avoid the imposition of mandates from the legal system and to minimize therapist liability, mental health professionals need to take part in continued discussion of ethical responsibilities and the development of standards of care that will appropriately discharge these ethical obligations" (p. 155). Yet, many states have already passed varying laws mandating health professionals to report injuries resulting from domestic violence to the police. In a study comparing abused and non-abused women's views on mandatory reporting of injuries incurred by domestic violence to the police, 70.7% of non-abused participants supported these laws and 55.7% of abused participants supported these laws. Yet, of the abused women who supported these laws, 36.4% felt that physicians should report abuse only with patient's consent

(Rodriguez, et al., 2001). In another article exploring the impact of mandatory reporting laws on victims of intimate partner violence, Bledsoe et al. (2004) noted that:

Women’s advocacy groups generally oppose mandatory reporting due to concerns about adult victims’ autonomy and possible increased risks to the victims following any such report. Health care professionals have also expressed concerns about possible increased risks to women if intimate partner violence is reported to the police, interference with victims’ autonomy, and concerns about confidentiality of the physician-patient relationship.

To date, there are no mandatory reporting laws of domestic violence in the state of Massachusetts (Part I. Chapter 123. Section 36B. Title XVII of the General Laws of Massachusetts). Therefore, the lack of clarity surrounding a clinician’s duty to protect and the lack of mandatory reporting laws of domestic violence leave no clear legal source of guidance as to whether or not a Massachusetts clinician should contact law enforcement if his or her client is in serious imminent risk of physical violence from her partner.

Massachusetts law does provide slightly more guidance on the topic of mandatory reporting of child neglect and abuse for a child who is witnessing domestic violence to the Department of Children and Families. The law states:

[Any school, health, religious, social service and/or mental health professional] who, in his professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child’s health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition to the department by oral communication and by making a written report within forty-eight hours after such oral communication... (Part I, Chapter 119 of Title XVII of the General Laws of Massachusetts)

Note that the law neither provides a clear explanation of what “physical or emotional injury” or “neglect” means, nor does it specifically mandate reporting of children

witnessing domestic violence. One must turn to the Massachusetts Department of Children and Families (DCF) website to discover that children witnessing domestic violence creates the potential for serious emotional and physical injury and that this information should be reported to DCF (The Massachusetts Department of Health and Human Services, n.d.).

While Massachusetts DCF standards mandate reporting of children witnessing domestic violence, Bourne's (1995) article entitled "Ethical and Legal Dilemmas in the Managing of Family Violence" explores how mandated reporting can potential place blame on the victim of domestic violence while further endangering the welfare of both the children and the mother. Though in some cases, reporting the witnessing of domestic violence can provide a way of initiating aid to a family caught in the cycle of violence, an abused woman who does not have a clear safety plan and/or is not ready to take legal action against her abuser can then be placed at greater risk of injury if domestic abuse is reported to authorities. In addition, the abusive partner (especially if he does not reside with the family) can use the children and the threat of having the children removed to execute further power and control over his partner.

Cultural Competency and Domestic Violence

Domestic violence is present within all races, ethnicities, religions, and family constellations (McGee, 1997; Cervatnes & Cervantes, 1993; Brownell & Ko, 2005; Bersani & Chen, 1988). Although some cultures condone a husband's use of violence towards his wife if she is not submissive and obedient to him, spousal abuse is still considered "extra-ordinary" and is not supported or executed by all members of any culture (Ho, 1990; McGee, 1997). Empirical research has found that when controlling for

socio-economic status, domestic violence occurs with equal frequency across White, African American, and Latino communities in the United States, thus dispelling the myth that domestic violence is more prevalent in communities of color than in white communities (Fernandez-Esquer & McCloskey, 1999; Gondolf, Fisher, & McFerron, 1988). While domestic violence is still present within each economic class, lack of resources and access to resources can exacerbate family stress and heighten the use of family violence. Multi-racial families, families of color, and families who have recently immigrated face different societal and economic pressures that can lead to the use of violence in the home. Factors related to racial and ethnic identity, as well as, cultural values can influence the use and acceptance of domestic violence, such as rigid adherence to and stereotyping of gender roles and continual experiences of discrimination, oppression, and racism (McGee, 1997; Cervatnes & Cervantes, 1993; Brownell & Ko, 2005). The discussion chapter will further explore the importance of considering families' cultural and spiritual values when assessing the issue of domestic violence.

Resolving Ethical Dilemmas

Research reports that practice experience, professional roles, and individual perspectives all contribute to how social workers resolve ethical dilemmas (Mattison, 2000; Reamer 1993). "Favorable decisions ultimately are selected on the basis of acceptable practice theory in conjunction with the values of the profession, which collectively should guide social workers in their professional capacity," writes Mattison (2000). In order to become more attuned to one's biases, research on ethical decision-making urges social workers to heighten their self-awareness by reflecting on their patterns of decision-making prior to resolving other ethical decisions (Mattison, 2000;

Reamer, 1993). Mattison (2000) notes that there are two main processes social workers undertake when making ethical decisions. The first is deontological decision-making strategy, which emphasize strict adherence to the rules. The second is a teleological decision-making strategy, which involves weighing the potential benefits and harms of all parties impacted by the decision prior to resolving the dilemma.

While there is little research and literature regarding how social workers resolve ethical dilemmas that arise when working with women experiencing domestic violence, consistent themes of informing and educating, assessing and safety planning, and empowering have been identified (Cervantes, 1993; Lewis, 2003). Lewis (2003) recommends providing a clear explanation of limits of confidentiality and one's role as a mandated reporter, educating about what is considered domestic abuse and its impacts on both the woman and her children, assessing for both child abuse and domestic violence, and empowering a woman to make mandated reports herself.

Summary

The ethical issues of upholding a client's right to self-determination and promoting the safety of women and children are constantly at odds when working with families experiencing domestic violence. Though the topic of this study explores ethical dilemmas that arise when working with women experiencing domestic violence, ecological theories of family violence reveal the interconnectedness of domestic violence and child abuse, as well as, invite researchers and clinicians to consider the multitude of factors that contribute to the phenomenon of domestic violence. While laws regarding a clinicians' duty to warn/duty to protect have become more concretized into mandatory reporting laws of injuries sustained by domestic violence, there is significant debate over

the effectiveness and beneficence of these interventions. In addition, there is a lack of clarity about how laws, such as those requiring mandatory reporting of children witnessing domestic violence, define domestic violence. This study will explore what ethical dilemmas arise, how social workers understand domestic violence and the laws associated with it, how they resolve ethical dilemmas, and what sources of guidance aid in the resolution of these ethical issues.

CHAPTER III

METHODOLOGY

Previous research regarding social workers' level of comfort and competency in working with victims of domestic violence revealed a need for more research on ethical dilemmas associated with this work (Danis, 2003; Danis & Lockhart, 2003). Two focus groups were conducted to explore how social workers reconcile the ethical dilemmas that arise when working with women experiencing domestic violence. Both an individual interview design and a focus group design were piloted prior to choosing a study method for this research question. The pilot focus group members' reluctance or hesitation to respond to certain questions, diametrically opposing views on certain topics, and strong critiques of others' differing views revealed an additional wealth of information. This study design offers unique observational data of participant interactions and overall group dynamics. Focus groups are best used when attempting to gather a range of ideas, observing and trying to understand different perspectives, considering how various factors influence people's opinions, and gathering information about a new research topic for future study (Krueger & Casey, 2000). In addition, this flexible, exploratory study design was chosen because it provides rich, open-ended, largely participant-driven qualitative data about a topic that is insufficiently researched and discussed in social work education and practice (Stewart, Shamdasani, & Rook, 2007).

In this study, participants were asked to complete a brief demographic questionnaire prior to engaging in a 60-minute, video-taped, focus group conversation about the following ethical dilemmas: upholding a client's right to self-determination when domestic violence is present; mandated reporting of children witnessing domestic violence; a social worker's duty to protect; health professionals being mandated to report physical injuries of domestic violence to the police; and practicing with cultural competence when domestic violence is an issue. Participants were also asked about where they obtain information to resolve ethical dilemmas.

Recruitment and Modifications to Study Design

Due to the many changes and complications with participant recruitment, a thorough overview of the recruitment process will be outlined in this chapter and later examined in the discussion chapter. As defined by Anastas (1999), a non-probability, snowball sample of convenience commonly used in small-scale qualitative studies was chosen for its feasibility, efficiency, and effectiveness in procuring a sample of participants that met the criteria for this study. In an effort to strengthen the validity of this study and adhere to the strong recommendations of Anastas (1999), social workers who I was acquainted with and those who worked for the same agency as I did were originally excluded from participation.

Initially, my colleagues from a non-profit, community mental health agency serving children and families were asked to provide the names of Master's level social workers who might be interested in participating in this study. Over the span of three weeks, two announcements were made at this agency's clinic team meetings and two e-mails were sent out to all agency employees asking for participant referrals. Thirty-four

names along with phone numbers and/or e-mail addresses were provided. When contacting potential participants via phone or e-mail, I introduced myself, gave the name of the referral source, discussed the nature of participation, discussed the criteria for participation, informed potential participants of their right to refuse or withdraw from the study at any time, and asked potential participants if they were interested in and able to attend one of two video-taped focus groups. Once verbally agreeing to participate, social workers were e-mailed directions to the study, information regarding parking, and a copy of the informed consent letter. In addition to gathering participant referrals through colleagues, both colleagues and potential participants volunteered to distribute the recruitment e-mail to members of the Central Massachusetts Chapter of the National Association of Social Workers, throughout two local Department of Children and Families offices, and throughout two community mental health agencies separate from the agency I interned for.

One week prior to the first scheduled study, only six social workers verbally agreed to participate in the focus groups. All participant referrals who did not respond to initial recruitment messages were contacted again, and colleagues who had circulated the recruitment materials to outside agencies also redistributed the e-mail. After consulting my thesis advisor, a decision was made to cancel the second study and hold one focus group comprised of five Master's level social workers. An e-mail reminder was sent three days prior to the study and within 48 hours of the first focus group, four out of the five potential participants responded saying they could not participate in the study. Three potential participants noted that they had to decline participation due to scheduling conflicts; the fourth declined due to issues with childcare.

