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# Student social workers' attitudes about domestic violence and implications for social work education

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# STUDENT SOCIAL WORKERS' ATTITUDES ABOUT DOMESTIC VIOLENCE AND IMPLICATIONS FOR SOCIAL WORK EDUCATION

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## ABSTRACT

This descriptive, correlational and exploratory study used the Domestic Violence Blame Scale and Domestic Violence Myth Acceptance Scale, with questions suggested by the literature, to examine attitudes about domestic violence, knowledge and self-reported preparedness of a purposive sample of student social workers (N=236) in a southern state. An anonymous online web-based survey was used for data collection, and universities distributed the survey hyperlink directly to their students. Response rate was approximately 22% out of an estimated 1060 students who were reported to have received the hyperlink by their universities.

Lower victim blame and myth acceptance scores were observed in students who received information about domestic violence from external sources, had worked with victims, or were interning. Various other significant findings on the tools based on demographic characteristics are discussed. Taking a family violence class had no significant effect on victim blame or myth acceptance, and students who indicated they grew up in rural areas scored significantly higher on all DVMAS factors, but additional research and/or analysis is necessary to infer the causes of those findings. Additional qualitative research is suggested to clarify and add depth to these findings.

Recommendations include exploring ways to incorporate domestic violence education into the field setting or course work of social work education, with goals to improve screening, referral and intervention. Goals additionally include implementing efforts within social work education to examine the feasibility of preparing student social workers to practice universal screening for domestic violence and changes necessary to promote safe, culturally competent responses to clients experiencing domestic violence upon graduation. Introducing safety planning training into the course work is suggested as a minimum interim measure.

# CHAPTER 1. INTRODUCTION

What social workers don't know about domestic violence could endanger their clients (Golden & Frank, 1994). Working with domestic violence requires a specific skill set that is sometimes counter-intuitive to the linear, medical and "one right solution" modes of thinking employed to address mental illness and other areas of social work (Buchbinder, Eisikovits & Karnieli-Miller, 2004). With domestic violence, considerations for client safety, more so than competency and professionalism, demand that every student social worker receive correct information about domestic violence as a defined part of their curriculum before they graduate, and not as an option at the discretion of professors or instructors (Danis & Lockhart, 2003).

Studies suggest that as many as 69% of social workers come to the profession with therapeutic "blind spots" resulting from trauma they experienced in their family of origin (Sellers & Hunter, 2005). When coupled with work with clients experiencing domestic violence, lack of preparation could traumatize the therapist or undesirably affect the therapeutic process with victims (Goldblatt & Buchbinder, 2003; Sellers & Hunter, 2005). Further, past experiences of abuse by social work students could present barriers to learning and there is some research which suggests benefits to helping student social workers explore and process this information to put it in proper context (Wagner & Magnusson, 2005). Myths and inaccurate knowledge about domestic violence which may be part of a social worker's belief systems in the absence of corrective knowledge can compound the likelihood for inappropriate or ineffective response (Peters, 2003). An inappropriate or ineffective response by a social worker could significantly affect the victim's choices, resulting in greater endangerment or discouraging the victim from future help-seeking behavior (Goldblatt & Buchbinder, 2003). These obstacles to effective response are known and well-documented throughout the literature. Social work education must

undertake closer examination of its response on this topic and, if indicated, modify the standards to stay in step with best practices and ensure the training of competent social workers.

*Prevalence of the Problem*

Domestic violence is more than just a specialty area in social work. Domestic violence is ubiquitous in social worker caseloads, occurs across the life-span, and often occurs in conjunction with a wide variety of other problems such as poverty, suicide, child maltreatment, elder abuse, homelessness and substance abuse (Danis, 2003; Tjaden & Thoennes, 2000; Silverman Raj, Mucci & Hathaway, 2001). Close to half of the jobs held by social workers are in child welfare, and as much as 70% of child welfare cases may have adult domestic violence in the home (Edleson, 1999; Bureau of Labor Statistics, 2006). Domestic violence is estimated to affect between 2 and 4 million women and 875,000 men each year, and studies of high school age children indicate between 20 and 25% will experience dating violence before they graduate (Tjaden & Thoennes, 2000). Domestic violence cuts across all demographic factors, socioeconomic status, ethnicity, and class. The prevalence of domestic violence makes it an issue that requires all graduating social workers to have some basic knowledge about how to safely screen, intervene and refer clients experiencing domestic violence. (Danis, 2003).

*The Role of Blind Spots and Myths*

In a survey of 126 graduate social work students, 69 % indicated problems in their family of origin, with 35% of those students indicating the family problem was violence (Sellers & Hunter, 2005). Although this sample was small, it does suggest a phenomenon within social work which might benefit from closer examination to suggest improvements in social work education. These blind spots and influence by family-of-origin experiences have been associated

with counter transference, imbalanced dependencies in personal relationships, and less effective therapeutic relationships (Sellers & Hunter, 2005).

Additionally, the perpetuation of myths within our culture plays a large role in enabling perpetrators of domestic violence and promoting victim blaming (Peters, 2003). Assessments of attribution of blame in domestic violence have been shown useful to service providers for identifying underlying biases in the providers themselves, as well as for use with victims and perpetrators to support critical self-reflection (Petretic-Jackson, Sandberg & Jackson, 1994).

Myths about rape, domestic violence and child abuse can be defined as prejudicial, stereotyped or false beliefs about the acts, the victims and the perpetrators (Peters, 2003). Stereotypical attitudes and myth acceptance about violence against women are linked to higher victim arrest rates by police and correlated with men's increased hostility toward women (Peters, 2002). Myths are held at an individual level but constitute shared community or societal knowledge which social workers may integrate into their belief systems in the absence of corrective education. Petretic-Jackson, Sandberg and Jackson (1994) state that domestic violence is clearly viewed by the lay public as a unique form of interpersonal violence, and uniquely different from rape and incest because the defined perpetrator in the domestic violence crime is NOT held the most responsible for its occurrence. A social worker lacking an appropriately-balanced focus on the macro-level factors of domestic violence, appropriate knowledge and/or skills for discussing this potentially uncomfortable subject, risks inappropriate or ineffective response to a victim (Peters, 2003; Goldblatt & Buchbinder, 2003; Cann, Withnell, Shakespeare, Doll & Thomas, 2001; Eisikovits & Buchbinder, 1996).

*Over-emphasis on Individualistic Factors*

Research has illuminated numerous explanations for the shift in social work toward focusing efforts on the individual end of the psychosocial continuum. Trends in the professionalization of social work and adoption of the medical disease model and differential diagnosis have resulted in shifts toward a mental health and individualistic focus (Buchbinder, Eisikovits & Karnieli-Miller, 2004). "Conservatizing influences" in government and culture have worked to explain social ills in terms of personal trauma (Kanuha, 1998, p. 10). Social workers in agencies have become more likely to ignore broader social contexts due to practical considerations like budget restrictions and the sheer overwhelming scope of attempting to address huge social problems like domestic violence, poverty and homelessness. This is particularly problematic if institutions and agencies are resistant to policies which acknowledge the social nature of these problems over individual fault (Buchbinder et al., 2004).

*Purpose of the Study*

The proposed research examines attitudes and beliefs of social work students concerning domestic violence, particularly measuring attribution of blame in domestic violence and acceptance of myths commonly associated with domestic violence. The research further seeks to measure students' perception of their preparedness to work competently, knowledgeably and sensitively with domestic violence survivors as well as their actual knowledge about some key facts associated with domestic violence. Research into attribution of blame and myth acceptance about domestic violence in the student social work population will provide insight into student social workers' beliefs and attitudes about domestic violence which may impact their work with victims, which should, in turn, suggest recommendations for social work education. Findings representing current knowledge and sense of preparedness will suggest recommendations for

improving social work education's response to preparing student social workers to work with this population with increased attention to safety, sensitivity, and appropriate screening and referral.

Although opportunities exist to educate social workers about domestic violence at various points in their lifelong learning and professional continuum, little is known about how social workers are exposed to domestic violence education and whether they are exposed at all (Tower, 2003). This study intends to examine whether student social workers are being prepared during their formal education to work sensitively and safely with clients experiencing domestic violence. The present study builds on research conducted by Bryant and Spencer (2003) on a general university population, and applies the DVBS, and other measurement tools, to assess victim blame and myth acceptance in student social workers. The subject study is inspired by findings by Danis and Lockhart (2003) and others that social work education is falling short of the mark in preparing student social workers to work with clients experiencing domestic violence. Danis and Lockhart (2003) identified large gaps in the educational curriculum, made suggestions for correcting the problems, and published an educational textbook with 18 modules intended to facilitate the integration of domestic violence material, scenarios and skill-building into the core social work curriculum called "Breaking the Silence in Social Work Education" (Danis & Lockhart, 2004). Since myth acceptance and attribution of blame have been implicated in affecting therapeutic choices, outcomes on these variables may highlight whether further adjustments to the curriculum are necessary to prepare student social workers to work competently and safely with clients experiencing domestic violence.

The purpose of this descriptive and correlational research is to examine the knowledge, beliefs and attitudes, and perceived preparedness of social work students regarding domestic

violence at the BSW, MSW and doctoral levels. The descriptive and correlational approach will provide the best method to identify and explore attitudes and beliefs within the student social worker population which may create challenges to competent work with domestic violence survivors at each of the educational levels in social work. It will also highlight ways to increase and improve the transmission of accurate domestic-violence related information and skills in social work education.

*Research Questions*

1. How does attribution of blame in domestic violence vary by demographic characteristics of student social workers?
2. How does myth acceptance in domestic violence vary by demographic characteristics of student social workers?
3. What is the relationship between attitudes about attribution of blame in domestic violence situations, myth acceptance in domestic violence, knowledge about domestic violence and preparedness to work with victims of domestic violence?
4. Do student social workers possess basic knowledge necessary to work sensitively and competently with victims and perpetrators of domestic violence?
5. Do student social workers feel adequately prepared by the current social work core curriculum to work with victims and perpetrators of domestic violence?

This paper first reviews the literature about domestic violence in social work education and the historical tensions between the battered women's movement and the social work profession. Second, this proposal examines student social workers' beliefs and attitudes as measured by attribution of blame and myth acceptance in domestic violence, how much basic

knowledge student social workers have, and their perception of their own preparedness to work with victims of domestic violence.

