

# Domestic violence and counselling essay sample

[Sociology](#), [Violence](#)



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### Brief Explanation on Domestic Violence:

Domestic violence (DV) is one of the most common types of crimes, which takes place in people's homes behind the close doors and characterized by unequal power relations. DV happens in almost all cultures, races, society classes and countries and is rarely reported. Women are eight times more likely to be the victims than men (Ferrante et al. 1996). ' Each year 1.5 million women are physically or sexually assaulted by an intimate partner' (Tjaden & Thoennes, 1998 citing Kearney 2001 p. 270).

According to Laing (2000)

" Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women both in relationship and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation." (p. 1)

This essay will address two different types of approaches for working with domestic violence survivors and perpetrators and a brief discussion on the theories underlining these approaches. The essay will also briefly address the theoretical, practical and ethical issues when working with such population.

### Approaches for survivor

Numerous studies (Laing (2000), Turnage, Jacinto & Kirven (2003)) report that women are most likely to be the victim of DV. Majority of the studies in

this field have focused on DV in heterosexual relationships, where it was been found that the vast majority of cases involve men as a perpetrator and women as a victim or survivor. This violence is usually behind the closed door and is not reported due many potential factors such as cultural stigma, economic dependence, social isolation, unfavourable government legislations, family pressure, insecurity, religious beliefs and finally personal beliefs and values about relationships to name a few.

Motivation for developing the contemporary response to domestic violence started from the women's refuge movement (Laing, 2000). In 1974 the first women's refuge group in Australia (Elisa) was established by a group of feminists. (Laing, 2000)

This section will outline the two approaches, which can be used for the survivors of domestic violence. Since most of the cases of DV involve women as victims, many strategies have been developed to help them come out of the trauma of experiencing DV.

#### Approach A: Group Therapy

In this approach therapist will be working with a group of survivors of DV, to help them reclaim their positive image, confidence and their lives. The counsellor will work alongside women on their journey to regain their lives after the traumatic experience of DV. This group approach will help women to make connection with other victims of DV, externalize and narrate their own experiences of DV.

As the survivors narrate their stories of resistance in the face of violence and abuse, this will help them to externalize their quality and strength within themselves and how they reclaim respect in their lives.

The purpose of running group therapy is as follows:

Firstly the group will provide a safe environment where women can vocalize and share their experiences and concerns of injustice of gendered violence without any fear of judgment and / or consequences. Secondly the counsellor can help empower the women by educating, using Duluth Domestic Abuse Intervention Model (Paymar, 1993). Therapist will use ' Wheel of Empowerment' in Duluth model to bring empowerment in survivor life by going through the following steps:

Respect confidentiality: Therapist will talk to each victim in private before inviting the victim into a group therapy to ensure she feels safe to discuss the issues in a group. This is essential in developing a trust and safety.

Believe and validate her experience: Listening to the victims experiences in a group will help victims to connect with other women with similar experiences and realizing that they are not the only ones with the debilitating issue.

Acknowledging the injustice: Therapist has to help the victims to realise the violence perpetrated against her is not her fault. This is an important step; this will help the victim not to make harsh judgments about themselves, which is a very common trap for victims.

Respect her Autonomy: Therapist has to respect the victim's independence and her right to make decision in her own life.

Help her plan for future safely: Therapist will explore together with the victim her safety plan and encourages her to take responsibility for her own safety.

Brainstorming with the group on the following issues are very effective: what has she tried in the past to keep herself safe? Is it working? Does she have a place to escape too in time of violence?

Promote access to community services: Discuss important issues like women refugee centres, help provided by community, hotlines and churches in her local area.