A third e-mail was distributed to my fellow employees explaining that the first study was cancelled and there was an urgent need for participants to attend the second scheduled focus group. My colleagues responded by calling fellow social workers on my behalf asking for their assistance with this study as well as offering me suggestions on additional recruitment strategies, times, locations, and study designs. Five more social workers verbally consented to participate in the second scheduled focus group. An e-mail reminder was sent three days prior to the study, and once again two potential participants responded that they could not participate in the study due to unexpected scheduling conflicts. A third participant responded that she would not participate, because she had read in the informed consent letter that the focus group was being video-taped. Colleagues, potential participants, and I exhausted the three recruitment strategies listed in the Smith HSRB study proposal, which included: asking for participant referrals from colleagues, contacting a specified list of community mental health directors asking them to distribute a recruitment letter to their employees, and asking members of the Central Massachusetts Chapter of the NASW to participate. Approximately 800 or more social workers were potentially solicited to participate in this study.

After consulting my thesis advisor, the Smith Research Advisor and Assistant, the Smith HSRB Chair, Smith alumni and cohorts, my colleagues, and the Y.O.U., Inc. Research Committee Chair, I decided to conduct two similar but separate studies that essentially followed my original research design and proposal. First, I accepted the offer from a friend and fellow social worker to gather a group of Master's level social work colleagues from outside of the area to participate in the study, which (other than a change in location) was conducted within the parameters of my initial study proposal approved

by the Smith HSRB (see Appendix A). Although these social workers were acquainted with each other through attending the same graduate program, I was not well acquainted with these participants prior to the study. Secondly, I revised and resubmitted my research application and received approval from the Y.O.U., Inc. Research Committee (see Appendix B) to conduct a focus group with social workers working for this agency.

Since this agency acted as an initial recruitment site and location for the study and, therefore, reviewed the initial proposal approved by the Smith HSRB, the Y.O.U., Inc. Research Committee Chair agreed to do an expedited review of the study. Prior to approving the second proposal asking to include social workers from this agency in the focus group, the Y.O.U., Inc. Research Committee required the following significant revisions to the study: a more thorough debriefing; having two experienced social work professionals agree to offer consultation and referral information for participants after the study in the event that participants needed to access these resources; a direction included in the informed consent for participants to refrain from providing identifying client information during the study; an elaboration on the benefits of participating in this study; and an explanation that this is an independent study and will not impact employees' reviews or standing in the agency.

To summarize, due to time restraints and complications arising during recruitment, one study was conducted under the parameters of the Smith HSRB and another study was conducted under the parameters of the Y.O.U., Inc. Research Committee. Both studies followed the same format and participants in both groups met the same criteria for participation.

Sample

Twelve to sixteen Master's level social workers who had two or more clinical encounters with women while in the midst of an abusive relationship were invited to participate in this study. These criteria were established because social workers frequently come in contact with victims of domestic violence in various capacities (Cervantes, 1993; Payne et al., 2007), and this study seeks to explore if and how the educational, legal, and professional resources available to social workers aid them in resolving ethical dilemmas that arise when working with victims of domestic abuse. Five social workers participated in Group A and eight social workers participated in Group B. In order to collect confidential information about participant demographics, a demographic questionnaire (see Appendix E) was distributed prior to each focus group discussion and this information will be provided in the findings chapter. This information was obtained in order to report on the representation of participants but will not be used in comparison with the data received during the focus groups.

Data Collection

Upon arrival to the study, participants were asked to sign a copy of the informed consent letter, reminded that they could leave the study at any time, reminded that the study would be video recorded, and asked not to share identifying information about themselves (other than their first names) or their clients during the focus group conversation. A confidentiality agreement was included in the informed consent letter for Group A stating that by signing participants agree to keep information shared by other participants, as well as, other participants' identity confidential after leaving the study (Appendix C). The Y.O.U., Inc. Research Committee did not feel this was necessary and

this statement was omitted from the Group B informed consent letter (Appendix D). However, a statement about maintaining client confidentiality was included in both informed consent letters. Before engaging in the group discussion, participants were asked if they understood the limitations to confidentiality outlined in the informed consent letter. In an effort to provide some compensation for time and information volunteered, refreshments were served prior to the focus group discussions. As previously noted, a demographic questionnaire was distributed to participants prior to the focus group discussion (Appendix E). Participants were advised that they could choose to leave questions blank, but all participants completed the questionnaire. After collecting the questionnaire, semi-structured focus group interviews were conducted using the same interview guide for both groups (See Appendix F).

Two research assistants (one per group) aided in the co-facilitation of the groups by asking clarifying questions, observing and recording the group discussion and interactions, and keeping track of time. In addition, the research assistants reviewed my data analysis to corroborate the findings. Some of the challenges to using a focus group design include: the quantity and complexity of data received, difficulty controlling the discussion, difficulty in discerning each participants' beliefs and how they are influenced by other group members, difficulty gathering honest feedback about sensitive information, and lack of anonymity between participants (Stewart, Shamdasani, Rook, & 2007). In an effort to manage these challenges, Kate Faggella-Luby, a social work graduate student from Boston College with experience in group facilitation and research, was asked to aid with group facilitation and data analysis. Since Group A was quickly put together and held on a different date and location than the originally scheduled group,

Ms. Faggella-Luby was not able to attend this focus group but reviewed the video-taped discussion. Lisa Rudge, a social work graduate student from Smith College, assisted in note taking and group facilitation for Group A. Kate Faggella-Luby co-facilitated focus Group B and assisted with data analysis of both groups. Both research assistants signed a confidentiality agreement prior to assisting in the study.

Though it is not ideal to have separate research assistants for each focus group, this modification was done in an effort to maintain consistency within each focus group by having the same research assistant review the data that she witnessed. Having a second researcher as well as using video-recordings and note taking enhances both the reliability and validity of a study by creating an “audit trail.” In addition, it provides an alternative perspective that can check and challenge the objectivity of one researcher’s observations (Anastas, 1999).

Data Analysis

To begin, the video recordings of both groups were viewed multiple times and data regarding participants’ answers, reoccurring themes, and divergent views were organized by group. Afterwards, using what Stewart, Shamdasani, and Rook (2007) describe as the “scissor-and-sort technique,” data was laid out visually in different classification columns with color-coded fonts and symbols that indicated overlapping significance between both groups’ data (p. 118). Video-recordings were reviewed again to conduct a pragmatic content analysis that sought to explore “why something was said” and direct quotes were recorded that encapsulated the themes identified (Stewart, Shamdasani, & Rook, 2007, p.119). Group dynamics were also explored and the level of agreement and disagreement between participants, as well as reactions, responses, and

lack thereof to other participants' input were noted. A final analysis looked for issues that were absent from the discussion, time spent on each topic, and intensity of expression per topic. Findings were organized by question topic and an overall assessment of group dynamics. Both research assistants' notes were reviewed to check for differing interpretations and missed content. Kate Faggella-Luby reviewed the categorized and coded group data as well as drafts of the findings chapter and offered input on her impressions of key elements of the conversations, which were added to the findings chapter.

Limitations

There were several limitations to recruitment, data analysis, and study design that occurred. Some of these limitations were generally associated with the time constraints of this research. First, regarding the voluntary basis of participation, Anastas (1999) writes that "this unknown 'volunteer factor' may introduce some bias into the study results of a kind that is impossible to assess or define," because it is unknown what motivated people to agree to or decline participation (p.286). Second, though a diverse sample of participants was sought after, little control was had over sample representation. A third limitation to this study was that neither anonymity nor confidentiality could be guaranteed, and participants may have been less inclined to share beliefs that were not congruent with other group members' beliefs due to the sensitivity and controversy associated with this topic. Fourth, due to technical difficulties with video recording, 15 minutes of the Group A discussion were not recorded and poor audio quality made some components of the Group B discussion difficult to discern. Fortunately, through the

researchers' observations and thorough note taking, these focus group data were reconstructed to the best of our abilities.

Fifth, Group B contained participants with whom I was previously acquainted, and participants from both groups were acquainted with each other prior to engaging in the study. This factor may detract from the validity of the study because it is unknown how participants' relationship with me as the researcher and with other participants impacted their decision to participate, as well as, what they contributed to the study. However in a similar study, Bent-Goodley (2007) noted that participants' familiarity with one another and with the researcher fostered greater comfort with engaging in dialogue and allowed participants to go into greater depth in the focus group discussions. The final limitation to this study was that only two focus groups were conducted. Anastas (1999) notes that focus group studies are traditionally conducted until the range of answers and new information has come to an end, therefore, replication or continuation of this study is needed in order to exhaust the wealth of perspective and data that can be obtained.

CHAPTER IV

FINDINGS

Two independent focus groups were conducted to explore how social workers resolve ethical dilemmas that arise when working with women who are engaged in domestically violent relationships, and five significant findings emerged from this research. First, data showed that social workers have a broad understanding of what constitutes domestic violence, appreciate the barriers and dangers to leaving one's abuser and seeking help, and consider the complexities of intervention and treatment when working with victims of domestic violence and their families. Secondly, social workers are aware of laws mandating intervention and reporting, but their understanding of laws requiring mandated reporting of children witnessing domestic violence to the Department of Children and Families as well as a social worker's duty to protect one's client from threat of harm are vague; there is a lack of clarity as to how severe domestic abuse must be to warrant filing to DCF and/or police intervention.

Thirdly, social workers support victim advocates accompanying police and encourage greater collaboration between social and legal services, but are concerned about how police and DCF interventions can jeopardize the safety of women and children. This later point may impact social workers' decision to report domestic violence to authorities. The fourth major finding was that social workers believe it is important to ask about and consider clients' cultural, spiritual, and familial values when exploring

family dynamics but safety takes precedence when determining treatment goals and therapeutic interventions. Finally, social workers report primarily obtaining guidance on how to resolve these ethical dilemmas through supervision, consultation with colleagues, and personal experience.

Both focus group discussions began with the question: *have you ever encountered ethical challenges in your work with women experiencing domestic violence?* Group A, comprised of social workers who recently received their Master's degrees, responded by discussing the difficulty of knowing "how much to do and how much to... let her explore the options" and identified this as a matter of upholding a client's right to self-determination. Group B, comprised of social workers from a community mental health agency serving children and families, first considered the ethics of advocating for or against children maintaining relationships with their caretakers who perpetrate domestic violence. These two ethical challenges anchored the conversations within each group. Thus, maintaining a respect for a client's right to self determination was the centralizing theme for Group A and ethical challenges associated with supporting an abused woman while considering the needs of the whole family (particularly children) was the main theme of the Group B.

When responding to the first question, participants from both groups also brought up concerns about mandated reporting of children witnessing domestic violence. However, participants in Group B focused more on struggling with deciding to report when there is suspicion of domestic violence but no disclosure, while members from Group A expressed concerns about how reporting can negatively impact the woman and children as well as the therapeutic alliance. All members of both groups contributed to

the conversations, and themes regarding safety, child welfare, empowerment, preserving the therapeutic relationship, and working with and within the system emerged.