*Importance of the Study*

At the time of this study, domestic violence education still is not a required piece of the core social work curriculum (Danis & Lockhart, 2003). Very little is known about what is being done to prepare student social workers to work with clients experiencing domestic violence (Tower, 2003). This study proposes to obtain information at a state-wide level which may begin to answer this question and provide a successful methodology for additional research of this type on a broader scale.

*Conclusion*

Domestic violence is an over-arching and pervasive social issue which requires specific training to counteract the trend toward pathologizing victims' individual experiences at the expense of considering macro-level factors. Therapeutic blind spots and lack of appropriate domestic violence training can lead to victim-blaming and/or perpetrator exoneration which influences assessment, choice of interventions and referral (Peters, 2003; Petretic-Jackson, Sandberg & Jackson, 1994). Deliberate and required infusion of domestic violence training into social work education is necessary to meet competency and professional standards for new social workers as well as overcome obstacles to effective therapeutic response and ensure appropriate sensitivity to client safety issues (Danis & Lockhart, 2003). A true person-in-environment perspective of domestic violence requires a thorough understanding, as well as acknowledgment, of the macro-level factors which perpetuate domestic violence in our society. Opportunities must be created by social work institutions and educators to debunk myths held by social workers about domestic violence which might result in victim-blame or perpetrator exoneration.

To fail to do so risks placing clients in greater danger or discouraging future help-seeking behavior.

Effective social work practice with domestic violence victims requires the specific knowledge that an abuse victim's safety may depend more on the social worker's victim-affirming responses and interventions, an arsenal of supportive community resources and the ability to create an effective safety plan, rather than on differential diagnosis and a treatment plan. The classroom or field setting should provide opportunities to study and practice victim-affirming interventions. This should include validating victims' experiences from the perspective of acknowledging the broader social contexts which contribute to domestic violence, and avoiding an overly individualistic focus (Buchbinder, Eisikovits & Karnieli-Miller, 2004). Social work education should prepare students to challenge any practices within their agency which may be perpetuating victim-blaming approaches, and to advocate for policy changes necessary to implement victim-affirming interventions. Changes in social work education which require domestic violence education as part of the core curriculum and/or field placement are necessary to ensure that social workers are effectively and competently practicing with the utmost consideration for victim safety.

# CHAPTER 2. LITERATURE REVIEW

This chapter is organized into 7 sections, and consists of theories of causation, gaps in theory, domestic violence and social work, social work education, recommended solutions, myths and attribution of blame in domestic violence, and the response of other professions to domestic violence. The literature review was conducted by utilizing the EBSCO online journal database search service to access a wide range of journals related to psychology, behavioral and social sciences, as well as educational, medical and nursing journals. Key words included domestic violence, domestic abuse, abuse, battered, social work, social work education and various combinations of those terms to seek out articles related to domestic violence and social work education. Additionally, hard texts were retrieved from the library to provide context, theoretical and historical information.

## *Theories*

Over the course of the history of research into domestic violence, a wide range of micro- and macro-level theories have surfaced which are summarized below (Loue, 2001; Peters, 2003; Renzetti, Edleson & Bergen, 2001). There is also information to suggest that victim, perpetrator and couple experiences occur along a continuum and are influenced by a complex interaction of biopsychosocial factors, event and life history, personal coping, and characteristics of each abusive relationship (Begun, 1999; Johnson & Leone, 2005; Ronan, Dreer, Dollard & Ronan, 2005). No individual theory has emerged as the dominant explanation for domestic violence. Renzetti, Edleson and Bergen (2001) suggest that multi-dimensional models are receiving the most emphasis for use in developing interventions and this approach is supported and affirmed by other researchers (Begun, 1999; Bogat, Levendovsky & von Eye, 2005). As such, competent work with victims, abusers and high-conflict couples requires a thorough and comprehensive

knowledge of all of the prevailing theories, as well as their critiques and the multi-dimensional models that draw on them. Further, the Social Work Code of Ethics directs us to critically examine evidence of theories and interventions, as well as any conflicts between our personal and professional values, and these principles are a cornerstone of social work competency and compliance with the core values of social work (NASW Code of Ethics, 1996).

Even as theories are identified and described herein, a word of caution is issued to social workers and educators. Understanding causal theories is important particularly for an issue of this complexity, and approaching understanding from multiple perspectives has created a rich medium for teaching about domestic violence (Begun, 1999). However, the literature suggests that a serious risk is associated with simply teaching discrete theories about a complex social issue. Care must be taken to properly educate students how to interpret and apply these theories appropriately to domestic violence and each unique client experience from a multi-dimensional person-in-environment perspective (Begun, 1999). Teaching about intimate partner violence from a theoretical perspective requires a critically reflective and multifactoral approach that emphasizes risk, resiliency and prevention (Begun, 1999). These recommendations provide additional support to the premise that domestic violence transcends the limitations of the differential diagnostic approach which has become the hallmark of modern professional social work.

Peters (2003) provides an informative summary concerning the prevalence and application of theories within domestic violence as follows:

> Theoretically, there are a number of competing explanatory frameworks for understanding violence against women. These frameworks include (but are not limited to) sociological, evolutionary, pathological, and radical feminist models (Dwyer, Smokowski, Bricout, & Wodarski, 1996). In the sociological model, violence (especially domestic violence) is seen

> as related to sociological factors such as social stress and frustration resulting from high unemployment, poverty, family dissolution, change in sex-roles, and the like (Gelles, 1987; Gelles, 1993; Straus, 1980a; Straus, 1980b; Straus & Gelles, 1990). In contrast, evolutionary theories, arising out of evolutionary psychology, postulate that domestic violence is a technique proximally motivated by jealousy (Daly Wilson, 1982; Daly & Wilson, 1993; Geary, Rumsey, Bow-Thomas, & Hoard, 1995) but with an ultimatum of controlling female sexual behavior in an effort to reduce paternity uncertainty (Peters, Shackelford, & Buss, 2002; Wilson & Daly, 1992). In the pathological model, the violence is seen as resulting from individual psychopathology such as borderline personality disorder (Dutton,1998; 2002) or ego deficits related to impulse control and communication difficulties (Geller, 1992; Neidig & Friedman, 1984). Pathological theories of domestic violence frequently invoke social learning theory (Bandura, 1977) in order to explain common patterns of intergenerational transmission of domestic violence (Crowell & Burgess, 1996; Dwyer, Smokowski, Bricout, & Wodarski,1996; Egeland, Jacobivtz, & Sroufe, 1988; Makepeace, 1997; Whalic, & Elliot, 1997). The radical feminist model, in contrast, contends that the violence supports and is supported by patriarchal oppression of women (Adam, 1988; 1990; Bograd, 1990; Dobash, Dobash, Wilson, & Daly, 1992; Koss, Goodman, Browne, Fitzgerald, Keita, 1994; Walker, 1979) or sexism (Hooks, 2000). Thus, a model of violence resulting from patriarchal socialization implies that rape, domestic violence, and other forms of violence against woman are part of broader social attitudes toward women." (p. 20-21).

Theories are generally perceived to operate at the social level and at the individual/couple level. The following are the societal-level theories.

Culture of violence. The permissiveness of violence in a culture, particularly when normative for maintaining dominance, has been suggested to influence the occurrence of family violence. Links have been suggested between the portrayal of violence in the mass media and an individual propensity for committing violence, as well as links to pornography containing violent acts against women (Loue, 2001). Support for the culture of violence theory is found in arguments that viewers who were not otherwise violent may imitate violence from television, and ambiguous messages about violence on TV may lead to less concern by viewers about the consequences of violence (Loue, 2001). This theory may also be supported by other research

which suggests that one of the key causes of intimate partner violence is the normative use of violence in our society (Jewkes, 2002).

Ecological theory. Ecological theory seeks to explain family violence through an examination of nested layers of environmental influence, and sometimes listed as a four-level framework from which to conduct to a risk assessment (Loue, 2001). The framework consists of the macro system or culture, the exosystem which is the formal and informal social networks in which the family participates, the microsystem which is the family setting in which violence occurs, and ontogenic, or the family history of the parents or partners (Loue, 2001).

Evolutionary theory. Evolutionary theory was originally advanced by anthropologists to explain child abuse and proposes that changes in social structure and complexity have changed the value placed on obedience and compliance to maintain order (Loue, 2001). It follows that if obedience is highly valued, it may be demanded of children and intimate partners alike, and violence may be used to enforce compliance. Research to identify links between social change and spouse abuse and other countries has yielded mixed results however mate abuse behavior has been identified in other genetically similar species and suggests a link to reproductive competition (Loue, 2001). Evolutionary theory further suggests that violence results as a psychological adaptation of the human male based in sexual proprietariness related to laying claim to women as territory. Further, male violence and jealousy is directly related to maintaining reproductive control over women (Peters, 2002).

Feminist theory. Feminist theories of intimate partner violence are rooted in themes of dominance and oppression, and differing social locations for men and women. Dobash and Dobash (1979) utilize patriarchal theory to explain intimate partner violence at a societal level. In this explanation physical violence against women in their role as wives is a socially

sanctioned means to control women's behavior and reinforce male dominance in society. Patriarchal theory is further supported by the practices of other countries such as the veiling and sequestering of women in Muslim countries, foot-binding in China, infibulation in Africa (stitching of genitalia) and excessive mortality rates in young girls in countries like Pakistan (Loue, 2001).

Critics of feminist theory suggest that the occurrence of same-sex battering negates much of the patriarchal explanations for intimate partner violence, however feminist theorists respond that this occurs due to mimicked heterosexual roles within the same-sex relationship (Loue, 2001).

General systems theory. General systems theory was developed by Straus (1973) to explain that family violence results from a positive, complex feedback system, operating at the individual, family, and societal levels, and includes factors such as the level of conflict inherent in the family, high levels of violence in society, family socialization to violence, cultural norms legitimizing violence, the sexist organization of society, and the multitudinous reasons for the battered person's toleration of the violence. This theory also asserts that permissiveness of violence in society as demonstrated by rates of murder, rape, war etc. socializes a family to accept violence and integrate violence into behaviors and attitudes, such as corporal punishment (Jewkes, 2002). Then individuals within the family integrate violence into their personality and values, which is reinforced through sexist social cues, such as lower pay for women, relegation of household chores to women, overvalued masculinity and association with violence. These values are seemingly reinforced by disadvantaged victims who are prevented from leaving due to economic and logistical factors, religious tradition, and beliefs that normalize the violence or stigmatize the victim for leaving (Loue, 2001).