Thirdly building up confidence and starting a process of self-forgiveness for the victim, since women who are in abusive relationship may feel guilt, shame, blames and worthlessness. This process will help them to break their self-critical view and hence the victims will start to accept themselves as persons who are worthy of love and respect. (Turnage, Jacinto & Kirven, 2003)

#### Approach B: Individual approach-Reality Therapy

In this approach the therapist will have an individual approach toward the DV survivor. Reality therapy facilitates the clients in exploring their feelings about an emotional bond (Turnage, Jacinto & Kirven, 2003). The therapy uses the concept of self-forgiveness where the battered women with the help of a therapist initiate 'fostering compassion, generosity and love towards oneself' (Turnage, Jacinto & Kirven, 2003, p. 24)

Survivor of DV may carry feelings of shame, blame and guilt for having such an abusive relationship and electing such a partner in their life. This can result in self-criticism, worthlessness and negative emotions in the survivor. (Turnage, Jacinto & Kirven, 2003)

Turnage, Jacinto & Kirven (2003) explain that when working with such clients; using reality therapy, the therapist can use the following set of question to explore their emotion without placing blame on them. The concept is to move on and look forward in life.

When working with DV survivors Turnage, Jacinto & Kirven (2003) explain how the following questions provides a framework for victims to accept responsibility on their part in the relationship and work through destructive anger; let go and move forward:

What do you want?

What are you doing to get what you want?

How will you know if what you are doing is working?

What will you do once you get what you want? (Turnage, Jacinto & Kirven, 2003p. 24)

As Turnage, Jacinto & Kirven (2003) explain ' Examining personal motives expand the person's choices, thereby increasing successful outcomes' (p. 25).

As the client works through these four above-mentioned questions the therapist also will help to bring in the self-forgiveness messages that help heal the previous wounds. (Turnage, Jacinto & Kirven, 2003, p. 26).

## Underlining Theories for group therapy

When working with group therapy, using Duluth Model, the therapists have the feminist perspective toward this therapy. Irvin Yalom (1995) refer to a number of therapeutic factors of group therapy, according to Yalom (1995) the group therapy have number of factors some of which is discuss below:

Instill hope in group work the interpersonal process supports group members to affirm, encourage and witness the therapeutic growth of each other.

Universality: The clients get the feeling of ' I am not alone' and realisation that other people have a similar concern or problems can help the client not feel isolated.

Imparting of information: regardless the purpose of groups, group plays as a psycho-educational for the participant. This can take place by group leader in form of didactic instruction or through group members advising each other.

Altruism: The important point in group therapy is that the group is the vehicle for therapeutic growth. The member helps each other through suggestion, support, advice commonality and insight.

Development of socialization techniques: Group provides a social microcosm to its member's interpersonal world outside of group. The members can practice skills that increase interpersonal effectiveness for example empathy, conflict, resolution, non-judgment and assertiveness.

Imitative behaviour: Social learning or modeling is an essential component of group work. The group leader modeling behaviour will have a great impact on the group members and group norm. Examples of some of these behaviours are self-disclosure, curiosity, empathy and support these behaviours are model by the group members and group members learn to model behaviour of other group member or the therapist.

Group Cohesion: As the groups develop a sense of belonging the group members also develop enthusiasm, engagement and feeling of caring for others in the group.

Catharsis: This is basically the “ getting feelings of the chest” phenomena; which group therapies are undoubtedly the champions in this arena.

Existentialism: This is basically for coming to the understanding that group members are responsible for their own lives no matter how much support they may be receiving from others.

Underlining Theories for reality therapy

Client has self-actualizing mechanism they can understand their problems and can solve the issues in their life by the given resources. Therapist focuses on asking DV survivor to voice what she wants from their relationship and the process of self-forgiveness is implemented during the therapy sessions. Non-hierarchical, therapist listens with respect and acceptance to help individual growth. The responsibility of change lies with the individual and therapist would not impose any values on the client.



Practical, Ethical and Theoretical Issues when working with DV survivor:

The Practical Issues:

Some of the practical issues that the therapist should consider are matters like prioritizing safety of the client and children, AVO's, legal representation/support and subpoena of files in family court hearings etc. some of these I have discuss below.

Therapist will have to interview the victims of DV in detail to make sure the very first important thing, which is victim's safety is not under risk. This can be done using a ' Danger Assessment Form' (Campbell, 2004) where the victim will answer a list of questions regarding the ongoing or previous violence. If the therapist feels any danger around the victim's safety, the therapist than have to designed a safety plan for the victim first. In the safety plan the therapist will have to cover the following areas:

Accommodation: Does victim has a place to go where she feels safe physically and emotionally if the violence erupts? Providing the client with the Information on women refugee centres and department of housing and community.