Participants discussed the following topics: a client's right to self-determination, mandated reporting of children witnessing domestic violence, a social workers' duty to warn/duty to protect, participants' views on legislation mandating reporting of physical signs of domestic abuse to the police, best practice/treatment when addressing domestic violence, practicing with cultural competency when domestic violence is present, and resources provided or sought after to aid in resolving these ethical dilemmas.

Participant Demographics

Group A

The first focus group was held on a college campus in Western Massachusetts. All participants were previously acquainted through the school for social work where they each obtained their Master's degrees in 2008. Of the five participants, 1 identified as male, 4 identified as female, 1 identified as Latina/Puerto Rican, and 4 identified as White. Participants ranged in age from 28 to 42 with a median age of 31, and they ranged in number of years of experience working in the field of social services from 1 to 5 years. Participants were asked to approximate how many women they suspected of being victims of domestic violence through their work with male clients, female clients, and children.

One out of five participants knew or suspected that two of his or her male clients were perpetrators of domestic violence towards their female partners, 4 participants noted that they had worked directly with 3 to 15 women who they believed were victims of domestic violence, and 1 participant reported working with two children whose female

caregivers were suspected victims of domestic violence. One participant added that she had worked with approximately 10 to 15 families who were thought to be experiencing domestic violence. Correlations were not found in this group between age, number of years of experience, and number of clients who were thought to experience, perpetrate, or witness domestic violence. During the focus group, participants all noted that they worked in direct care positions – several in outpatient agency settings. All participants had worked with two or more men, women, children, or families where domestic violence was present.

Group B

The second focus group took place in an outpatient mental health clinic in Central Massachusetts. Participants varied in their level of familiarity and acquaintance with one another, but all participants worked in some facet of the same community mental health agency. This agency primarily serves children and families. Of the eight participants, 7 identified as female, 1 identified as male, all identified as White/American or Caucasian/American, and all held Master's Degrees in Social Work. Participants ranged in age from 24 to 59 with a median age of 35, and they ranged in number of years of experience working in social services from 2 to 38 years with a median number of 5.5 years of experience. The two participants with 35 or more years of experience reported collectively encountering approximately 615 men, women, and children who they suspected were experiencing or had a female partner/caregiver who experienced domestic violence. Participants reported working with 0 to 150 men (with a median of 4) who they suspected were domestically abusive towards their female partners, 0 to 200 women (with a median of 10) who they believed were experiencing domestic violence, and 0 to

200 children and families (with a median of 30) who they believed had female caregivers who were victims of domestic violence.

During the focus group conversation, one participant disclosed previously working for the Department of Children and Families, and another participant disclosed previously working in batterer treatment. Participants also shared that they all held direct care positions at some point in their careers, though some had taken on more administrative roles. Participants' conducted a variety of social work services including individual, group, and family treatment in residential, in office, and home-based settings.

Data

“Where to draw the line”: Upholding a Client’s Right to Self-Determination

The issue of upholding a client’s right to self-determination is the fundamental principal upon which other ethical decisions reside, and the challenge of choosing when to preserve versus when to supersede this right was a re-occurring theme in the Group A discussion. One participant tentatively initiated the conversation by offering the following scenario:

I was working with someone who sort of always asked my opinions on things... on everything, not just domestic violence, so it was always a matter of how much of it was my agenda and what I thought she should do and how much I should, sort of, let her explore the options, figure it out herself... things related [to] her children especially... negotiating things around her son, when he [the abusive partner] got to see him... realizing where to draw the line...

Another participant noted that her concerns about how much to intervene were exacerbated by how close she became to her clients who experienced domestic violence:

“I think that the pull was just seeing how they could have been my own mother, or it could have been me... just knowing how quickly things can change... how confusing

things can be...” Along with addressing issues of countertransference, one participant reflected on how the volatility of a situation and the anxiety of sitting with a client’s ambivalence can leave a clinician feeling confused and pressured to take action:

It changed how much [my client] named her boyfriend as an abuser... it was more a preventative measure, DCF was mandating... therapy... and then she disclosed about her ex’s drug use... I kept going to my supervisor about it, but there was nothing that needed to be reported, but - was she wanting me to go to DCF and say that he’s violating DCF’s arrangement? What is most helpful? What can the client do herself... I felt a lot of pull in this case because it was vaguely explosive... things are sort of okay, but what if he gets drunk...

Later in the conversation she returned to this situation, adding:

I guess I find in these cases a pull to do too much, and I think there’s really a danger in taking on that kind of role because I think that it can sort of allow a woman, in this kind of situation, to externalize... the struggle on to me, so then she can kind of coast with it, and then I’m left in the room really struggling with it...

The “danger” associated with hastily interceding was named by another participant as potential “re-victimization.” Participants were conscientious of the imbalance of power inherent in the therapeutic relationship and expressed concerns about perpetuating issues of power and control when a decision to address domestic violence is made by a professional rather than the woman experiencing it. Group members discussed ways of empowering their clients to take action such as encouraging them to make the call to the police or DCF (if children are present), but as the conversation progressed, participants expressed opposing views about when and to what extent to intercede.

The Group B discussion focused more concretely on how to intervene in a manner that promotes a client’s right to self-determination. Six participants stated that they offer education about healthy relationships and/or information on domestic violence resources (i.e. hotlines, shelters, and websites) if they suspect domestic abuse is occurring. When

abuse is more clearly present, clinicians emphasized developing a clear and specific safety plan with their clients. One participant noted that though her client was not willing to make a safety plan for herself, she respected her client's choice and instead worked with her on making a safety plan for her children. Participants identified various social, emotional, and economic barriers to leaving a domestically abusive relationship, and one group member stated, "society doesn't realize that when a woman chooses to leave, that's the most dangerous point." Two participants also stressed the importance of maintaining a "validating, non-judgmental" stance and other participants noted that many victims of domestic violence experience more blame than support from friends and family members. Though participants in Group A and Group B generally supported honoring a client's right to self-determination, members from both groups noted that it becomes a more complicated and dangerous issue when a client does not realize and/or fails to acknowledge that she is in a domestically abusive relationship.

"It gets kind of dodgy": Duty to Protect and Mandated Reporting of Domestic Violence to the Police

When the following question was posed to Group A – *at what point would your concerns about a client's safety cause you to act on your "duty to protect" by calling the police* – a twenty second silence was eventually broken by this response:

I think that's just a hard question to answer. ... if my duty is to protect and I take that stance and I go ahead and call the police, then the police officer will get there, she'll deny what's happening, the officer leaves, then she's in even more danger. You know a lot of, I mean, at least the women I've worked with, their partners don't even know that they're coming to therapy, everything is a secret...

Participants discussed the risks of exposing the client's disclosure of abuse, considered how police response might impact the abusive situation, and expressed concerns about

how breaking confidentiality might impact the therapeutic alliance. One social worker shared a situation where her client's abusive partner was a member of the local police force, and this participant wondered "where is she safe?" As the conversation lulled, the question was reworded: *what would be your bottom line, what would push you to decide to call the police?* "There's limits... to our confidentiality... each situation is so special... I encourage people themselves to call the police, but we all know that police are overrepresented as abusers and police don't like to go into those situations," answered one participant. When asked if concerns about police response impacted one's decision to involve the police, three participants responded with a verbal yes or nodded in agreement.

While participants were careful to consider the variety of risks in intervening and involving the police, it was important to see what (if anything) would undoubtedly prompt these social workers to seek police intervention. After describing a potential scenario where one's female client comes to the office with two black eyes and a gash on her face, the following dialogue ensued:

Participant I: That would be different... of course, you would call the police immediately.

Participant II: Gosh, I'm such a wimp, I would talk to her about it.

Participant I: Oh God no.

Participant II: ...I'd be so freaked out, I'd want to know her experience and what does she want to do, and [say] 'Oh, I'm so worried about you.'

Participant I: I'd worry about what's going to happen to her eyes, is she going to be able to breathe? Is there blood back there, is something going to happen to her brain? Like call the ambulance, call the police, let's get it done, we'll talk about that stuff later.

Participant III: What if she asked you not to?

As Participant II furthered questioned Participant I about what exactly she would do, another participant noted that he would consult his supervisor who would likely advise him to have the client make the call. The conversation continued:

Participant I: I'm sure I'd probably have a breakdown afterwards, but in the moment I'd be really proactive.

Participant III: I would more likely do what [Participant II] did... I've had people ask me not to make difficult calls, so I'd probably... wait, talk to my supervisor, and see - maybe not do anything...

At the conclusion of this dialogue, one out of the five participants maintained that she would intervene to assure the client's safety, one participant stated she would ultimately honor the client's requests not to intervene, and three participants remained undecided as to whether or not they would call for police intervention. Some participants' facial expressions and tone and other participants' hesitations suggested that this would be a particularly stressful decision to make.

In the Group B discussion, questions regarding a clinician's duty to protect followed questions about participants' views on laws mandating medical professionals to report physical signs of domestic abuse to police. Initially, Group B participants responded with similar ambivalence to the question on a clinician's duty to protect, and one participant noted that a social worker would first have to assess for immediate risk and make sure to gather substantial, accurate information that could be supported before making the call. When asked what they would do if a client reported that her partner threatened to kill her, participants unanimously responded that they would call the police or shook their heads in agreement. Two participants added that they would stay with the woman until her safety was assured.

However, participants from both groups expressed mixed views about laws mandating medical professionals to report physical signs of domestic violence to the police. One participant from Group B felt that these laws made sense, stating, "... if it was a random person who got mugged in the street, they would call the cops, so I don't understand why they wouldn't do that if you got beaten up by a loved one." Another participant (Participant 2) offered a different perspective:

I think it's a more sensitive issue because to have a social worker come to your house after a report of violence to provide services is one thing, to have an officer come to your house threatening to arrest you... would make the home environment more unsafe. They're going to have to come out and investigate, its most likely they'll [the couple] deny the report, and they'll [the officers] just leave. Again I think it creates a paper trail, I'm a big fan of paper trails... but I think without DCF or social worker involvement... it becomes a more dangerous situation.

In response to this statement, a third participant asked, "...isn't it already a dangerous situation? And, if you as a medical professional are not allowing that to come forward, you are, by definition, allowing that to take place?" Participant 2 was joined by a fourth participant as they collectively defended their position of hesitation to report and expressed their concerns about how police intervention can instigate more violence, particularly if a woman is not ready or willing to leave the relationship. These views were similar to concerns expressed by more than half of the participants in Group A.