Social disorganization theory. Social disorganization, social control, and social isolation theories hypothesize that the weaker the social bond, the higher the rate of assault on female intimate partners (Loue, 2001, citing Straus, 1994). Deficits in social structures, such as low socioeconomic status, lack of friendship networks, and low civic engagement, result in less community connectedness and accountability, thereby creating a more permissive environment for criminal behavior (Barnett & Mencken, 2002).

The following theories are considered to operate at the individual and/or couple level.

Biopsychosocial perspective. The biopsychosocial perspective integrates into one model various factors from the biological, social, and psychological realms which have been found to have an impact in domestic violence. (Loue, 2001, citing McHenry et al., 1995). Biological factors include testosterone levels in the assault of male partners, or the effects of levels of alcohol, for example. Social factors include level of social stress, the quality of the marital relationship, and extent of social support available, and income available. "Psychological styles have been implicated as a factor in the commission of antisocial behavior" (Loue, 2001, p.29). This theory is also referred to as the biopsychosocial systems model and emphasizes the interactive nature of the biological, psychological, and social influences which impact "the conceptualization of health and illness" (Loue, 2001, p.30).

Exchange theory. Exchange theory, applied to domestic violence, suggests that people hit and abuse other family members because they can get away with it, and decisions are based in a cost-benefit analysis in which violence is reasonable to attain a goal as long as the benefit outweighs the cost (Loue, 2001). This theory supports claims by victims' advocacy groups that increased response by judicial and legal communities for higher batterer accountability is an effective intervention for reducing domestic violence, and that isolation of the victim by the

batterer is used to create a favorable environment for domestic violence to occur without fear of consequence.

Investment theory. Investment theory offers an approach similar to exchange theory based in a partner assessing the balance of rewards over costs in staying in a relationship versus rewards and costs of alternatives (Loue, 2001). Two types of investments are identified - intrinsic and extrinsic. Intrinsic investments include the amount of time already invested in a relationship, the level of self-disclosure, and the amount of time spent together. Extrinsic investments include such things as the development of mutual friends and family networks, share possessions, and shared activities" (Loue 2001, p. 32.).

Resource theory. Resource theory suggests that a member's decision-making power is directly related to the value of the resources that person brings to the family. These resource this could include money, property, prestige, and both material and organizational contacts. An extension of this theory suggests that the likelihood of using violence to maintain control is directly related to the extent of external control of resources (Loue 2001, p.32.). Dutton and Goodman (2005) similarly presented this concept in adapting the social bases of power to intimate partner violence. Control of resources, including expert and reward power, function to coerce compliance by the non-dominant partner.

Social learning theory. Social learning theory (SLT) suggests that family violence arises due to "a constellation of contextual and situational factors" and has been used to explain intergenerational transmission of child abuse (Loue, 2001). It is one of the most popular frameworks for explaining violence against women and suggests that individuals learn how to behave through both experience of an exposure to violence based on early work by Bandura (1973). When this theory is applied to violence against women, it is more often referred to as

"the intergenerational transmission of violence" with the family identified as the primary agent of socialization, and the process occurring as individuals who experience or witness violence in their family of origin learn that violence is an appropriate tactic for getting what they want (Renzetti, Edleson & Bergen, 2001, p.7). SLT as a more generalized theory also emphasizes the role of the media which desensitizes viewers to violence through repeated acts (Renzetti, Edleson & Bergen 2001).

Critics of social learning theory suggests that this theory also fails because it does not account for a large part of violence against women, in that not everyone who was abused as a child grows up to be violent. Nevertheless proponents suggest that this is an important risk factor, and also one of the most consistent (Renzetti, Edleson & Bergen, 2001).

Learned helplessness, Battered Woman Syndrome. Learned helplessness as an extension of the social learning theory as applied to the relationship between the victim and the perpetrator. Lenore Walker (1979) sought to explain the fact that women's difficulty in leaving was related to the onset of depression and a perceived loss of control resulting from deep abusers unpredictable behavior. This concept of the helpless victim was not well received by feminist scholars and activists who responded by shifting the blame to patriarchal social structure instead of the victim (Renzetti, Edleson & Bergen, 2001). Other critiques suggest that this concept also fails to account for all of the women who do ultimately leave abusive relationships (Renzetti, Edleson & Bergen, 2001). Further, this focus on individual pathology and/or the medical model, as well as denial of the social and environmental influences in sustaining the permissiveness for domestic violence all fall short of the comprehensive or multidimensional model that is necessary to approach an understanding of the complex dynamics of domestic violence (Renzetti, Edleson & Bergen, 2001.)

Theory of marital power. The theory of marital power proposes that power falls into three realms: power bases, power processes, and power outcomes (Loue, 2001). Power bases are made up of the assets and resources upon which one partner's domination over the other is based, and can include knowledge, skill, personal assets, connections, and the cultural definition of which partner has the authority within the relationship. Power processes refer to the interactional techniques that an individual employs to gain control, such as negotiation, assertiveness, and problem-solving. Power outcome refers to who actually makes the decision. According to this theory, the partners who lack power will be more likely to physically abuse their partners. Research under this theory found that many batterers suffer from communication difficulties and resort to violence as the only way available to address the situation, that battering husbands often use violence as a compensatory behavior to make up for a relative lack of power in the marriage, and that in Latino communities, the greater a woman's income contribution to the family, the more likely she is to suffer abuse (Loue, 2001). This theory further alludes to the differences in cultural values between a man's non-aggression toward a woman as a norm where as a woman's nonviolence toward a man is viewed as a form of nonpower or weakness.

Traumatic bonding. Traumatic bonding theory is based in the assumptions that over time, the power imbalance between the partners leads to an inflated sense of power in the dominant person, while the subjugated partner becomes increasingly dependent on the dominator (Renzetti, Edleson & Bergen, 2001; Loue, 2001). Because the negative behavior is interspersed with interim periods of positive behavior such as attention and declarations of love, the patterns of behavior become difficult to extinguish under learning theory. Comparisons have been made of this loyalty between the batterer and battered victim to the Stockholm syndrome, explained by the victims' sense of powerlessness which links her to the aggressor as her only means of

fending off danger (Loue, 2001). Attachment theory also applies here to explain why a victim might choose to stay in an imminently dangerous situation, because the primary attachment figure represents the only protection from other danger (Henderson, Bartholemew, Trinke & Kwong, 2005).

*Gaps in Theory*

Gaps do exist in the theoretical explanations of domestic violence. For example, there are no well-articulated theories that help explain why relationships develop to become violent, why women remain in these relationships, and what influences the characteristics of the violence that occurs (e.g., its severity, whether it is chronic or sporadic), therefore one of the major tasks of our field is to begin to develop these new models (Bogat et al., 2005). Much of the research on women and intimate partner violence (IPV) focuses on deficits and risk factors. More theory is needed that elaborates on what makes women resilient to involvement in relationships characterized by IPV and what makes it possible for women who are involved in these relationships to leave. These questions can best be answered through the theoretical perspective of resilience (Bogat et al., 2005). Bonanno (2004) identifies four different individual qualities associated with resilience: hardiness, self-enhancement, repressive coping, and positive emotion. Studies to date on resilience and women experiencing IPV have not investigated these factors (Bogat et al., 2005).

Bogat et al. (2005) further contend that the empirical literature suggests that women and men in violent relationships are a heterogeneous population and interventions need to be tailored to particular victim profiles, while person-oriented approaches can help designers and implementers of intervention programs understand which groups of women will be most amenable to which approaches to intervention. However, while battered women have been

shown to be virtually no different psychologically from non-battered women except in their coping responses, abusive men have been shown to be very different from non-abusive men in their emotional and psychological makeup (Ross & Glisson, 1991). Typologies of experience have emerged, such as situational couple violence versus intimate terrorism, each of which can have very different outcomes and require significantly different responses in order to adequately protect victims (Johnson & Leone, 2005). Further, situational couple violence occurs along a continuum of experiences and is associated with varying levels of conflict, so examining the context of the violence has become important in assessment and choice of intervention as well as determination of exposure to danger (Ronan, Dreer, Dollard & Ronan, 2005). These nuances suggest that a social worker requires specific knowledge and interview skills to elicit information from the client which will help the social worker provide the most effective response to ensure the clients' safety and continued help-seeking behavior. Accordingly, practicing social workers who lack a comprehensive and critical understanding of the range and scope of experiences of victims and violent couples, or the critical analysis necessary to apply conflicting theories, risk making ill-informed decisions in assessment, intervention and referral. This can be particularly problematic if their decisions are based in myths about domestic violence carried from the family of origin or community belief systems which tend toward victim blaming attitudes and have not been corrected with accurate information.

*Domestic Violence and Social Work*

The bias and blame which has existed for some time between social work and domestic violence is evidenced in the historical evidence of social workers' response to domestic violence as well as battered women's reports about their experiences interacting with social workers (Danis, 2003; Eisikovits & Buchbinder, 1996; Buchbinder, Eisikovits & Karnieli-Miller, 2004).

The shift in social work focus toward the individual and away from macro-level causes of domestic violence is cited as a major factor for this disconnect, which may dwell, in part, in the way social workers are less likely to define or perceive domestic violence as a gender-based issue (Colarossi, 2003; Buchbinder et al., 2004; Kanuha, 1998). Other factors cited are: that social workers have come to treat domestic violence like a mental health issue (Danis, 2003); that social work has become a service industry dominated by micro- and meso-level interventions (Kanuha, 1998); that social work has drifted away from the feminist theories that focus on the social structures of oppression which perpetuate violence against women, and has come to favor differential diagnosis instead (Buchbinder et al., 2004); and, that studying intimate partner violence is much more difficult than studying a disease (Jewkes, 2002).

The disturbing trend in social work toward a psychological rather than social cause for domestic violence is dangerous to victims because focusing on individual factors and responsibility threatens to lay the blame with the victim (Buchbinder et al., 2004). Without a complex understanding of all the various theories, the social level or structure at which they operate, and how the theories are appropriately applied to the continuum of victims' and perpetrators' experiences, students may be at risk of favoring a particular theory with a chosen intervention. Further, because of the ease at which differential diagnosis categorizes human experience, students may risk falling into a theoretical dogmatism by avoiding the difficult task of engaging in critical reflection of the multidimensional environment in which domestic violence occurs (Begun, 1999). Buchbinder et al. (2004) suggest that external factors for social workers at public agencies, such as large caseloads and limited budgets, influence social workers to lean toward individual responsibility as a matter of expediency. The difficulty of appropriate theoretical analysis and pressures within the work settings to maximize productivity make it

more likely to focus on individualistic causes for domestic violence and create an environment ripe to slip into victim-blaming approaches absent training which raises awareness.