Advising the clients what things she will need to keep ready in case of emergency for example pack a suitcase with essential documents, spare keys, phone cards and some cash or bankcards. Legal Advice and

Assistance: Finding out the victim's rights by speaking to a solicitor regarding victim's rights over house, custody of children and AVO. Applying to police for an AVO for victims' future protection. An AVO sets out restrictions on the other person's behaviour, so that victim can feel safe. If

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you have children, the order will also protect them. Keeping a diary of breaches events this can include phone calls, stalking or harassments. An AVO is effective if the police are called after a breach has occurred. Changing phone number and address, this can be done by making your phone silent number or asking all your mail to come to Post Office Box in a different area from where you live.

Ethical issues:

Therapist will have to keep in mind that women might still want to stay in relationship even though there is violence in the relationship. Some of the ethical issues that therapist need to address during such situation during therapy are: 1. Prioritizing safety of children versus the therapeutic relationship example. If a mother is prepared to stay in a domestic violent relationship, consider the consequences it would have on the therapeutic relationship when you have to report the family to DOCS. 2. Therapist's personal values in conflict working with wife who choose not to leave their abusive partners - how do therapist empower this person without minimizing, enabling them to live with abuse (i. e. how do therapist conduct therapy in a way that it is not teaching victim to live with abuse). Some of the factors that stop women from leaving violent relationships are discussed below; the therapist can use these factors and work around it to make the therapy more productive by addressing some of the following factors.

Situational Factors:

Women might fear the loss of economical support for herself and her children. Where is she going to live? How would she earn money? Fear of

greater physical danger to herself and children if they try to leave. This fear can carry, she might feel the partner will find her and hurt her. Losing children custody and also fear that the children will get emotionally damaged for example in Middle Eastern countries father takes children's custody after divorce. Social isolation: losing the support of family and friends. In some cultural divorce women is looked down. Some women might feel family pressure and will stay in relationship just to stop people from talking and labeling her. Losing the tie with community, she will be fearful to move from suburb, social class, friends and also making children leave the school. Unable to use resources because of language problems, disability or not knowing where to get help.

#### Emotional Factors:

Insecurity about being alone and how she will cope with changes. Loyalty, she might justify his action by saying ' he is sick'. In some cases she might feel pity and sorry for the perpetrator. The perpetrator might emotionally bother the women by threatening of killing himself if she leaves. Guilt. She believes the violence is because of her own fault, she is useless and can't keep a good relationship with her partner. Usually the perpetrator keeps whispering these things in her mind. False hopes she will stay in relationship because he keeps giving her false hope that ' he will change' or ' he wouldn't do this again'.

#### Personal Beliefs:

The women can hold lots of cultural, religious or personal beliefs, which can stop her from taking actions and stopping such a violent relationship. In

some religion or culture women don't have the right of divorce or a divorce women is looked as a failure. In some society woman who don't have a partner feels incomplete or unacceptable in a society.

Theoretical issues:

Some of the theoretical issues that therapist need to consider are as follows:

**Underlying belief:** When it comes to DV survivor the most common underlying belief about DV is ' men use power to control the women condoned in our society therefore therapist puts a high value for women autonomy. **Initial focus of the therapy:** Therapist will have a no violence agreement between the clients therefore there will be some hesitation for victim to fully express her self. **Hierarchical Nature of therapeutic relationship:** Since Therapist takes control and educates the victims about the power and gender roles. Hierarchy asymmetry can occur in therapeutic relationship. **Therapist Responsibility:** To protect and educate women from further abuse and help her to plan for safety tactics. **Limits to confidentiality:** In some cases Therapist will have to report ongoing violence to effect changes or legally therapist is obliged to report violence to the police if therapist feel there is a risk of safety for client or third person e. g. children. **Conjoint or individual therapy:** Therapy Style-Therapist may feel the risk for women safety and therefore decide to do individual therapy rather than doing a conjoint therapy. In this case solving the problem together as a couple will not be possible anymore (Hunter, 2001, p. 82-84)

Approaches for Perpetrators

### Approach A: Strength-based approach (SBA)

Powel () explains SBA as: ' an approach that focuses on the identification, creation, and reinforcement of strengths and resources within individual, their family and their community. Any intervention, which emphasizes strengths and the exceptions to problems and deficits, can be classified as " Strengths-based"' (p55).