In addition to those concerns, some Group A members opposed the idea of mandated reporting due to suspicions of state mandates, the ambiguity of what constitutes domestic violence and what is reportable, and (again) concerns about how reporting would impact the therapeutic relationship. These ideas were generally encapsulated in the following statement:

I think where it gets kind of dodgy is when you look at the more expanded... definition of domestic violence. Then it starts not really to make sense to me, in terms of the controlling behavior, verbal abuse... the sort of grey areas. I have trouble imagining what that would really look like... and I'd have concerns about how it might impact the therapeutic alliance.

Another participant questioned, "To what end are we reporting," leading to a larger discussion about treatment and intervention, which will be reported later in the chapter.

One participant in Group A expressed a more favorable view of such mandates: "A part of me likes the idea of it; I mean I'm open to it... I want women to be getting help, because I don't want women in relationships like this..."

A Call for Increased Collaboration and Concerns about DCF and Police Response

Returning to concerns about how police respond to situations involving domestic violence, several participants in both groups directly expressed support for, as well as, optimism in the effectiveness of victim advocates accompanying police. Yet, Group B members identified a need for greater collaboration between social services, victims' services, and police and legal services. Group B members also expressed concerns about budget cuts that would likely lessen the amount of resources attributed to such programs. They reflected on their feelings of worry and feelings of limitation, while discussing diminishing social service resources for families impacted by domestic violence. There was also some disagreement between Group B members about the level of training and effectiveness of police interventions in situations of domestic violence. One participant stated that during her work with the Department of Children and Families she found that police did not file to the Department even when they knew children had been witnessing domestic violence, while another participant spoke to the significant advancements in police intervention that he had observed throughout his career.

“I’m just a frustrated social worker” : Mandated Reporting of Children Witnessing Domestic Violence

Mandated reporting of children witnessing domestic violence to the Department of Children and Families (DCF) was one of the dominating topics of the Group B conversation. One participant initiated the discussion by sharing the following statement about her work with a mother who continued to have visible signs of abuse (i.e. cuts, bruises and black eyes):

One of the reasons why I came today is [because] maybe I can get some suggestions on how to work with this family... I feel like these kids are in harm’s way, but I’m stuck. What do I report on; nobody’s really coming out and telling me what’s happening, so how can I change that?

Though this social worker had other suspicions about the male partner’s controlling behaviors, her dilemma was that every time she confronted the mother about these physical injuries the mother would deny that they were the result of violence from her partner. The majority of participants in Group B directly expressed the importance and necessity of filing a 51a when children are witnessing domestic violence. One participant explained that, “When I’m working with a family, my focus is on the children... the question becomes... is there a severe risk to the kids? That supersedes all else. You have to file. And you’re right; you can lose your client. [But] I’ve had about 50% of [my clients] come back and say, ‘this needed to be done and thank you, because I wasn’t able to do that’...”

Contrary to this, members from Group A generally expressed concerns about how reporting about domestic violence might pose a risk to the family and to the therapeutic alliance. One participant from this group provided the following concerns about filing:

I had to file a 51a... I knew I had to do that, and there was a part of me that was sort of glad that I could do that but then... when I was doing the filing with DSS I said a couple of times to the guy, "But, she's a really good mom, but she *is*" ... A part of me was like I don't want to do this, but than a part of me was like well good, maybe this will help get her some services, will maybe get another person involved in this picture...[but] I didn't want her to get another... repercussion or another bad thing happening... when she had the jerky abuser doing that piece to her.

A second participant talked about how a colleague had filed a 51a leading to her being stalked and intimidated by the abusive partner and potentially increasing the violence in the home.

Participants' comments on the effectiveness and responsiveness of DCF to reports of children witnessing domestic violence sparked a charged discussion in Group A. When asked if participants had ever filed a 51a, the following dialogue occurred:

Participant 3: I have... I've had some situations in which the children were not abused but there was a significant history of violence.

Participant 5: Was it screened in or out?

Participant 3: Both. It depends on the financial times within the state involved... politics...

Participant 5: I've reported. Screened out. Almost every time - screened out.

Participant 3: Yes, but what I've also found is... it isn't necessarily [about] getting DCF involved. It is frankly a declaration that there is a problem. And that now it *declares* that there has to be something done. It happened... even if it's screened out; you've got something on record. You document... in child welfare services, that's what you do. Even if you're not the one who's going to be doing the treatment, it sets the scenario for later.

When asked if participants felt the law was clear enough to guides one's decision to file a 51a, the dialogue continued:

Participant 5: That's a tough one, too, I don't know if I actually know the law, but after this, you bet I'm going to go home and research this and find out... and I know with my experiences... when I have filed, it really really irritates me that

it's been screened out, so I would really like to know so... I can advocate for my clients....

Participant 6: The law is, well, can be vague, but it's also subjective. To whom are you reporting, even though they [DCF] have guidelines they have to follow... if the family... doesn't have a history, sometimes it doesn't sound serious enough... [but] sometimes they go out and investigate right away.

Participant 5: Yeah, if you get lucky.

Participant 3: Well, it's more than luck, knowing how to present the information... give enough resources to help them make that decision... I don't think it [being screened out] means that DCF is ignoring the problem...

Participant 5: I'm just a frustrated social worker... I didn't mean anything derogatory towards DCF; I think they do a wonderful job when they can.

Participants also noted that the presence of multiple children in the home, severity of domestic violence, and risk of injury to the children were major contributors to their decision to file. Though Participant 5 expressed disappointment in DCF's lack of response to allegations of children witnessing domestic violence, she later added that this did not deter her from filing.

“Respect the culture but you can't respect the violence”: Practicing with Cultural Competency when Domestic Violence is Present

Participants were then asked if and how they honor clients' cultural values when issues of domestic violence are present, and participants in both groups noted working with culturally, racially, spiritually, and economically diverse clientele. Members from both groups began by discussing the importance of “joining with the family” and “relying on the relationship” to help guide one's understanding of clients' cultural values as well as the clients' perspective on the family dynamics. A participant from Group B stated:

There are cultural beliefs that marriage is forever. It would be an embarrassment; it's not acceptable to leave... I try to discuss the situation, work on building the relationship... I focus on the children and try to find a way for that person to

leave... I also try to help [her] consider how she can maintain some of her cultural beliefs [if she leaves]... we need to respect culture, but when there's a danger element you need to bring it out in the open and discuss it... It creates a personal dilemma... respect the culture but you can't respect the violence.

Another participant spoke to how safety must take precedent over anything else:

It's about the safety level. When it's about hurting someone, it passes beyond cultural respect. It becomes an ethical issue of humanity. It's not any more acceptable for a person to be beaten up in any [other] culture.

Two other participants agreed with this perspective, but a third participant inquired about what to do when violence is not occurring but issues of power and control are glaringly present. She provided a vignette from her work with an Asian family where the father "clearly ruled the roost" and his wife and children "jumped at his every command." She wondered if she would be more apt to address these concerns with a Caucasian family and what would make her more prone to think that the use of power and control was more acceptable in the Asian family. This participant noted that she frequently consulted her supervisor for guidance on how to conduct treatment with this family.

Participants in Group A focused more on the impact of economic hardship on a family's stress and use of violence. Members in this group considered how an imbalance in wage earnings between men and women can foster an uneven power dynamic in intimate relationships, and how a woman bringing in a higher income may challenge a man's sense of worth and power in the family structure inciting him to use violence to express his patriarchal authority. Participants also discussed the "culture of violence" theory and how the prevalence of violence and crime in urban and impoverished neighborhoods as well as in the media can lead to a greater tolerance and acceptance of the use of violence in the home.

One member from Group B and one member from Group A also disclosed that they had previous experience in international social work. These participants noted that coming into another culture and another country made them wary of imposing their Western values on the clients they worked with. However, both participants expressed that they viewed domestic violence as a human rights issue, regardless of whether or not it was condoned by a culture. When asked, one participant shared that though rape was sanctioned in the country where she was practicing, many women in that culture did not feel it was acceptable and younger women in this community were developing organizations and supportive programs to combat community tolerance of rape.

Unexpected Findings on Treatment, Goals, and Best Practice

Conversations about these topics led participants from both groups to consider what is “best practice” in working with victims of domestic violence. Participants expressed a need for more batterer intervention services. A female participant from Group B said:

There needs to be more treatment for men who perpetrate violence. Target the men - men’s initiatives to be safe are huge... Part of [it is] generational, part is societal that one in four women have been sexually abused by a man.

Elaborating on this social and political theoretical perspective, a male participant from Group A similarly stated:

... if we’re reporting violence against women and not violence against men as domestic violence... we’re missing out on the larger system of violence. Women end up in the mental health system and men end up in the prison system. I think we need to look at the relationships...

Regarding the goals of treatment, a participant from Group B stated:

...I have situations where there’s profound trauma in the family... [the kids] are so strongly tied in allegiance to both parents [that] it becomes a huge treatment

goal to develop some version of a relationship with someone who can lose their temper and abuse... and the questions are the choices we have... how do you build a healthy relationship so you don't replicate [the abuse] and end up with a generational pattern?

He noted that over the course of his career he often used and was a strong advocate for the use of conjoint therapy, explaining:

...if you're working on a mandated circumstance [with men], which frankly I advocate for, because again, I want it mandated, I want it known... keeping your family together while putting them at risk is just not an acceptable situation. But, ... when it's mandated, I find that you take down a lot of barriers, which is, now I have a conversation when I see it [abusive patterns]. I will begin to identify... what's going on... Sometimes, I need to bring everybody together when I see it... and you can supervise that.

Both groups of participants discussed the risks to conducting family therapy when abuse is present but also considered the benefits to working with all family members if everyone's goal is to stay together as a family unit. One participant from Group B noted that she takes care to refer clients who are identified victims of domestic abuse to clinicians who are knowledgeable and experienced in addressing issues of domestic violence. She also expressed concerns about confidentiality and mixed feelings about the decision to treat all members of the family, including the abuser, at the same agency. Participants in both groups continued to stress that safety is always the central goal and focus of the work with victims of domestic violence.

"We can't make any of these decisions on our own": Sources of Guidance for Resolving Ethical Dilemmas

Experience, supervision, and consultation were the primary sources of knowledge and support sought after by both groups of participants when addressing ethical issues associated with domestic violence. Participants in Group A noted that due to the

complexity of domestic abuse, each situation should be handled on a case-by-case basis.