The literature further addresses gaps in social work's efforts to integrate appropriate specific education about domestic violence into the social work curriculum (Danis & Lockhart, 2003). Despite the fact that studying intimate partner violence provides a rich medium for students to practice complex problem-solving and critical thinking skills, and practice in integrating biopsychosocial factors in working with clients, very little systematic education about domestic violence is being undertaken in schools of social work (Begun, 1999; Danis & Lockhart, 2003, citing Cohn, 2002).

Historically, social work has been slow in responding to gender-related issues in general. In 1981, CSWE ruled that social work curriculum must contain material concerning women's issues however a survey carried out in 1988 of all accredited undergraduate and graduate programs found that "virtually none of the schools required students to take a course focused exclusively on women's issues and few offered such a course" (Knight, 1988, p. 145). Similarly, in 2003, Danis and Lockhart undertook to evaluate the state of education of social workers about domestic violence, citing that the social work profession had "earned a reputation as uncaring, uninformed and unhelpful to battered women" (p.216) and that social workers were often viewed more as barriers than allies (Kanuha, 1998). Danis and Lockhart (2003) cited numerous studies which follow in which social workers fell short of the mark. Social workers have been found to blame the victim in domestic violence (Bass & Rice, 1979; Davis & Carlson, 1981), failed to recognize abuse as a problem (Pagelow, 1981; Hansen, Harway & Cervantes, 1991), and failed to make appropriate interventions and referrals (Bass & Rice, 1979; Davis, 1984; and Ross & Glisson, 1991). In an Israeli study, battered women expressed suspicion and distrust of many

social worker practices based on disenchantment through social workers avoidance as well as their action which minimized victim's needs and used impartiality to avoid taking a stand against violence (Eisikovits & Buchbinder, 1996). This qualitative study provided a rich range of responses from battered women about the quality of services they were receiving from social workers and how it affected battered women's future help-seeking behavior. The study produced critiques of social work response to battered women which included the routine handling of battered women's cases with no sense of urgency, as if treating mental illness. Also cited was social workers' lack of training in appropriate referral and options for battered women which could mislead a client into believing that leaving is the safest course of action. Social workers' expression of the need to avoid alienating the man to predict violence, work with him on children's issues, etc. was perceived by battered women as social workers' attempts to keep out of the conflict, and social workers were therefore viewed as unhelpful or betraying. The study further found that social workers' efforts to collect accounts from collateral sources was viewed as a sign of distrust of the battered woman's version of events, and transformed the social worker from advocate/helper to judge/impartial listener looking for "truth." Battered women felt their interpretation of events had become a competing source in complex web of information being used to make objective judgment about what happened. Any attempts by a social worker to impute shared responsibility for violence undermined battered women's overall coping ability, and attempts to include batterers were interpreted by battered women as transforming the role of man from perpetrator to co-victim who needed help. Social workers were cited for "bending the woman's inner world" to fit the social workers' conceptual ideas by

minimizing her need for help, comparison to others in her situation, and with depersonalization, not empowerment (Eisikovitz & Buchbinder, 2004).[1]

Danis and Lockhart (2003) also found that social workers were not practicing universal screening, despite the fact that other professions, including lawyers, physicians, nurses and even dentists, were acknowledging the pervasiveness of domestic violence and their role on the front line along with the need for better identification, support and referral. These other professions were well underway in promoting universal screening and specific continuing education efforts to these professions to improve access to services for battered women and their children, create safer space for disclosure and improve referral to auxiliary services (Danis & Lockhart, 2003; Love, Gerbert, Caspers, Bronstone & Bird, 2004).

*Social Work Education*

A review of accredited social work program web sites by a multi-disciplinary committee of the National Institute of Medicine found three out of 258 BSW programs had separate courses on intimate partner violence and 18 had courses covering all aspects of family violence (Danis & Lockhart, 2003). Only five out of 74 MSW programs offered courses on intimate partner violence and 17 had courses addressing family violence. A California study of 22 graduate level foundation direct practice texts found that 31% had no information on domestic violence at all, but more disturbing was the fact that *the remaining textbooks were found either to perpetuate or not address common myths about domestic violence* [emphasis added] (Danis & Lockhart, 2003). CSWE and social work educators have the responsibility "to educate future social workers to advocate for social reform in local, national, and international legislation, to intervene, and to

[1]Minimization of the seriousness of the events and extent of the violence is one of the features specifically measured in the Domestic Violence Myth Acceptance Scale (Peters, 2003).

engage in proactive grassroots community efforts to eradicate domestic violence against women and their children" (Danis & Lockhart, 2003, p.219).

*Myths and Attribution of Blame*

There is very little research on the role of myths in domestic violence but significantly more research on the role of myths in rape. Until the development of Peters' Domestic Violence Myth Acceptance Scale, there was no comparable assessment tool to measure myth acceptance in domestic violence. Peters (2003) relied on the rape myth work as a framework for building a method and tool to examine myths in domestic violence, and to develop an adapted definition for domestic violence myths as prejudicial, stereotyped or false beliefs about domestic violence, domestic violence victims and domestic violence perpetrators. This study utilizes that adapted definition for domestic violence myths. There are some similarities between rape and domestic violence in terms of victim blame and myth acceptance which make sharing a framework logical. Acceptance of rape myths has been found to predict acceptance of interpersonal violence, increased hostility toward women and actual sexual violence toward women (Peters, 2003, citing Aberle & Littlefield, 2001; Briere, 1987; Hall, Howard & Boezio, 1986; Lonswa & Fitzgerald, 1995, and Monto & Hotaling, 2001). From the perspective of victim blame and myth acceptance, domestic violence is similar to rape except that in domestic violence, the lay public remains much less willing to hold the perpetrator accountable for the crime (Petretic-Jackson, Sandberg & Jackson, 1996, p.269).

Theoretical frameworks to explain domestic violence include social learning theory and feminist claims that patriarchy sustains the oppression of women. This suggests that rape, domestic violence and other violence against women are part of broader social attitudes toward women, and therefore appropriate knowledge and response to victims is affected by myths which

permeate these broader social attitudes (Peters, 2003). Further, because the causes of battering are not well-understood nor rooted in a single, dominant theory with a prescribed intervention, "social workers often form judgments based on a minimum amount of conclusive data and a great many conflicting myths, opinions and theories" (Ross & Glisson, 1991, p.80-81). In general, rape myths, domestic violence myths and myths about sexual abuse of children share three common underlying features: minimizing the crime; blaming the victim and exonerating or excusing the perpetrator (Peters, 2003, citing Collings, 1997).

Victim blaming attitudes, stereotyping of battered clients and acceptance of violence between spouses persist in social service providers and affect the quality of service provided to battered clients (Ross & Glisson, 1991). Attribution of blame for the acts which occur in domestic violence may dictate the intervention that is chosen and thereby may place the victim in greater danger. If both are blamed as a couple, the couple may be subjected to couples' therapy which has little or no benefit and may endanger the victim (Golden & Frank, 1994). Assessing domestic violence as a mental illness may likewise result in interventions which offer no benefit, may endanger the victim and may discourage future help-seeking behavior. The violence may be ignored or considered acceptable and normative behavior based on the social worker's values or therapeutic blind spots due to events in their family of origin (Goldblatt & Buchbinder, 2003; Sellers & Hunter, 2005). All of these responses represent substandard response by a social worker but are likely mistakes by an untrained helper operating from practical wisdom colored by myths and stereotypes and lacking the critical corrective education about the special circumstances of domestic violence (Ross & Glisson, 1991). In the case of domestic violence, substandard practice consisting of inappropriate advice could result in a

victim's injury or death and it is on that basis that domestic violence should receive greater deliberate attention within social work education.

*Response of Other Professions*

The healthcare profession, including physicians, nurses and dentists, has conducted significant research to assess the quality of their response to domestic and family violence victims and initiated a significant response to promoting universal screening, sensitive response and appropriate referral. A study of UK healthcare workers which included physicians of varying specialties as well as nursing and emergency room staff, community mental health teams, district nurses and health visitors, generally found a lack of knowledge about issues, resources and skills in discussing domestic violence with patients (Cann et al., 2001). The response of these healthcare workers upon discovering domestic violence was confused and inappropriate, and most lacked fundamental knowledge about issues and appropriate agencies for referral. They also lacked skill in identifying and discussing the issue with patients and clients (Cann et al., 2001).

Love et al. (2001) found similar deficits in the dentistry profession, which receives emphasis for increasing their response due to the increased likelihood that abuse and head trauma will result in the need for dental work and for temporomandibular joint (TMJ) injuries and disease. The recommendation for increasing the response of healthcare and dental professionals is to increase continuing education about the dynamics of domestic violence for a more sensitive response, to promote universal screening and to circulate appropriate sources for referral (Cann et al., 2001; Love et al., 2001). The American Bar Association (ABA), which is organized on behalf of and for the members of the United States' legal profession, maintains a website on the topic of domestic violence which contains tools to educate attorneys, students and

the public, as well as tools to assist attorneys in understanding and screening for domestic violence (ABA, 2007). The ABA has a separate commission devoted solely to domestic violence and an list of pamphlets and guidelines for attorneys to use in assisting victims to navigate the legal system, and to educate attorneys about the common tactics that batterers use to manipulate the legal system in their favor (ABA, 2007). The website even contains a specific pamphlet aimed at debunking typical myths which might arise in custody battles, with empirical citations to assist lawyers in defending their clients effectively in this special situation (ABA, 2007).

However, NASW, social work's national association and producer of policy statements and position papers on any number of public, social and political issues, does not have a separate policy statement addressing domestic violence (NASW Code of Ethics, 1996; Danis & Lockhart, 2003). CSWE, social work education's accreditation body, does not contain defined minimum standards or competencies to ensure that social workers meet the special needs of this population, which requires a fairly specific skill set for safe and competent practice (CSWE EPAS, 2001).