A specific and popular therapy, which has been influential in the strengths-based movement, is ' solution-focused therapy'. In this therapy the therapist doesn't delve into the details of client's problems rather looks into the solution of the problem. Solution-focused therapy focuses more on the client's strengths and client's ability to help solve their own problems. The therapist will be posing a lot of solution-based questions directed in a creative way. Therapist constructs and pays attention to solutions and exceptions by use questions like miracle questions, Developing clear goals questions and scaling questions to help client get to the solutions. The importance is given more to " solution-talk" instead of " problem-talk," clients are supported in developing useful goals and solution behaviors that are then amplified, supported, and reinforced through a solution-building process.

### Approach B: ' Invitation to responsibility' approach:

In this approach the therapist will work with perpetrator using Jenkins ' invitation to responsibility' model (Jenkins, 1990); assuming that the man had agreed to end violence and the woman wants to still stay in the relationship. The main focus of the therapy is to invite the man to take

responsibility for his abusive behaviour and to decline invitation by the abuse perpetrator to attribute responsibility to external factors (Jenkins, 1990, p. 58)

Here the therapist will use a narrative approach by externalising the restraints and coming up with unique outcomes. (Hunter, 2001, p. 85)

The theory of restraint and negative explanation is used in this model, which as Jenkins (1990, p. 32) explains, generates question such as the following:

What is stopping the abuser from taking responsibility for his abusive behaviour?

Jenkins (1990) further explains:

' This theory is based on the assumption that males will relate respectfully, sensitively and non-abusively with others, unless restrained from doing so. Restraints are traditions, habits and beliefs which influences the way that abusive males make sense of and participate in the world. '(p. 32)

The therapist will work with the perpetrator and at the same time try to educate him about the inequality of power and gender in the relationship. There is zero tolerance for violence. The therapist would be prepared to impose legally sanctioned values in the form of reporting ongoing violence; therefore the autonomy of the clients is limited. (Hunter, 2001, p. 85) Hunter suggests (2001) that the therapy is more likely to be beneficent and less likely to be maleficent because of the following reasons:

No violence contract with the clients.

Limited autonomy.

Therapist educates clients about power and gender by challenging the dominant patriarchal ideology.

#### Underlining Theories for Invitation to responsibility

Underlying belief about DV under Invitation to responsibility is abusive men act under restraints, which prevent them from accepting responsibility for violence. The main theory and practice of this model is depended on accountability, responsibility, safety, respect and fairness. The initial focus of the therapy is inviting the perpetrator to take charge of his abusive behaviour and therapist helping the client to find out the internal and external factors (restraints) which are stopping him from taking responsibility therefore asking question like: ' what is stopping the perpetrator for taking responsibility for his abusive behaviour?' Restraints don't act directly to cause the abusive behaviour in fact some men with similar restrains will not act abusively. However men with these restrains are more likely to engage in abusive behaviour and use these restrains to justify themselves. The therapist also has to consider the safety and wellbeing of those at risk of abuse and harm as a main principal in the intervention.

#### Underlining Theories for Strengths-Based Approach

The main principle in strength-based approach is that it considers that the client is the expert and the solutions are within the client. The therapist helps the client to dig out the solutions, strengths and potential competences in the client. It is a competency-based model where

importance is given to clients' strengths and previous successes and minimizes emphasis on past failings and problems.