All participants from this group also emphasized their frequent and consistent use of supervision. This was evident in the statement: "... I think it's really important to recognize that we can't make any of these decisions on our own... not just for our own protection but to make sure we do it properly." Participants in both groups also stated and/or nodded in agreement that they did not gain information about how to address ethical issues of domestic violence through their graduate education. Three participants from Group B noted that independent research projects and undergraduate course work provided them with greater information about the complexity of domestic violence. Members of Group B were asked if the Social Work Code of Ethics provided guidance about how to resolve these ethical dilemmas. Some participants admitted that they were not familiar enough with the specifics of the Code of Ethics to answer, but one participant stated:

As a supervisor of graduate students, I've never found the Code of Ethics to be the absolute [answer]... there's a reason why it's mandated reporter... because you will get caught in an ethical dilemma and you will choose not to file, and it will get complicated...

Another participant felt that the National Association of Social Workers could be a helpful resource to access if one was stuck with an ethical dilemma. Finally, when asked if ethical issues related to domestic violence were openly discussed in the profession, participants stated and/or nodded in agreement that "it could be talked about more."

A Note on Group Process

There was a greater fluidity to Group A's discussion, participants fed off of one another's responses, and participants relied less on the facilitator's questions to guide the

discussion than in Group B. Participants in Group A appeared at ease in expressing their views, challenging each other's views, and accepting or offering a rebuttal to other participants' criticisms or suggestions. Though specific examples from participants experience were provided, the conversation was also more theoretical and abstract than the Group B discussion. In addition, participants in Group A demonstrated greater comfort with tolerating pauses and silences, and there was little interrupting or interjecting.

As the Group B conversation progressed, participants began to more openly dialogue and disagree with one another's statements. At some points, participants appeared anxious to defend or clarify their statements, but participants maintained a respectful and professional demeanor throughout the conversation. While all participants contributed to the conversation, there were some group members who offered more in depth explanations and contributed in greater abundance to the conversation than others. Age and experience did not seem to contribute to how much a group member participated.

Summary

Participants in both groups were asked to provide their experience and perspective on the following ethical issues as they relate to working with victims of domestic violence: a client's right to self-determination, mandated reporting of children witnessing domestic violence, a social workers' duty to protect, legislation mandating reporting of physical signs of domestic abuse to the police, best practice/treatment when addressing domestic violence, practicing with cultural competency when domestic violence is present, and resources provided or sought out to aid in resolving these ethical dilemmas.

The majority of participants from Group A were in strong support of respecting a client's right to self-determination at all costs. Likewise, participants from Group B promoted a client's right to self-determination by providing information and education, while ultimately honoring her wishes and urging her to make her own choices. However, Group B participants noted that children's safety and welfare overrode their decision to honor an adult client's request not to involve state social workers or police. Participants from both groups also recognized the complexity of preserving self-determination when safety is an issue.

Regarding a social worker's duty to protect, one participant from Group A stated she would call the police if her client was visibly injured, one participant would ultimately honor the client's wishes, and three participants remained undecided. However, participants from Group B unanimously responded that they would call the police if a client disclosed that her partner threatened to kill her. As Group B participants considered mandated reporting of physical signs of domestic violence to the police, two group members felt it was appropriate and necessary to involve the police and two members expressed concerns about how police intervention would impact the abusive relationship. Group A also discussed these latter concerns, and both groups of participants supported having victim advocates accompany police to calls on domestic violence. In addition, participants from Group A expressed concerns about the impact of reporting children witnessing domestic violence to DCF on the woman and children's safety as well as the therapeutic alliance.

Both groups supported exploring a family's cultural beliefs before intervening or developing a treatment plan to address concerns of domestic abuse, but participants from

Group B strongly emphasized the importance of promoting safety over honoring oppressive cultural values. A need for more services and interventions targeting men were expressed by members of both groups, and participants from Group B expressed support for a conjoint family therapy treatment model if all family members are interested in preserving family unity. Finally, participants from both groups stated that although their graduate education did not offer sufficient information on how to address ethical issues associated with domestic violence, consultation, supervision, and experience were the greatest contributors to helping participants resolve these ethical dilemmas.

CHAPTER V

DISCUSSION

While intimate partner violence, particularly male perpetrated violence against women, continues to be a major social problem and an issue that many social workers will come up against in their careers (Cervantes, 1993; Payne et al., 2006), previous research reveals that social workers feel their graduate education does not prepare them to work with victims of domestic violence and an appraisal of social work graduate programs confirms this (Danis and Lockhart, 2003). Following the recommendations of Danis and Lockhart (2003), a study regarding ethical dilemmas associated with issues of domestic violence was conducted to explore: 1) what ethical issues social workers encounter in their work with victims of domestic violence; 2) social workers' understanding of the complexities of domestic violence and the laws and ethics that impact this work; 3) how social workers resolve ethical issues regarding domestic violence; and 4) where they obtain the information to help them resolve these issues.

Two 60-minute, video-recorded focus groups, one comprised of 5 Master's level social workers and another comprised of 8 Master's level social workers, were asked to discuss practicing with cultural competency when domestic violence is present, upholding a client's right to self-determination when the client is being abused, mandated reporting of children witnessing domestic violence, a social workers' duty to warn/duty to protect, participants' views on legislation mandating reporting of physical signs of

domestic violence to the police, and resources provided or sought after to aid in resolving these ethical dilemmas. From these focus group discussions, five significant findings emerged regarding: social workers' knowledge and comprehension of issues related to domestic violence; resolution of issues about cultural competent practice, treatment, and client's safety; understanding of the laws surrounding a duty to protect and mandated reporting of children witnessing domestic violence; beliefs about state and legal interventions with families experiencing domestic violence; and sources of guidance in resolving ethical dilemmas. Though interwoven throughout the discussion of these topics, issues of best practice in choosing who to treat, treatment modalities, and treatment goals came forth as unexpected findings. Group composition and dynamics, issues regarding recruitment, implications for social work practice, and recommendations for future studies will also be discussed.

Understanding the Complexities of Domestic Violence

Contrary to previous research suggesting that social workers are generally uninformed about the causes and complexities of domestic violence (Ross and Glisson, 1991), social workers from both groups demonstrated a strong understanding of the cycle of violence and the various tactics of power and control that constitutes domestic abuse. Throughout the focus group discussions, participants acknowledged multiple barriers to help seeking and leaving one's abusive partner and explored how these issues lead to complicated dilemmas about what type of treatment to use with whom. Participants also discussed how maintaining a broader understanding of the phenomenon of domestic violence makes it more difficult to interpret legislation regarding interventions such as mandated reporting of domestic violence. As noted in the literature review, theoretical

shifts have occurred from psychological and attachment theories on domestic violence to feminist perspectives on male dominance and female oppression to ecological theories that consider the various social, economic, and psychological contributors to domestic violence (Danis, 2003; McPhail et al., 2008). Participants presented an integrative theoretical framework in these conversations leaning towards an ecological perspective on the issue. Though previous theoretical perspectives led some clinicians to favor overriding a client's right to self-determination out of concern that an abused woman is not competent enough to make the best decisions for herself (Huston, 1984), adopting an ecological perspective may have contributed to participants' dedication to upholding their clients' rights to self-determination and trusting that these battered women were capable of making competent decisions for themselves.

In Group A, this ecological framework was evident in conversations about the impact of income and economic hardship on the occurrence of domestic violence along with a discussion on the culture of violence in the United States, which influences the use and tolerance of violence in intimate relationships. Participants in Group B demonstrated their knowledge through identifying the influence of socially constructed gender roles, economic limitations, and family values/pressures that impact a woman's decision to leave her abuser. These group members also repeatedly stated that providing education as well as focusing on building self-esteem was essential to empowering a woman to make safe choices for her and her children. Several participants showed notable flexibility and creativity in mediating the tensions between safety and self-determination. This was exemplified in the story provided by one social worker who worked with her client on drafting a safety plan for her children though the client did not want to discuss or draft a

safety plan for herself. Developing a safety plan and providing information about legal protections and community resources were congruent with three of the five major treatment recommendations of Cervantes (1993).

In addition, Group B highlighted the overlap and interconnectedness of domestic violence and child abuse through conversations exploring the benefits to and dangers of mandated reporting to the Department of Children and Families (DCF). Numerous researchers have discussed the overlap of child abuse and domestic violence and stress the importance of assessing for both issues when a disclosure of abuse is made (Lewis, 2003; Anderson & Cramer-Benjamin; Berman, 1993). Though information on domestic violence is not widely taught in social work graduate schools, these findings indicate that social workers are obtaining information about domestic violence from alternate sources.

Unexpected Findings on Treatment and Best Practice

Though questions regarding treatment and best practice were not included in the interview guide, treatment goals, interventions, and thoughts on best practice in addressing issues of domestic violence frequently emerged in the Group B discussion. One of the first ethical concerns raised by group members was determining whether or not to encourage a relationship between children and their abusive parent if the child is not at risk of being physically harmed. As clinicians who typically work with children and families, participants talked about the difficulty of negotiating treatment goals that honor a client's desire to maintain a relationship with his or her domestically abusive parent without fostering a generational pattern of violence. While many participants from both groups noted that both men and women are being mandated by DCF to attend treatment when a suspicion of domestic violence is investigated and confirmed, social

workers continue to feel tension about how and who to engage in treatment. Though literature and research regarding best practice with couples engaged in domestic violence provides mixed results on the effectiveness of and support for conjoint therapy (Hansen & Goldenberg, 1993; Sullivan, Egan, & Gooch, 2004; Stith, Rosen, & McCollum, 2003; Harris, G., 2006), one participant reported that conjoint therapy was a model he frequently practiced and recommended using when working with families with children. In a study exploring the efficacy of conjoint therapy, Sullivan, Egan, & Gooch (2004) found a reduction in blame and symptoms of trauma for all participants, though parents reported that conjoint family therapy had stronger positive effects on their children than it had on them.

Both Group A and Group B participants expressed a need for more treatment for men who batter, which also speaks to how participants theoretically perceive domestic violence. Participants noted that exclusively providing treatment for battered women only addresses part of the problem and is not effective in breaking the cycle of violence. Though participants in both groups urged the distribution of information and the development of safety plans with women experiencing domestic violence, it was unclear as to whether or not participants felt that leaving one's abuser was a primary and necessary goal of treatment. Cervantes (1993) argues that the cessation of violence, not leaving one's abuser, should be the goal of treatment. Since other research reveals that some women in abusive relationships do not seek treatment out of fear that the therapist will break confidentiality or will insist that the woman leave her abusive partner (Fugate et al., 2005; Moe, 2007), clinicians should be mindful of infringing on a client's right to

self-determination by making recommendations and treatment goals that are not aligned with the goals of the client.