Critics suggest that social work is well behind the times in meeting basic standards of service to battered women and there is no literature to date to suggest that social work education has undergone any sweeping reforms in order to meet this well-documented gap resulting from bias and blame of social workers against battered women (Danis & Lockhart, 2003; Eisikovits & Buchbinder, 1996; Kanuha, 1998; Ross & Glisson, 1991). Other professions, such as nursing, health care physicians, dentists and lawyers, have identified the importance of having current, accurate information about domestic violence available to their members. Additionally, health care professions are promoting standards which would require universal screening, providing

continuing education about domestic violence and making information available to support appropriate referral for victims (Love et al., 2001; Cann et al. 2001). It is clear that more needs to be done for social work to meet the most basic standards to ensure safe, competent work with clients experiencing domestic violence, or otherwise that more research needs to be conducted to illuminate what accomplishments have been achieved and what more remains to be done to ensure best practices in social work with clients experiencing domestic violence.

*Recommended Solutions*

The solution to the gap in social work education is multifaceted. We must first identify the minimum basic knowledge, skills, and attitudes necessary for safe screening, risk assessments, and basic interventions that all social workers must have to address this issue (Danis & Lockhart, 2003). This defined body of necessary basic knowledge should include analyses of theoretical, empirical and practical wisdom and interventions. The theoretical piece must be addressed with appropriate attention to skill-building and critical analysis to utilize the theories from a multidimensional perspective and with consideration for the complex person-in-environment framework in which domestic violence occurs. The core set of knowledge skills and attitudes should then be incorporated into each of the 8 CSWE curriculum areas and/or the field education component. Research needs to include empirical studies identifying the most efficient and effective ways to increase student knowledge and skills (Danis & Lockhart, 2003). Perceived self-efficacy in social workers is linked to variability in screening behavior, so increasing education, to increase a students' confidence and comfort in working with this population, should produce better outcomes resulting from screening (Tower, 2003). The roots of domestic violence lie in the unequal social position of women and the normative use of violence in conflict, as well as the acceptance of violence in marriage. This suggests that a

return to the feminist theoretical approach to the gendered nature of domestic violence will shift attention more appropriately toward the social causes of domestic violence and away from victim-blaming (Jewkes, 2002; Ross & Glisson, 1991). Emphasizing the theoretical frameworks which shift away from victim responsibility for domestic violence in favor of considering the broader social context of domestic violence, such as feminist and empowerment theories, and creating educational programs to correct myths both for social workers and for the public should improve social workers' response to victims of domestic violence. Despite the CSWE's clearly stated goal to produce competently trained social work students, currently, there are no studies since 2003 which provide insight into social work's response to addressing domestic violence (CSWE EPAS, 2001). There exists only a handful of studies about student social workers' attitudes about any topics at all, and none of these are about domestic or intimate partner violence. Neither are there any studies which measure how much information student social workers are receiving on domestic violence during their social work education. This study seeks to begin addressing this gap in the research.

# CHAPTER 3. METHOD

## *Definitions of Domestic Violence*

The terminology used in the literature to describe various forms of violence between various persons of various relationships is diverse. "Domestic violence" was chosen as the terminology to be used for this study as the one most likely to be recognized as representing a pattern of coercive behaviors that involve physical, psychological and sexual abuse between married, cohabitating or dating partners. Domestic violence is also sometimes called intimate partner violence (IPV) which tends to operate specifically from the perspective of violence against women (Bogat et al., 2005). Domestic violence can also be interpreted as any violence in the home and as such, could include child or elder abuse, or abuse of a disabled person, however this is most often called family violence and is differentiated from the violence between married, cohabitating or dating partners.

For the purposes of this study, the term domestic violence will be used to mean a pattern of coercive behavior consisting of physical, psychological and/or sexual abuse which occurs between married, cohabitating or dating partners. To avoid gender stereotypes, keep analysis from becoming cumbersome and maintain consistency with supporting literature and the measurement tools, this study uses the terms "victim" and "perpetrator." The researchers acknowledge that "survivor," rather than "victim," is the preferred term of empowerment and should be used as a more appropriate description of the experience and courage of those on the receiving end of domestic violence, but victim and perpetrator provide the most appropriate terminology for this study.

Danis (2003) provides a comprehensive and culturally competent definition for domestic violence as:

> "a pattern of coercive behaviors that involve physical abuse or the threat of physical abuse and may include repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, or economic coercion, perpetrated by adults or adolescents against their intimate partners in current or former dating, married, or cohabitating relationships of heterosexuals, gay men, lesbians, bisexuals, or transgendered people" (p. 180)

Domestic violence often has one or more of the following components: physical abuse, psychological abuse and sexual abuse. Physical abuse or violence can be defined as the assault of another person which includes hitting, slapping, kicking etc. (Bogat et al. 2005). Psychological abuse is hard to define due to its subjectivity by the victim as a function of the stressfulness of the victims experience, not the event itself (Bogat et al., 2005). Sexual abuse can also be subject to varying interpretations and degrees of criminality depending on the relationship of the parties involved, i.e. married, dating or cohabitating partners. A recent Harris poll on attitudes about domestic violence indicated that only 66% of the polled subjects strongly agreed that when a person forces his/her partner to have sex, it is an act of domestic violence. Five percent disagreed, 20% somewhat agreed, 8% neither agreed nor disagreed, and 2% were not sure (Krane, 2006).

Accurately defining domestic violence is important to research because the way people define violence, including what actually constitutes a violent and offensive act, as well as the way people view their own behavior, are cited as key reasons for discrepancies in self-reported violence (Carlson & Worden, 2005; Dutton, 2005). For instance, men tend to under-report their violence, particularly when based on rationalizations that they were provoked, etc., in which case they do not report those incidences as their violence (Dutton & Nicholls, 2005; Dobash & Dobash, 1992). Women tend to define abuse more broadly than men which would lead to higher reporting of incidents based on a more expansive list of behaviors which would qualify as abuse

to women (Carlson & Worden, 2005). Further, people are more likely to base their opinions on the law they observe being enforced, rather than the law that is actually on the books. This is relevant because it affects whether people see their or others' behavior as criminal or abusive, particularly if it is not consistently enforced or severely punished by the judicial and legal systems (Carlson & Worden, 2005). So the definitions that we as a society apply to domestic violence have an effect on what laws are written, and the extent to which the judiciary enforces the laws influences the deterrent effect of laws on behavior as it relates to domestic violence (Carlson & Worden, 2005).

*Participants*

Participants consisted of student social workers at the BSW, MSW and Ph.D levels from schools of social work at major universities in a southern state. To preserve participants' anonymity, each school of social work designated a staff member to act as the contact ("designate") to receive an email from the researchers. The email was customized to each university and contained informed consent language, referral to local counseling services, and a link to the online web-based survey. The designate was instructed to forward the email to the entire student body directly, and then report the number of intended recipients at each educational level (BSW, MSW & Ph.D) to the researchers for the purpose of tracking the response rate. A follow-up email was sent to the designated contact of each school of social work indicating a deadline to complete the survey and repeating the request for participation. Additionally, a letter was mailed to some designates to encourage participation if not response was received to the initial email, or no participants from a school were noted in the responses. This study received approval from the Institutional Review Board prior to the administration of the surveys, approval was obtained from each school of social work to participate, and informed

consent was obtained from the subjects prior to participation which was signified in their election to click the hyperlink to the online survey form. Participants could elect to refuse to participate by not clicking the link to the online survey form, and could withdraw at any time by simply closing their web browser. The researchers and an IRB representative were available by telephone to answer any questions and the informed consent contained contact information to local counseling services if a participant experienced any psychological discomfort during or after completing the survey. Anonymity was protected because no individually identifying personal information was requested and all data is reported at the aggregate level.

*Materials*

An online web-based questionnaire was developed with established measurement tools and surveys and researcher-generated questions to gather demographic information and to measure respondents' attribution of blame, myth acceptance, knowledge, beliefs and attitudes in domestic violence. The questionnaire consisted of five sections totaling 100 questions. The first section of the questionnaire consisted of 25 questions collecting demographic data and attitudes about domestic violence education. The second section consisted of 23 questions from the Domestic Violence Blame Scale (Petretic-Jackson, Sandberg & Jackson, 1994). The third section consisted of 21 questions adapted from a study conducted in the U.K. to measure knowledge, attitudes, responses and levels of detection by health care providers (Cann et al., 2001). The fourth section consisted of 13 questions developed by the author to measure students' knowledge, attitudes and beliefs about their preparedness for working with clients experiencing domestic violence and student social workers' perception of adequacy of their social work education in preparing them for this work. The fifth section consisted of 18 questions from the Domestic Violence Myth Acceptance Scale (Peters, 2003).

*The Domestic Violence Blame Scale.* The Domestic Violence Blame Scale (DVBS) has been being used since 1989 in clinical settings and applications (Petretic-Jackson, Sandberg & Jackson, 1994). The DVBS was "designed to assess blame attribution for domestic violence/wife abuse in an effort to assess whether the levels of blame assigned to the battering victim (e.g. wife) and the batterer, as well as situational variables and societal attitudes supporting wife abuse, would follow the pattern established with rape and incest blame. The DVBS is a 23-item self-report questionnaire with items scored using a 6-point scale with '1' representing strong disagreement with the statement or almost never, and '6' representing strong agreement with the statement in question, or almost always" (Petretic-Jackson, Sandberg & Jackson, 1996, p.268). Four meaningful independent attributional blame factors were extracted and accounted for 48% of the data variable variance.

The Situational Blame Factor is defined by five items (Questions 11, 12, 13, 15 & 7) which assign blame for wife abuse to situational or contextual variables. Individuals scoring high on this factor consider various family conditions and the abuser's use of alcohol and/or drugs as important contributors to spousal violence.

The Perpetrator Blame Factor is defined by five items (Questions 3, 4, 5, 18 & 19) which pertain to husband blame. Individuals obtaining high scores on this factor believe that battering husbands are mentally ill/psychologically disturbed, unable to control their violent behavior, learned violent behavior from aggressive fathers, and should be locked up for abusing their wives.

The Societal Blame Factor is defined by six items (Questions 1, 2, 7, 14, 16 & 23) which assign blame to societal values. Individuals scoring high on this factor consider the amount of sex and violence in the media, wives being regarded as property, a male-dominated society, and

wife beating as acceptable masculine behavior in marriage as contributing to the occurrence of spouse abuse.