The basic theories that inform Solution-Focus Brief Therapy are:

- Rather than being problem-solving; it is based on solution-building
- Focus is on the client's preferred future rather than on past issues or current problems
- Clients are asked to continuously increase the occurrence of beneficial behaviors that they are showing
- Problem do not happen all the time. There are times when the problem could have happened but actually did not - this can be used by the client and therapist to construct solutions - To realise and observe that there have been times when the problem could have reoccurred but due to certain behaviours / circumstances the problem was avoided. The client is hence encouraged to examine these non-problem times and try to increase such occurrences
- Therapists aids the clients to find alternatives to current undesired patterns of behavior, cognition, and interaction that are within the clients' repertoire or can be co-constructed by therapists and clients as such
- It is assumed that small bits of change do lead to larger increments of change



## Practical, Ethical and Theoretical Issues when working with DV Perpetrator:

### The Practical Issues:

**Social or cultural factors:** In some cultures or social climates; men beating up their wives may be more tolerant. The couple may not bring up this issue full-heartedly in which case the therapy might not be beneficence since many aspects of the issues remain hidden. (Hunter, 2001)

**Client Safety:** When the couple comes for the treatment, there is always an issue that the woman might be too afraid to disclose the ongoing violence with her husband because of the fear that he will abusive her or her children.

**Legal requirements:** Another issue the therapist faces is the legal requirements placed on the therapist and his/her desire to work with the couple therapeutically and building the trust, which is necessary for the therapeutic relationship. (Hunter, 2001, p. 84)

**Limits of Confidentiality:** In some cases the therapist might have to break the confidentiality to protect the women by imposing legal actions. As Hunter (2001) explain 'when imposing legally sanctioned values, the therapy becomes more likely to be beneficent and non-maleficent; however this is limited to those men who are prepared to accept responsibility for their violent behaviour.' (p. 85)

### Ethical issues:

The counselling profession in Australia has developed several professional codes of ethics based on the principles of autonomy, beneficence, non-Maleficence and justice. (Hunter, 2001, p. 81)

The therapist when working with DV perpetrator or survivors has to consider the above principles when starting any type of therapy. There are several ethical issues when providing therapy to this type of group. Following are some of the points a therapist has to consider carefully:

**Autonomy:** Therapist will have a challenge to respect the autonomy of both the clients while confronting the violence. A therapist from a feminist perspective will have dilemma on how to empower the women and at the same time respect the autonomy of both the clients.

**Therapist being Neutral:** If the therapist stays neutral to the problem by putting high value on the autonomy of the clients, then the therapy will lack beneficence. The man will not be confronted and educated about power inequality in the relationship and woman will not be protected from future violence. (Hunter, 2001)

Finally it is of great importance that therapist should not repeat abusive behaviours by using their influence to force their opinions on clients.

Therapist's personal values in working with perpetrators of abuse E. g. is the therapist actually able to work with a client to address abusive behaviour without themselves being abusive - For instance blaming, belittling or taking responsibility of the client.

**Theoretical issues:**

**Clients and Therapist relationship:** when dealing with DV the problem of therapist imposing their values and ideas may also create a hierarchical relationship therefore the therapist have to be careful when educating the

couple. Invite perpetrator to take responsibility for changes and privilege the client's voice. Therapist has to make sure that the therapy takes place in a respectful manner and the priority is given to victim's safety. Legal requirement to report ongoing DV can create issues in the therapeutic relationship.

## Conclusion

The therapist has to be very careful and fully aware of the belief underlying each approach. The therapist will also have to review his/her own moral, ethical and belief systems to (a) make sure he/she picks the approach that fits the values mentioned and (b) the approach that they adopt and (c) at the same time fits their employer's policies.

I believe therapists have a moral and legal duty to condemn violence; whether they do this from a feminist approach, narrative or systemic approach.

From the above discussion on different types of approaches to fight DV; one can understand that there is no one right approach which can work effectively on its own and so there is the need for collaboration and integration on multi agency level involving the whole community from family, police and legal system.

On the therapist level Hunter (2001) Suggests ' In order to work effectively in this field, it is my belief that the practitioner need to be in an environment which can not only offer a wide variety of programs for clients (such as support groups for women and children, educational groups for perpetrators

and supervised couple and family therapy) but can also offer a high level of support, supervision and training for counsellors' (p. 88).

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