Cultural Competent Practice and Safety Planning

Congruent with the recommendations on culturally competent practice (Cervantes and Cervantes, 1993; McGee, 1997), participants in both groups agreed that social workers should take care to ask about and explore how the client's family values and cultural values shape her understanding of relational dynamics. However, participants in Group B strongly expressed that clients' and children's safety must take precedence over honoring cultural values, which influence the use of violence in the home. One social worker recommended exploring what cultural aspects and values a client can identify with and uphold even if she chooses to address issues of abuse with her partner. Another group member raised an important question/concern about whether or not one should identify and address issues of power and control with all families if physical violence is not present. This participant, who identified as White, shared that she was wary about addressing these dynamics with an Asian family she was working with but wondered if she would have been more inclined to address them with a White family. Such concerns once again bring us back to the dilemma of honoring a client's right to self-determination.

Ultimately, a social worker should examine his or her values and biases and share these biases with the client prior to providing guidance on what should be done. Since such biases can remain hidden, previous research recommends that social workers frequently consult supervisors and colleagues when considering these values and biases (Cervantes and Cervantes, 1993; Mattison, 2000). A client should be presented with a

variety of options and ideally treatment goals should be drafted that promote the client's safety and well being, as well as, their decisions to remain in or leave an abusive relationship. Though it can be difficult to stay with the ambivalence of leaving or staying, social workers should keep in mind that such beliefs are fluid and will likely change several times over the course of treatment.

Ethics and Laws Impacting Social Work with Victims of Domestic Violence

As demonstrated throughout this discussion, the social work value of upholding a client's right to self-determination can be challenged in a variety of ways while working with women and families experiencing domestic violence. All participants from both groups agreed that upholding a client's right to self-determination is essential to ethical social work practice. However, members from both groups expressed diverging views about when beneficence and a duty to protect should supersede a client's expressed wishes. Since self-determination was the anchoring focus of the Group A discussion, participants were generally hesitant to overstep a client's wishes and call the police. Participants in Group A feared that such interventions could potentially recreate disempowering relational dynamics and rupture the therapeutic alliance. Notably, many of the participants in Group A did not discuss this issue in terms of duty or liability, but rather, as a matter of best practice. However, participants in Group B placed greater emphasis on gathering "accurate" and evidenced information prior to calling for police intervention, which implied an underlying attention to the legal implications of breaking confidentiality.

It is also important to note the difference between the "bottom-line" questions asked of each groups. Members from Group A were asked about calling the police on an

offense that the woman, though visibly injured, had survived. A scenario was described where a client arrived with two black eyes and a gash on her face, and participants were then asked to discuss how they would respond. Group B was asked about a threat to kill, which could potentially be prevented by police intervention. In future studies, researchers should consider providing the same variety of scenarios to all participants for feedback. Discussion of a clinician's duty to protect concluded with members from both groups arguing for social workers to encourage their clients to make the call to authorities with the support of the clinician. Other researchers have noted that this process of intervening is paramount to empowering clients and addressing the tensions between honoring self-determination and adhering to the ethics and laws governing this profession (Cervantes, 1993; Lewis, 2003).

While members in Group B further discussed the importance of empowering clients, maintaining a validating, non-judgmental stance, and focusing the work on education and safety planning, the majority of group members agreed that if children are witnessing domestic violence their needs take precedence over honoring an adult client's wishes not to involve the authorities. As employees of an agency that primarily serves children and families and promotes child welfare, social workers from Group B appeared more resolved in their roles as clinicians and "whistle blowers"/social change agents than social workers in Group A. Group B members expressed greater decisiveness in taking action to report children witnessing domestic violence to DCF as well as a client's disclosure of being threatened to the police. Though both groups noted that they would respond accordingly as mandated reporters of children witnessing domestic violence,

members of both groups also recognized the potential danger this can bring to the women and children experiencing domestic violence.

As explained in the literature review, Massachusetts's law does not explicitly define child neglect or abuse as a child witnessing domestic violence, but the Department of Children and Families urges reporting of children witnessing domestic violence due to the potential for physical and emotional harm that can occur (The Massachusetts Department of Health and Human Services, n.d.). All members from both groups were aware of the mandate to report children witnessing domestic violence to DCF, and some members from both groups noted that the majority of their clients are also aware of this mandate. As participants' stories reflected, this may profoundly impact a woman's decision to disclose domestic violence, and ultimately work against the goal of protecting vulnerable family members from abuse. Many participants stated that the lack of clarity about what the state believes constitutes domestic violence and how severe the abuse/violence must be to warrant reporting makes it difficult to determine what should be reported. The Department of Children and Families website does not define domestic violence, thus a social worker is left to determine if verbal abuse, slaps, physical injuries, all, or none of these warrant reporting (The Massachusetts Department of Health and Human Services, n.d.).

This vagueness presents both a potential problem and a potential opportunity for social workers. On one hand, if a social worker files a report on children witnessing domestic violence and the report does not meet the criteria for being investigated, this can send a message that this level of abuse is acceptable. If the abuser is made aware that a report was filed, it can also create a more volatile situation with fewer resources for the

victimized family members. And, if the report is screened out, what should a social worker do if the violence continues? On the other hand, a social worker can use the vagueness of this mandate to assess the situation and discuss safety and help seeking options with her client prior to making a decision to file. Since social workers continue to feel a tension between their roles as clinicians and mandated reporters, social workers' education on screening for domestic violence, resources and safety planning, and factors that aid in resolving ethical decisions should be strengthened.

Regarding the growing state-by-state legislative mandates for health professionals to report physical injuries from domestic violence to the police, participants in both groups once again provided mixed views. Some participants felt that it would offer greater opportunity to expose victims of domestic violence to resources and/or argued that violence between intimates should not be viewed as less significant/punishable than violence between strangers. These beliefs echoed the findings of research about female patients' views of mandatory reporting of physical injuries resulting from domestic violence to the police (Rodríguez et al., 2001)

Participants who disagreed with this legislation argued that such an intervention risked perpetuating the cycle of violence and further disempowering the woman as well as disregarding the multitude of factors that contribute to a woman's decision to leave. These factors include: concerns about children's well-being, honoring family/cultural values, the potential for instigating more severe violence by leaving without having adequate protection or recourse, economic limitations, etc. These views also support the research of Bledsoe et al. (2004), who note that many physicians oppose these mandates due to concerns about breaking physician-patient confidentiality and potentially placing

the victim in greater harm. Other participants once again wondered how severe domestic violence must be to warrant reporting: disclosure of an assault even if it does not lead to injury, minor injuries such as scrapes/cuts/bruises, or more severe injuries such as broken bones and internal bleeding.

Another participant argued, “to what end are we reporting?” An awareness of the barriers to ending an abusive relationship begs the question: what economic, legal, health, and mental health resources have states then put in place to serve victims of domestic violence impacted by this legislation? Though these mandates may aid victims of domestic violence in getting help, they do not address the macro issues of domestic violence. Children who are witnessing domestic violence and men who are perpetrating it are also in need of educational and rehabilitative services if the global issue of domestic violence is going to be addressed.

Working within a System

Keeping within an ecological framework, social workers participating in the focus groups recognized that they are both aided and bound by the limitations of the system when considering how to intervene with a woman who is experiencing domestic violence. In Group B, debates emerged over DCF and police training and efficacy. One participant expressed frustration over DCF’s lack of response to allegations of children witnessing domestic violence, while another participant expressed mixed success in these reports being investigated. Several participants noted that “creating a paper trail” is an important step towards addressing issues of domestic violence. Yet, if issues of domestic violence are reported without the abused woman’s consent, this may discourage her from further help seeking or disclosure of abuse. Social workers must be constantly mindful of

the implications of these actions. Reflecting on a quote from one participant who stated that reporting children witnessing domestic violence to DCF “declares that there’s a problem... and that something must be done,” Lewis (2003) presents several recommendations for how to empower a battered woman to take action rather than demanding that action be taken. These recommendations will be discussed at the conclusion of this chapter.

When exploring participants’ views on police response to domestic violence, some social workers felt that the police are ill-equipped to respond appropriately to calls of domestic violence, while others felt that police response has improved with increased training. One participant added that during her experience working for DCF, she did not receive a single report from the police when they responded to a domestic violence call and found that children were witnessing domestic violence. Participants from Group A expressed additional concerns about who to turn to and how to intervene when the perpetrator of domestic violence is a police officer. Both groups of participants unanimously supported having social workers trained in issues of domestic violence (i.e. victim advocates) accompanying police in responding to domestic violence related calls. Yet, members from Group B expressed worry over budget cuts that would reduce funding to services addressing domestic violence.

Social workers concerns about police and DCF response to issues of domestic violence may strongly impact social workers’ decisions to report suspicions of domestic violence to authorities. If legal and social services are not actively collaborating on addressing domestic violence, social workers may mirror the feelings of hopelessness and disempowerment that many clients experiencing domestic violence feel. Research shows

that though there is a significant national increase in police and child welfare workers' training on both assessing for and addressing issues of domestic violence, there continues to be a need for greater collaboration between social and legal services and education on domestic violence (Lewis, 2003; Bent-Goodley, 2007; Payne et al., 2007).

Resources for Resolving Ethical Dilemmas

Participants stated that supervision, experience, and peer consultation were their primary sources of knowledge and guidance in resolving ethical dilemmas that arise when working with women experiencing domestic violence. These were congruent with Bent-Goodley's (2007) findings. Also confirming the findings of Danis and Lockhart (2003), participants unanimously reported that their graduate education did not focus on or thoroughly prepare them to address ethical issues related to domestic violence. However, some participants noted that they gained some of their information about domestic violence through undergraduate course work or independent research. When asked if the NASW Code of Ethics and the laws mandating reporting offer clarity on how to resolve ethical dilemmas regarding domestic violence, Group B participants generally reported that they did not feel familiar enough with the specifics of this code and laws to consider how useful they are in resolving these ethical dilemmas.

However, one participant noted that his experience as a supervisor informed him that the Code of Ethics does not provide enough clarity to distinctively make these judgment calls, adding that this is why mandated reporting is needed. This position demonstrates that while social workers may have a general understanding of the Code of Ethics, they do not seek it as a source of guidance to aid in resolving these ethical dilemmas. Since Mattison (2000) notes that the resolution of ethical dilemmas most

frequently comes through weighing the options and consequences of one's actions, it is understandable that social workers primarily seek out colleagues and supervisors to dialogue about such decisions.