The Victim Blame Factor is defined by seven items (Questions 6, 8, 9, 10, 20, 21, 22) which assign blame to the victim. Individuals scoring high on this factor believe that wives encourage or provoke domestic violence, deserve physical assaults and exaggerate the effects of wife abuse. They also believe that the rise of the women's movement contributes to increase wife abuse.

*The Domestic Violence Myth Acceptance Scale (DVMAS).* Peters (2003) developed the Domestic Violence Myth Acceptance Scale in order to create an instrument which would be analogous to Burt's (1980) Rape Myth Acceptance Scale and which would be based on a clear and complete articulation of the construct being assessed, have good measurement reliability and demonstrate preliminary indications of both construct and criterion validity. The DVMAS consists of 18 items with scores related to four factors for victim blame - character blame, behavioral blame, perpetrator exoneration and minimization of the seriousness of domestic violence. The DVMAS score is calculated by adding up the total and dividing by the number of items answered to indicate the level of myth acceptance as an overall myth acceptance score. Males and females have different items for their respective factor scores. The Character Blame factor is indicated by items 3, 5, 7, 10, 14, 16, and 18 for females, and items 3, 7, 10, and 16 for males. The Behavior Blame factor is indicated by items 4, 6, 12, 13, and 17 for both males and females. The Perpetrator Exoneration factor is indicated by items 2, 8, 9, and 15 for females, and by items 2, 5, 9, 14, 15 and 18 for males. Finally, the Minimization factor is indicated by items 1 and 11 for females, and by items 1, 7, 8, and 11 for males. Peters (2003) explains that

the difference in items indicating factors based on gender occurs because myth acceptance functions generally for blame avoidance for men and threat avoidance for women.

Peters reports that the DVMAS has a reliability factor of .81-.88.with good convergent validity with other scales, *(r* = .37 to .65 with measures of rape myths, attitudes toward women, sex role stereotypes, and attitudes toward wife abuse) and good construct validity (the data fit the theoretical four-factor solution). The DVMAS was cited by its author as useful for evaluating the pervasiveness of domestic violence myths in counselors and professionals who work with victims of domestic violence (Peters, 2003). Outcomes on this scale should be helpful in further suggesting what areas of student social worker knowledge are being supported by myths and should be addressed by educational interventions.

*Knowledge and attitudes survey (Cann et al., 2001).* Included in this questionnaire were items selected from a study of domestic violence attitudes, knowledge and levels of detection of UK health care providers (Cann et al., 2001). This is not an established measurement tool but the questions have high face validity in assessing the level of knowledge by respondents by self-report. The authors of the study designed the questionnaire after review of the literature and consultation with the Oxfordshire Multi-Agency Groups on Domestic Violence and relevant specialists and were asked to assess knowledge and clinical experience of domestic violence as well as attitudes and professional responses to this issue. Only the items which the researchers considered relevant to this study and social work students were included in the questionnaire.

*Researcher-defined items.* The researcher adapted or created items numbered 70 to 82 to fill gaps left by the questions provided by Cann et al. (2001), and to ask specific domestic violence knowledge inventory and practice questions which represent basic levels of appropriate responsive behavior by a student social worker if a client discloses domestic violence. These

questions also have high face validity in that they represent basic yes/no questions about the domestic violence and an incorrect answer indicates a lack of knowledge about this topic. These questions will only be used descriptively to characterize student social workers' self-reported knowledge about these items and identify glaring gaps in social worker knowledge.

*Variables*

The variables being measured are:

1. Attribution of blame in domestic violence;
2. Myth acceptance in domestic violence;
3. Basic knowledge about domestic violence;
4. Student social workers' self-reported perceptions of adequacy of their social work education in preparing them to work with clients experiencing domestic violence; and,
5. Student social workers' self-reported perceptions of preparedness in working with clients experiencing domestic violence.

*Design and Procedure*

A descriptive correlational and exploratory study was conducted to examine student social workers' attribution of blame in domestic violence, myth acceptance in domestic violence, basic knowledge about domestic violence and self-reported preparedness. The questionnaire was administered anonymously through an online web-based survey which was created by the researchers. An email containing informed consent information, contact information for counseling services local to each university, and a hyperlink to the online survey was delivered to a pre-arranged designate of each school of social work for distribution to the social work student body. This method was chosen as an alternative to requesting the students' emails for direct contact by the researchers to maintain student anonymity and avoid procedures necessary

to obtain release of confidential student information. The informed consent language included contact information for counseling services local to the respondents' university in the event that the respondents experienced any psychological or emotional discomfort during or after completing the survey. Further, the informed consent was structured so that consent was clearly indicated by the students' choice to click the hyperlink to the online survey. Subjects were further instructed to print a copy of the email as a record of their informed consent. A "submit" button at the bottom of the questions delivered the anonymous survey data to a database file which was only accessible by the researchers. Some contacts opted, instead of forwarding an email, to post the informed consent document with the hyperlink to the survey on Blackboard and sent out an email to the student body to let them know the survey was available to be accessed.

# CHAPTER 4. RESULTS

The current research examined attribution of blame and myth acceptance about domestic violence in the attitudes of student social workers (N=236), student social workers' general knowledge about domestic violence and preparedness to work with clients experiencing domestic violence.

*Response Rate*

The survey was made available to approximately 720 BSW, 323 MSW, and 17 Ph.D social work students at 6 universities in a southern state. Response rates were 111 BSW (~15% of BSW surveyed), 113 MSW (~35% of MSW surveyed) and 9 Ph.D (~52% of Ph.D surveyed) for a total of 236 respondents. It should be noted that 36% (*n*=85) of the respondents were master level students from one major university however there are four master level programs in the state, and only two master level programs participated. All of the doctoral students were also from that same university because it is the only doctoral program in the state.

*Characteristics of the Sample*

The demographic characteristics of the sample of student social workers is provided in Appendix B.

*Research Question 1: How does attribution of blame in domestic violence vary by demographic characteristics of student social workers?*

The Domestic Violence Blame Scale (DVBS) consists of 23 items which each fall under one of four blame factors: situational, perpetrator, societal and victim blame. The factor score is calculated by averaging the scores for the items which are associated with each factor. A higher score means a higher attribution of blame for that factor. The following table represents the factor means of student social workers' attribution of blame as evidenced in the this study.

Reliability analyses for the Domestic Violence Blame Scale produced a Cronbach's Alpha of .59, with individual factor reliability as follows: Situational (.571), Perpetrator (.395), Societal (.532) and Victim (.314). The scores under the headings "Mental Health Professionals" and "Physicians" represent comparison scores as reported by the author of the DVBS scale for other professions (Petretic-Jackson, Sandberg & Petretic, 1994). The column titled "University Students" represents DVBS scores from Bryant and Spencer's (2003) study of college students from a New York public university.

Table 1. DVBS Factor Means and Comparison

| Factor | Student Social Workers* | Mental Health Professionals** | Physicians** | University Students*** |
|---|---|---|---|---|
| Situation Blame | 3.7 | 4.3 | 4.5 | 3.88 |
| Perpetrator Blame | 4.1 | 3.7 | 4.0 | 3.95 |
| Societal Blame | 3.7 | 3.7 | 3.3 | 3.28 |
| Victim Blame | 3.1 | 1.9 | 2.1 | 1.64 |

*Data from this study.
**Data from Petretic-Jackson, Sandberg and Jackson (1994).
***Data from Bryant and Spencer (2003).

Utilizing an independent samples t-test analysis to compare single/never married versus married students, married students ($n$=75) scored significantly higher on the Victim Blame factor than single/never married students($n$=130) ($t(203)=3.91, p<.000$). Independent samples t-test indicated that African-American/Black students ($n$=85) scored significantly higher on situational blame than white students($n$=145) ($t(161)=3.83, p<.000$).

Analysis with one-way ANOVA indicated students who were interning ($n$=142) scored significantly higher on perpetrator blame than those who were not interning ($n$=94)

(*F(2,233)=3.20, p<.05*) as well as significantly lower on victim blame. (*F(2,233)=6.28, p<.05*). Geography was also a significant factor. An independent samples t-test comparing results of DVBS factor scores based on the geographical region of childhood showed that students indicating they grew up in an urban location (*n*=63) scored significantly higher on situational blame than those who grew up in a suburban (*n*=66) setting (*t(125)=2.084, p<.05).* Students who indicated they had not been abused (*n*=122*)* scored significantly higher on societal blame (*t(234)=-2.048, p<.05)* than those who had been abused (*n*=114). Students who had worked with victims (*n*=93) scored significantly higher on perpetrator blame (*t(213)=2.886, p<.05)* than those who had not worked with victims (*n*=143).

There was no significant difference on the four factors for gender, nor did taking a family or domestic violence class produce any significant results.

*Research Question 2: How does myth acceptance in domestic violence vary by demographic characteristics of student social workers?*

The Domestic Violence Myth Acceptance Scale (DVMAS) consists of 18 items which measure myth acceptance and are averaged for an overall mean score. Additionally, individual items measuring certain factors are averaged to provide factor level scores to indicate character blame, behavior blame, perpetrator exoneration and minimization. A higher score means a higher degree of agreement with the myth statement.

Reliability analyses for the Domestic Violence Myth Acceptance Scale produced a Cronbach's Alpha of .867 for all items, with individual factor reliability as follows: Female Character (.81); Female Behavior (.753); Female Exoneration (.499); Female Minimization (.469); Male Character (.728); Male Behavior (.753); Male Exoneration (.718); and Male Minimization (.543).

*DVMAS group mean.* The overall total mean score for all 18 items for this group of student social workers was 2.35 (SD .84) which is exactly on point with the DVMAS author's study (Peters, 2003). Students of both genders who received domestic violence information from outside sources (*n*=scored significantly lower on the overall mean score for myth acceptance than those who did not (*t(234)=-2.729, p<.05*). Table 2 contains the DVMAS overall and factor means for the student social workers measured in this study, and compared by gender to scores of the DVMAS author's samples of general university students.

Table 2. DVMAS Overall and Factor Means and Comparison Data

| | Female SW Mean (SD)* | Peters (2003) Females | Male SW Male (SD)* | Peters (2003) Males |
|---|---|---|---|---|
| Overall Mean | 2.31 (.83) | 2.09 (.76) | 2.7 (.92) | 2.6 (.89) |
| Character | 2.4 (1.14) | 2.66 | 2.7 (1.42) | 2.42 |
| Behavior | 1.6 (.78) | 1.59 | 2.1 (.94) | 1.59 |
| Exoneration | 3.0 (1.06) | 2.66 | 3.2 (.98) | 2.84 |
| Minimization | 2.3 (1.13) | 2.09 | 3.1 (1.2) | 2.52 |

*Data from this study.

*DVMAS female means.* Table 3 contains the mean factor scores for females (*n*=216) in this sample, compared to the DVMAS author's findings. Female student social workers' mean scores were higher than Peters' for minimization and exoneration factors, about the same for behavior, and lower on character blame.

Table 3. DVMAS Female Factor Means and Comparison Data

| | Student Social Workers* | | Peters, 2003 |
|---|---|---|---|
| | Mean | SD | Mean |
| Character | 2.4 | 1.14 | 2.66 |
| Behavior | 1.6 | .78 | 1.59 |
| Exoneration | 3.0 | 1.06 | 2.66 |
| Minimization | 2.3 | 1.13 | 2.09 |

*Data from this study.

An independent samples t-test for analysis indicated single/never married females (*n*=121) scored significantly higher on character blame than married females (*n*=68) (*t(187)=1.986, p<.05).* One-way ANOVA was used to examine the influence of geography of childhood on the four DVMAS factors. Females from rural areas (*n*=93) scored significantly higher on all four myth acceptance factors: character (*F(3,212)=5.173, p<.05*), behavior (*F(3,212)=5.520, p<.05*), exoneration (*F(3,212)=2.762, p<.05*) and minimization (*F(3,212)=2.715, p<.05*). An independent samples t-test was used to examine some of the demographic questions relative to the DVMAS factor scores. Female students who received information about domestic violence from outside their social work education (*n*=156) scored significantly lower on character blame (*t(214)=-2.591, p<.05)* and significantly lower on perpetrator exoneration (*t(214)=-1.925, p<.05*). Female students who have worked with a victim (*n*=80) scored significantly lower on character blame (*t(214)=-3.736, p<.000),* significantly lower on perpetrator exoneration (*t(214)=-4.298, p<.000)* and significantly lower on minimization (*t(214)=-2.344, p<.05).* Female students who had been abused (*n*=107) scored significantly lower on the minimization factor (*t(214)=-2.064, p<.05).*

*DVMAS male means.* Table 4 contains the mean factor scores for males (*n*=20) in this sample, compared to the DVMAS author's findings.

There were no significant differences along demographic factors for males, but this may be due to the small sample size (*n*=20).

*Research Question 3: What is the relationship between attitudes about attribution of blame in domestic violence situations, myth acceptance in domestic violence, knowledge about domestic violence and preparedness to work with victims of domestic violence?*

Some associations were observed between the two scales. Utilizing Pearson's *r,* weak but significant inverse relationships were demonstrated between the DVBS Perpetrator Blame score and the DVMAS Overall Mean (*r(234)=-.273, p<.000*), the DVMAS character factor for females (*r(214)=-.295, p<.000*), the DVMAS behavior factor for females (*r(214)=-213, p<.05)*, and the DVMAS exoneration factor for females (*r(214)=-.332, p<.000*). With a weak degree of inverse correlation, as Perpetrator Blame increased, there was a significant decrease for females in the scores for the DVMAS character blame, behavior blame and exoneration factor.

Table 4. DVMAS Male Factor Means and Comparison Data

| | Student Social Workers* | | Peters, 2003 |
|---|---|---|---|
| | Mean | SD | Mean |
| Character | 2.7 | 1.42 | 2.42 |
| Behavior | 2.1 | .94 | 2.59 |
| Exoneration | 3.2 | .98 | 2.84 |
| Minimization | 3.1 | 1.2 | 2.52 |

*Data from this study.

Within the DVBS scale, there was a significant but weak, positive correlation between societal and situational blame (*r(234)=.302, p<.000)*, between victim and societal blame (*r(234)=.145, p<.05)*, and between perpetrator and situational blame (*r(234)=.146, p<.05).*

Pearson's *r* produced a significant but weak inverse relationship between age and females' exoneration factor score (*r(214)=-.206, p<.05*) and females' minimization score (*r(214)=-.165, p<.05)*. Accordingly, this suggests that generally, the older the woman, the lower the score on perpetrator exoneration and minimization factors. There were relatively strong positive relationships between all of the myth acceptance factors for women as indicated in Table 5, all of which are significant at *p<.000.*

Table 5. DVMAS Female Factor Correlations

| DVMAS Factor | Character | Behavior | Exoneration | Minimization |
|---|---|---|---|---|
| Character | 1 | .647 | .540 | .416 |
| Behavior | .647 | 1 | .436 | .423 |
| Exoneration | .540 | .436 | 1 | .327 |
| Minimization | .416 | .423 | .327 | 1 |

For males, only behavior and minimization factors do not exhibit a strong correlation as indicated in the following table of correlations between the DVMAS factors, as indicated in Table 6 below which contains the DVMAS male factor correlations.

Additional relationships were not examined between the two violence scales and the knowledge and preparedness items due to the structure of the knowledge and preparedness questions with dichotomous rather than scale answers. Also, the knowledge questions were not structured in such a way as to be an independent collective indicator of knowledge of the

Table 6. DVMAS Male Factor Correlations

| | Character | Behavior | Exoneration | Minimization |
|---|---|---|---|---|
| Character | 1 | .531* | .656* | .841** |
| Behavior | .531* | 1 | .738** | not significant |
| Exoneration | .656* | .738** | 1 | .723** |
| Minimization | .841** | not significant | .723** | 1 |

*=$p<.05$
**=$p<.000$

respondent. This is a limitation in the study, and it is a recommendation that additional knowledge be examined to support development of core competencies.

*Research Question 4: Do student social workers possess basic knowledge necessary to work sensitively and competently with victims and perpetrators of domestic violence?*

The survey contained several questions to assess the general knowledge of the respondent about domestic violence. Although most students responded appropriately to the questions, there were some notable incorrect responses which demonstrate a gap in basic knowledge of the respondents about domestic violence. Seven percent of the students ($n$=14) did not believe forcing sex on one's partner was a crime, and twice that many (14%, $n$=32) did not believe that a husband forcing sex on his wife is a crime, when both are criminal acts. Almost all (99%, $n$=233) students answered that domestic violence does not stop during pregnancy, which was the desired response. Eleven percent ($n$=25) did not believe that domestic violence occurs in homosexual relationships or were not sure. A few students (4%, $n$=9) believed that abuse would stop if a woman left an abusive man. Nine percent ($n$=46) did not know that hitting your partner is a crime according to law. Only 36% ($n$=88) were aware that domestic violence does not occur more in lower socioeconomic groups and about the same (35%, $n$=83) believed domestic violence is more

common in ethnic minorities. This indicates that a large number of students believe domestic violence is more often a problem of the poor and racial minorities, when in fact it is a cross-cutting social issue. Most students (79%, *n*=186) knew that there is not one dominant theory which explains why domestic violence occurs, which was the desired response. For those who do believe there is only one theory, perhaps that limitation would narrow their therapeutic response.

There was another question which asked about domestic violence as a mental health issue. The statement began "Domestic violence is a mental health issue of:" with four possible choices to end the statement. The responses are included in Table 7.

Table 7. Distribution of Responses to "Domestic Violence is a Mental Health Issue of:"

| Response | *n* | % |
|---|---|---|
| the victim | 13 | 6 |
| the perpetrator | 50 | 21 |
| the victim and perpetrator as a couple | 148 | 63 |
| None of the above. | 25 | 11 |

"None of the above" was the desired response to indicate that domestic violence is not a mental health issue at all, however the limitations of this question in validly eliciting the desired response are admitted. These responses, however, potentially signify that the remaining respondents see domestic violence as a mental health issue and would provide intervention according to a mental health model, which is not a desirable therapeutic outcome. Qualitative research to further develop to what degree social workers view domestic violence as a mental health issue is recommended.

Table 8 contains distributions of responses to additional belief and preparedness questions.

Table 8. Distribution of Responses to Belief and Preparedness Questions.

| Yes *n* (%) | No *n* (%) | Question or Statement |
|---|---|---|
| 234 (99) | 2 (1) | Domestic violence is an important issue in social work. |
| 5 (2) | 234 (98) | Domestic violence is private matter between partners. |
| 11 (5) | 225 (95) | I see no need for written guidelines for managing domestic violence. |
| 230 (97) | 6 (3) | I think social workers need special training to work with clients experiencing domestic violence. |
| 170 (72) | 66 (28) | Abused women should leave their partner if they do not like being hit, whatever the circumstances. |
| 56 (24) | 180 (76) | I feel uncomfortable asking direct questions about domestic violence. |
| 69 (29) | 167 (71) | I think my social work education has adequately prepared me to work with clients experiencing domestic violence |
| 115 (49) | 121 (51) | I think only social workers who have specialized training should work with clients experiencing domestic violence. |

It is admitted that the yes/no format of these questions does limit their interpretation significantly and additional qualitative research would produce more depth and direction to these issues.

Concerning the prevalence of universal screening, there were 132 respondents who were currently working with clients. The following table shows the responses to the question "how often do you ask clients with whom you work whether they are experiencing domestic violence?" as answered by those who indicated they were currently working with clients (N=132).

Table 9. Self-reported Screening Behavior

| Response | *n* | % |
|---|---|---|
| All of the time. | 37 | 28 |
| Some of the time. | 58 | 44 |
| None of the time. | 37 | 28 |

*Research Question No. 5: Do student social workers feel adequately prepared by the current social work core curriculum to work with victims and perpetrators of domestic violence?*

The survey contained a set of questions to indicate social worker students' sense of preparedness in providing services to clients experiencing domestic violence. Well over a third (39%, *n*=93) had experienced working with a victim of domestic violence. Over half (56%, *n*=132) felt they were not adequately prepared to provide services to a client experiencing domestic violence. Roughly over half (55%, *n*=130) indicated they knew the contact information for the local domestic violence shelter in their area, and two-thirds (67%, *n*=157) knew who to call to make a referral for services if a client disclosed domestic violence to them. Only one-third (37%, *n*=87) had learned how to make a safety plan, and less than a quarter (23%, *n*=54) knew how to conduct a lethality assessment to evaluate the potential danger to a victim. A lethality assessment involves asking questions such as whether there are guns in the home, whether there has been physical violence or stalking in the past, whether the perpetrator has demonstrated depressed or suicidal behavior, or made fatal threats in the past, which provide an indication of the likelihood that the situation may result in the victim's death.