Referring back to the research exploring the decision-making process of resolving ethical dilemmas (Mattison, 2000; Reamer, 1993), an analysis of these focus group conversations suggest that on issues of upholding a client's right to self-determination and acting on one's duty to protect, social workers are more inclined to weigh the potential benefits of intervening against the potential danger. Since ethics and laws regarding work with victims of domestic violence are vague, this may be more out of necessity than choice. Yet interestingly, participants from both groups were quick to note that that they are aware of and, to the best of their ability, adhere to the mandates of reporting on children witnessing domestic violence despite their awareness and concerns about how reporting might impact the families' safety or the therapeutic alliance. These findings demonstrate the impact of mandated reporting on social workers' ethical decision-making, and present a somewhat ominous and concerning picture of what may transpire as more states develop mandatory reporting laws of physical injuries of domestic violence to the police. For better or for worse, mandatory reporting laws require social workers to take action despite whether the social worker believes that such interventions will cause more harm than good. As Cervantes (1993) notes, social workers must begin to take a more demonstrative position in addressing issues of domestic violence before state and federal mandates decide how social workers should handle these matters.

Limitations to this Study

As discussed in the methodology chapter, significant issues around recruitment emerged, which required slight changes to the original study design. These difficulties in recruitment may be attributed to the following: 1) lack of familiarity with issues related to domestic violence; 2) lack of comfort in discussing ethical dilemmas associated with domestic violence with other professionals; 3) lack of interest in the topic of this study; or 4) social workers full schedules and overwhelming demands that leave them without time or interest in contributing to such research. Changes in study design or recruitment strategies, as well as, replication of this study may help to clarify what hindered more social workers from participating. Since one cannot be sure what motivated participants to or not to participate in this study, it is important to consider that this sample of participants may have had more confidence in dealing with ethical dilemmas or issues of domestic violence than other social workers. Though, these participants may not adequately represent the profession as a whole, this initial research can provide depth and guidance for future large-scale studies.

Another significant limitation to this study is that the participant sample did not provide an adequate demographic representation of social work professionals; this study was particularly lacking perspectives of clinicians of color. The sample was also limited in size and the number of focus groups held did not exhaust the possibility of answers or topics of discussion that can emerge from such focus group discussion. It is also important to note that participants in Group B were previously acquainted with the researcher and participants in both groups were acquainted with each other. However, it is unclear what impact this had on participants' decision on what they contributed to the conversations. Though this researcher anticipated that group dynamics might provide

some insight into why social workers are not actively addressing issues of domestic violence, few significant group dynamics emerged during the discussion and participants in both groups appeared comfortable offering differing points of view. Another major limitation was that slightly different questions were asked to both groups.

Recommendations for Future Research

Since this topic is in its preliminary stages of research, no area was covered in sufficient depth. Based on participants' reported reliance on supervision, future research should explore supervisors' decision-making processes as well as where supervisors gain information to help resolve ethical dilemmas such as the dilemmas explored in this paper. Since participants in one group noted that they turn to their supervisors and not to the Code of Ethics for guidance, future research should also investigate supervisors' knowledge of the Code of Ethics, laws about domestic violence, and theory and practice regarding working with women and families experiencing domestic violence.

As revealed in the findings, participants in both groups struggled with feelings of uncertainty about how much to guide the client, concerns about the consequences of intervening and not intervening, concerns about how DCF workers and police respond to domestic violence reports, and frustrations over not knowing definitively what to report. These findings suggest that the process of resolving these ethical dilemmas may cause social workers significant stress, which may contribute to why social workers are not taking a clear and active role on addressing issues of domestic violence. Stress from making these ethical decisions may have also impacted participants somewhat blanket compliance to mandatory reporting laws of children witnessing domestic violence. Future research should consider the amount of stress caused by making such ethical decisions,

the impact of mandated reporting on increasing or reducing this stress, and ethical decision-making strategies that can aid in reducing stress and tensions.

Regarding the unexpected findings of ethical issues associated with providing competent care to women experiencing domestic violence, Cervantes (1991) states that since so many clinicians knowingly or unknowingly come in contact with women experiencing domestic violence a clinician must routinely and accurately assess for domestic violence. Though participants noted that information should be provided if there is suspicion of domestic violence, the focus groups did not reveal whether or not social workers routinely screen for domestic violence and if they are aware of how to effectively screen for domestic violence. Though ever-increasing research is being conducted on medical professionals' screening of domestic violence, future research should explore social workers' knowledge about and frequency of screening for domestic violence.

Participants were also rather vague about whether or not 'leaving the abuser' should be a primary treatment goal. Contrary to Huston's (1984) recommendations, Cervantes (1991) also argues against using 'leaving the abuser' as a primary treatment goal, and other research reveals that battered women's beliefs about social service and mental health providers' responses to disclosures of domestic violence may influence their decision to seek help. In a study conducted by Fugate et al. (2005) examining barriers to help seeking experienced by battered women, a noteworthy 18% of participants stated that they feared how the counselor would react to the news and worried the agency/counselor would break confidentiality and report the abuse. In addition, participants resisted getting help because they thought that in order to seek help

they would have to commit to ending the relationship and they did not want to experience the many tangible losses of disclosing abuse and leaving their partners (Fugate et al., 2005). Researchers also found that participants had a higher threshold for domestic abuse and did not feel the abuse they experienced was serious enough to warrant intervention. Future research should investigate how social workers' develop treatment goals with battered women, since this may significantly impact battered women's decisions in seeking treatment.

Recommendations for Social Work Practice with Women and Families Experiencing Domestic Violence

Though this study specifically sought to explore ethical dilemmas that arise when working with women experiencing domestic violence, focus group discussions revealed that many social workers come across the issue of domestic violence through working with children and families. Ecological theories on family violence also reveal that there is a notable overlap between child abuse and domestic violence (Lewis, 2003). Thus, it is important to consider the impact that violence and abuse is having on all family members, as well as, how intervention may impact the family.

Lewis (2003) provides the following outline and recommendations for assessing for child abuse and domestic violence that helps social workers remain transparent and committed to empowering the client while adhering to legal mandates: 1) explain at the start of treatment one's role of mandated reporter, what is reportable, and what can be expected after something is reported; 2) if a disclosure of abuse is made, explain that there is an overlap between child abuse and domestic violence as well as the impact that witnessing domestic violence can have on children; 3) conduct an assessment for both

child abuse and domestic violence; 4) encourage a discussion about domestic violence resources and safety planning; and 5) if the disclosure mandates reporting, encourage the woman to make the call or to remain with you while you make the call to child protective services. Cervantes (1993) also urges clinicians to be aware of legal options, share knowledge about community resources, and develop a treatment plan that focuses on eradicating current violence and reducing the potential for future violence. Though these recommendations do not eliminate the tensions between mandated reporting and upholding a client's right to self-determination, they can aid social workers in providing mindful, informed, client-centered services that are more congruent with the overarching values of social work.

This research also revealed that while social workers believe it is important to ask family members to share how their cultural and spiritual values contribute to family dynamics as well as their perspective on these dynamics, safety must override respecting cultural, spiritual, or family values that are used to hurt, abuse and oppress other family members. When working with women or families where there is suspicion of domestic abuse, researchers recommend that social workers consider and/or inquire about the following: clients' ethnic and racial identities and their experiences of oppression; beliefs about emotional expression and how they may differ from beliefs held by the dominant culture; spiritual/religious beliefs, particularly regarding the sanctity of marriage; and cultural constructions of gender roles and expectations (McGee, 1997; Cervantes & Cervantes, 1993; Brownell & Ko, 2005). Cervantes and Cervantes (1993) add that, "The therapist must be sensitive to his or her own family history and reference point" (p.171),

and clinicians must be cautious of donning a “color-blind” perspective or engaging in dysfunctional rescuing.

In addition, Cervantes and Cervantes (1993) offer the following recommendations for culturally competent practice: assess for danger; maintain a balanced perspective by considering “individual pathology, relational conflict, and cultural expectations;” assess for family resources and consider the added impact of economic hardship; consider inviting a respected family member into therapy to aid in providing advice and perspective; “through affirmation of the family’s cultural background... enhance members’ sense of connection” to their culture of origin; emphasize the “inherent respect within the cultural framework” and cultural values that do not support the use of violence or abuse; develop safety contracts; and urge “the potential perpetrator to leave the volatile environment” (p. 156-173). While participants were unsure how to intervene if issues of power and control are present but violence is not occurring, these recommendations urge clinicians to help families consider how some things such as rigid adherence to gender stereotypes work against cultural values of respect. Practicing with cultural competence does not mean that social workers must allow oppression to continue unchallenged. It means that social workers should be reflective about how their own cultural values impact the way they view other family practices that are different from their own, while inviting families to share their perspective on their cultural beliefs and family dynamics.

Conclusion

Ethical dilemmas are an inevitable part of working with women and families experiencing domestic violence. Issues related to a clinician’s duty to protect and mandatory reporting of children witnessing domestic violence challenges a social

worker's beliefs about overriding a client's right to self-determination in an effort to protect the client or her children. Social workers may feel obligated to report witnessing of domestic violence to child protective services even when they are concerned that reporting could place the woman and her children in greater harm and these contradictions of values may cause significant stress and emotional turmoil for social workers.

Although participants do not believe their graduate education adequately prepared them to handle ethical issues that arise when working with battered women, this study revealed that social workers have a broad understanding of the definition and causes of domestic violence and consider these complexities when engaging in treatment with people who are experiencing domestic violence. This study also found that social workers are aware of and adhere to laws mandating reporting but feel these laws are vague. In addition, social workers recognize the importance of collaborating with other legal and social services in order to effectively do this work. Social workers support dialogue about cultural, spiritual and family values and how the family members view their relational dynamics, and they believe that safety and the welfare of children takes precedence above all else.

Though there are no easy answers to resolving these ethical dilemmas, routinely assessing for family violence, developing awareness for the various factors that contribute to domestic violence, safety planning and providing information and resources are important first steps to addressing issues of domestic violence. Maintaining transparency, being mindful of the various ways an intervention can impact a family, frequently consulting with colleagues and supervisors, being open to the client's

interpretation of her experience, promoting empowerment through encouraging the client to take action, and collaborating with clients and other community resources can all aid social workers with approaching these ethical dilemmas in a way that feels more congruent to the core social work value of self-determination.

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Appendix A

March 22, 2009

Jennifer Wiech

Dear Jennifer,

Your revised materials have been reviewed and all is now in order. We are, therefore, happy to give final approval to your study. The focus group is a very useful and interesting research strategy and I do hope you are able to recruit many participants.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Lee Whitman-Raymond, Research Advisor

Appendix B



May 7, 2009

Dear Ms. Wiech,

This letter is to inform you that the Research Committee at Youth Opportunities Upheld, Inc. (Y.O.U., Inc.) has reviewed your application to conduct research at the *Family Center*, in Worcester. Your proposal for Y.O.U., Inc. to serve as a recruitment site for your study, *How social workers reconcile ethical dilemmas that arise when working with victims of domestic violence*, has been accepted by Y.O.U., Inc.'s research committee, which reviews all research proposals and human participant issues.

The Committee has considered the following:

- A. Whether the proposal has included required information necessary to determine whether to approve the use of the Y.O.U., Inc. Family Center as a recruitment site and to also serve as a location for a focus group.
- B. Whether the researcher is qualified.
- C. Whether the researcher will clearly state the role that Y.O.U., Inc. will play in the research.
- D. Whether the research project has the potential to improve the care provided to persons served by Y.O.U., Inc.
- E. The status of approval by other research, review or human participants committees at state, federal or primary site levels.

The request to serve as both a recruitment site and a location of the study has been presented to and reviewed by to Connie Flieger, Ph.D. Chair of the Research Committee, which approved the request on January 22, 2009. A full review by the Committee was not deemed necessary. The request was also presented to Paul Kelleher, COO at YOU, Inc., which approved of the proposal on January 21, 2009. However, after further discussions and determination a full review by Dr. Flieger was conducted in order for Y.O.U., Inc. to serve as a research site including staff as research participants. On May 6th, 2009, your updated changes and methodology were accepted by the research committee.

As the principle investigator for this study, you have the following obligations to YOU, Inc.:

1. Report any critical incidents immediately to the program contact, Dr. Flieger, Research Committee Liaison, in addition to Director of Outpatient Services, Dr. Evan Graber, or Director of Quality Assurance, Ms. Elaine Waters-Daverio. Please see policy for details.

Youth Opportunities Upheld, Inc.
Family Center – Worcester

81 Plantation Street • Worcester, MA 01604 • 508-849-5600 • fax 508-849-5618



EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



www.youinc.org

2. protocol, especially how it may relate to Y.O.U., Inc.'s role. You must receive approval before implementing any proposed changes.
3. Provide the Research Committee with periodic updates regarding the status of the research to Dr. Flieger. Present your final research findings, either in written or presentation format, to the Research Committee to be passed along to Paul Kelleher. It would also be appreciated if you presented your results to the Clinical Team at the Family Center.
4. Convey to the committee any changes in contact information.

Thank you for your time and cooperation with the Committee and Outpatient Services staff. If you have any questions on the above information please call me at 508.849.5600, ext. 242.

Sincerely,



Connie Flieger, Ph.D.
Chair, Research Committee
508.849.5600, ext. 242

Appendix C

Informed Consent Form 1

May 8, 2009

Dear Potential Research Participant:

My name is Jennifer Wiech, I am a student at Smith College School for Social Work, and I am conducting an exploratory, qualitative study on how social workers resolve the ethical dilemmas that arise when working with victims of domestic violence. This research is being conducted for my Master's Thesis, which is part of the requirements for obtaining my Master's of Social Work degree from Smith College. In addition to being disseminated and published within the Smith College community, this research may also be used in future presentations and publications. Due to last minute scheduling conflicts, my research assistant, Kate Faggella-Luby (a MSW graduate student at Boston College School of Social Work), cannot attend the focus group but will be assisting with data analysis. Lisa Rudge (MSW graduate student at Smith College School for Social Work) will be co-facilitating the group with me. Both research assistants have signed a confidentiality pledge.

Your participation is requested because you are a professional in the field of social work who has a Master's degree and has worked with two or more female victims of domestic violence while they were in abusive relationships. In choosing to participate in this study, you are invited to attend a video-taped, 90-minute focus group where you will be asked to discuss your beliefs about how you resolve ethical dilemmas that arise when working with victims of domestic violence such as honoring a client's right to self-determination and mandated reporting. You will also be asked to complete an optional Demographic Questionnaire that will be used to report on the representation of participants and identify trends. Since participation requires interaction with other social workers, complete anonymity or confidentiality cannot be guaranteed. **However, by agreeing to participate in this study through signing and returning this informed consent form when arriving to the study, I request that you also consent to keeping the information shared by other participants, as well as, other participants' identity strictly confidential.** The research assistants and my thesis advisor will be the only people other than myself who have access to the data collected during this study. All contact with participants, contributions to this study, and data will be handled with the utmost care to confidentiality as outlined in the social work code of ethics. Information will be stored in a secure location in my home for up to three years. After three years have passed, consent forms, notes, and videos will be destroyed unless they are required for further development of this research.

Potential risks of participating in this study include: being challenged by other participants' personal beliefs about ethics and working with victims of domestic violence as well as exploring difficult aspects of social work that may be frustrating, upsetting, or unsettling. A debriefing will be provided at the conclusion of the focus group, which further explains the nature and purpose of the study. You will be given the link to an

online domestic violence training at the conclusion of the study. If you wish to be informed about the full scope and results of this study, you may contact me after June 30, 2009, which is the expected date of completion for this project.

In participating in this study, you will actively be contributing to the profession's knowledge about how social workers understand and meet the needs of victims of domestic abuse. Although I cannot compensate you monetarily, you will be provided refreshments during the focus group.

Your participation is completely voluntary. You are free to refuse to answer specific questions, to decline participation, or withdraw from the study at any time. However, due to the interconnectedness of the data collected, I cannot withdraw or omit any information provided during the focus group. If you have any concerns about your rights or about any aspect of the study, I encourage you to call me or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974. Thank you for considering to participate in this study.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

SIGNATURE OF PARTICIPANT

SIGNATURE OF RESEARCHER

Appendix D
Informed Consent Form 2

May 15th, 2009

Dear Potential Research Participant:

My name is Jennifer Wiech, I am a student at Smith College School for Social Work, and I am conducting an exploratory, qualitative study on how social workers resolve the ethical dilemmas that arise when working with women who have experienced domestic violence. This research is being conducted for my Master's Thesis, which is part of the requirements for obtaining my Master's of Social Work degree from Smith College. In addition to being disseminated and published within the Smith College community, this research may also be used in future presentations and publications. I will also offer to share the findings of this study along with other resources at a Y.O.U., Inc. Clinic Team meeting in the Fall or 2009. Kate Faggella-Luby, a MSW graduate student will be co-facilitating the focus group with me.

Your participation is requested because you are a professional in the field of social work who has a Master's degree and has worked with two or more female victims of domestic violence while they were in abusive relationships. In choosing to participate in this study, you are invited to attend a video-taped, 90-minute focus group where you will be asked to discuss your beliefs about how you resolve ethical dilemmas that arise when working with women who have experienced domestic violence (such as, honoring a client's right to self-determination and mandated reporting). You will also be asked to complete an optional Demographic Questionnaire that will be used to report on the representation of participants. If, during the focus group discussion, you wish to provide an example from your clinical work, please do not provide clients' names or other identifying information.

Since participation requires interaction with other social workers, complete anonymity or confidentiality cannot be guaranteed. However, all contact with participants, contributions to this study, and data will be handled with the utmost care to confidentiality as outlined in the social work code of ethics. Participants' identifying information will not be included in the research report or dissemination. Information will be stored in a secure location in my home for at least three years. Consent forms, notes, and videos will be destroyed after three years unless they are required for further development of this research.

Potential risks of participating in this study includes: being challenged by other participants' personal beliefs about ethics and working with victims of domestic violence as well as exploring difficult aspects of social work and this topic that may be frustrating, upsetting, or unsettling. A debriefing will be provided at the conclusion of the focus group, which further explains the nature and purpose of the study, and you will also be given the link to an online domestic violence training. At the conclusion of this study, I

will invite you to provide me with your contact information should you wish to receive a completed copy of the research report. I intend to complete this study by July, 2009.

In participating in this study, you will actively be contributing to the profession's knowledge about how social workers understand and meet the needs of victims of domestic abuse. This research will be disseminated both at this agency and at the Smith College School for Social Work, and it will be published in the Smith Nielson Library. Though I cannot compensate you monetarily, you will be provided refreshments during the focus group.

Your participation is completely voluntary. You are free to refuse to answer specific questions, to decline participation, or withdraw from the study at any time. However, due to the interconnectedness of the data collected, I cannot withdraw or omit any information provided during the focus group. If you have any concerns about your rights or about any aspect of the study, I encourage you to call me or the Y.O.U., Inc. Research Committee Chair at (508) 849-5600 x242. Although the Y.O.U., Inc. Research Committee has reviewed and approved this study, this is an independent project. Participation or lack of participation will in no way impact your employment, reviews, or standing in the agency. A final copy of the research report will be provided to the Y.O.U., Inc. Research Committee, but participants' identifying information and video-taped data will not be given to the Y.O.U., Inc. Research Committee.

My thesis advisor, Dr. Lee Whitman-Raymond, who has been a practicing social worker for 27 years, has offered to make herself available to participants for support, further debriefing, and referrals should you wish to speak to someone after the focus group. You can reach her at (401) 729-7542. In addition, Beth Flanzbaum, Assistant Director of the Y.O.U., Inc. Family Center, will be happy to discuss any ethical questions that may arise from this discussion, particularly involving mandated reporting. You can reach her at (508) 849-5600 x213.

Thank you for considering participating in this study.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

SIGNATURE OF PARTICIPANT

SIGNATURE OF RESEARCHER

Appendix E

Demographic Questionnaire

Please provide the following information to the best of your ability.

Age: _____

Gender: _____

Ethnic/Racial Identification: _____

Number of years of experience working in the field of social work: _____

Please indicate the approximate number of clients you've worked with where you've learned that a woman has been the victim of domestic violence:

Men _____

Women _____

Children _____

Appendix F

FOCUS GROUP QUESTION GUIDE

- 1) Have you faced ethical challenges while working with women who are in abusive relationships? Could you identify some of the challenges you faced?
- 2) What do you think about the social work ethic of a client's right to self-determination and how it applies to working with women who are in abusive relationships?
- 3) Does mandated reporting or the duty to warn/duty to protect impact your work with women who are in abusive relationships? How so? What would be your bottom line in deciding to call the police?
- 4) What are your thoughts on legislation being drafted which requires health professionals to report physical injuries inflicted by domestic violence to the police?
- 5) What are your thoughts regarding reporting or intervening when working with a woman who has children who are witnessing domestic violence?
- 6) Has respecting a client's cultural or spiritual beliefs challenged your work with a woman who is experiencing domestic abuse? How so? How did you resolve these concerns?
- 7) Where do you seek support or get information on how to resolve these issues?
- 8) Do you feel that the NASW code of ethics provides enough guidance to help you mediate these issues? Do you feel laws regarding mandated reporting are clear enough to aid you in making these decisions?
- 9) Do you feel your graduate education prepared you to address and resolve these ethical dilemmas?
- 10) Do you feel these issues are discussed openly in the profession of social work?