There were two followup questions which requested whether the respondent thought it would be offensive to universally ask their clients they had been abused. About one-fifth (19.5%, *n*=27) thought it would be offensive to their clients to ask every <u>woman</u>, and about one

quarter (24%, *n*=34) thought it would be offensive to clients to ask both sexes if they had been abused.

*Social Work Education and Domestic Violence*

A portion of the survey questions were related to domestic violence education in social work. About a third (32%, *n*=75) of the respondents had taken a class that included domestic violence as a major topic. Less than one-fifth (18%, *n*=43) indicated they would not take a family violence class if it was offered,10% (*n*=23) indicated they were interested in electives other than domestic violence, 11% (*n*=26) indicated they planned to take continuing education to obtain the information on domestic violence, 3% (*n*=7) indicated they had received enough education about domestic violence in other classes, and 1 respondent indicated he or she did not plan to work with clients experiencing domestic violence. This last response could be problematic, in that regardless of whether they would seek out clinical settings in which victims were known to be treated, disclosure of domestic violence could occur in any setting, and even in a management or administrative setting. Even then, it would be important to know how to appropriately respond and refer.

Other reasons provided for not taking the family or domestic violence class were that they had already taken a class, were interning at a domestic violence placement, had prior work experience outside of class, were not able to take an elective on domestic violence due to their combined MSW/MPH curriculum, or they were due to graduate soon and would not have time.

# CHAPTER 5. DISCUSSION

The results of this study indicate that some student social workers in a southern state are, as a group, more blaming of victims, exonerating of perpetrators, and minimizing of seriousness of domestic violence as a group, compared to scores of comparative populations cited in the literature, (i.e. physicians, mental health professionals and general students). This study was intended to examine the role of social work education in ameliorating victim blame and myth acceptance in the student social worker population. Instead, the fact that students were interning, or had prior experience working with victims, or received information about domestic violence outside of their social work education was associated with attitudes of increased perpetrator accountability and decreased victim blame. Therefore, an insight provided by this study is that perhaps adjustments to social work education could involve providing modifications to the field component to increase sensitivity to working with victims. This could be accomplished by introducing a field seminar from the practice perspective which addressed domestic violence myths, demonstrated practice standards for sensitive work with victims, as well as safety issues associated with working with batterers and violent couples. This study further suggests that educational tools, such as a role play, which help student social workers overcome the discomfort of asking about domestic violence would be important to supporting increased screening.

One of the salient, over-arching findings is that female social work students who grew up in rural areas are much more likely to engage in myth acceptance about domestic violence. This suggests that universities must do more to deliver accurate information to support safe, culturally competent services to clients experiencing domestic violence, especially in rural areas. This information must be focused on dispelling the myths that permeate rural communities which tend toward patriarchal values, rigid gender stereotypes, and have less access to public awareness

information (Jiwani, 1998). There is still a fairly remarkable lack of consistency in knowledge and preparedness of social workers to serve clients experiencing domestic violence. Some social work students are not even aware of what types of domestic violence are criminal according to law. Only a third of the students surveyed had taken a domestic violence course, and only 29% of those who had not taken a class said they would if they could. Yet, less than half feel adequately prepared to provide services to a client experiencing domestic violence, and almost all believe that special training is necessary in order to be able to provide services to this population. What social work students, and their universities may fail to realize is that regardless of whether they plan to work with this population, domestic violence is pervasive and likely to surface in clinical and agency settings that all student social workers serve. Thus, this study suggests a large gap in that preparedness. Additionally, providing accurate information can serve as a protective factor for the student social worker who will likely experience cognitive and social adjustment upon working with clients experiencing domestic violence (Goldblatt & Eisikovits, 2003). The pervasiveness of domestic violence and the need for front line response has been acknowledged by other professions who are initiating broad-based educational campaigns and best practice standards for universal screening. These study results suggest that social work education is behind the curve on that front.

Danis and Lockhart (2003) indicated that social work has failed to even identify a set of core competencies to serve clients experiencing domestic violence. Surely this can be viewed as an inadequate response by social work to a social issue that affects between 2 and 4 million women each year, and around 875,000 men (Tjaden & Thoennes, 2000) and results in the death of approximately 1650 people per year, three-quarters of whom are female (Rennison, 2003). That's more than 3 women per day and more than 1 man per day murdered by a partner or

spouse. Even though over a third of the respondents had worked with victims, two-thirds did not know how to create a safety plan, and even more were not trained to conduct a lethality assessment to help protect a client from extreme danger. Most students believed a woman should leave her abuser, no matter what the situation is, and yet leaving an abuser is often the most dangerous time. All but 11% of the respondents believe that domestic violence is a mental health issue which may suggest that these social workers will consult a differential diagnosis manual for serving these clients. Micro-level, individual, pseudo-psychological focus on this issue will result in victim blame, perpetrator exoneration, minimization of the seriousness of the abuse, and will produce less than desirable outcomes (Eisikovits & Buchbinder, 1996).

The message about how domestic violence is different than mental health issues is obviously not being communicated to social work students. Social work students, without training consisting of beginning knowledge, skills and attitudes, could put their clients' lives in danger by using modes of thinking that are applicable to other social work issues and mental health, but not to domestic violence. If a student social worker graduates and begins to practice without ever being exposed to working with a victim in a field setting, without receiving information about domestic violence from an outside source, or without taking a class (all of which are arbitrary and accidental as standards currently exist), this study suggests they are more likely to engage in victim blaming attitudes or to communicate inaccurate information which may put their clients' lives in danger at the worst, or deter further help-seeking behaviors at least. These outcomes should be unacceptable to the social work education community and should demand some formal effort to ensure that every social work student is provided basic knowledge and skills to provide safe, culturally competent service to clients experiencing domestic violence. This study, in some part, supports Danis and Lockhart's (2003) assertions that social work is still

behind the curve on domestic violence, and the place to start is with improving the education about domestic violence for student social workers.

*Limitations*

This study used a purposive sample of student social workers of 7 universities in one southern state with an approximate 25% response rate. Accordingly, it is not possible to accurately generalize these findings to all student social workers. Additionally, only 8% of the sample was male which limits the ability to perform accurate gender comparisons. This is specifically problematic in interpreting the Domestic Violence Myth Acceptance Scale which suggests equal proportions of gender for accurate factor analysis. Over half (58%) indicated they follow media reports of domestic violence, so it is likely that the sample represents students who are interested in this topic, and therefore self-selected. Accordingly, the sample may not equally represent those who are not interested in the topic, which may affect the generalizeability of the results. Finally, the study would have benefitted from more survey material addressing issues and preparedness to work with perpetrators as well as victims.

It has been suggested that the measurement tools contain statements which stem from a distinctly victim-oriented perspective which may be having an immeasurable effect on the outcome of this study, and so the results should be considered in that context. Additionally, it has been suggested that perhaps one of the reasons that student social workers exhibited more victim blame as a group, compared to Dr. Petretic's mental health workers, may have been because that group contained more seasoned mental health and/or social workers with exposure to the training and educational opportunities which seem to produce lower victim blame scores. As such, the age and relative lack of experience of the sampled student social workers may be responsible for

the higher blame and myth acceptance scores. Further qualitative studies would perhaps help to clarify the causes of the scores.

*Recommendations*

Additional research concerning myth acceptance and attribution of blame with better gender proportions might illuminate gender differences, and more systematic data collection could produce results that would generalize more easily to all student social workers. Additionally, more information about the most effective way to communicate domestic violence information to student social workers, whether in the field setting or classroom, would likely make implementing the suggestions in this study more attractive to schools of social work. Further research should be undertaken to evaluate the results of this study, particularly with regard to those students who indicated they had taken a domestic or family violence class but did not differ significantly in victim blaming attitudes from those students who did not take the class. Introducing safety planning training into the educational experience is suggested as a minimum interim measure. Finally, research should explore what could be done to encourage students to take an elective domestic violence class if it were offered.

*Conclusion*

Social work schools have an obligation to prepare students for competent social work. Because of the seriousness of domestic violence and the potential consequences to clients, schools of social work should assess what their students know about domestic violence and take measures to integrate educational opportunities that will help student social workers protect their clients and provide safe, culturally competent services. This study suggests that students are receiving information from other sources which is having a positive effect on reducing victim blaming attitudes and myth acceptance, but social work education about domestic violence should

not be arbitrarily left up to external sources or for education to occur happenstance in the field placement. There is still a large number of students who are potentially graduating from schools of social work with myth acceptance and victim blaming attitudes which can negatively affect the quality of services they can provide to clients experiencing domestic violence. Schools of social work, or the accreditation body of CSWE, should identify some basic level of domestic violence education as a required core competency at every degree level. The next step would be to require that basic domestic violence education be consistently integrated into either the classroom or field education experience as a requirement for graduation and for accreditation of the universities who deliver social work education. Implementation of any or all of these recommendations would be a bold step toward helping social work come closer to the mark and continue mending the historical disconnect between social work and battered women. Benefits would also include increasing the likelihood that clients experiencing domestic violence would receive safe, culturally competent services which included universal screening, appropriate referral and intervention, even from a newly graduated social worker who may not yet have accessed that training from other sources.

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APPENDIX A - THE SURVEY

**For the purposes of this survey, domestic violence is defined as a pattern of coercive behaviors that involve physical abuse or the threat of physical abuse and may include repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, or economic coercion, perpetrated by adults or adolescents against their intimate partners in current or former dating, married, or cohabitating relationships of heterosexuals, gay men, lesbians, bisexuals, or transgendered people" (Danis, 2003)**.

1. What is your age in years?
2. What is your gender? Male/Female
3. What is your marital status? Single-NeverMarried/Married/Separated/Divorced/Widowed/ Partnered
4. What is your race? African American-Black/Caucasian-White/Asian/Hispanic/Native American/Biracial/Other
5. What was your undergraduate major? Psychology/Sociology/Social Work/Nursing/Rehab Counseling/Child and Family Studies/Other
6. What was your geographic location during your childhood? If more than one answer applies, choose the location during which you spent the last part of your childhood. Rural/Urban/Suburban
7. Which School of Social Work do you currently attend?
   Grambling University
   Louisiana College
   Louisiana State University
   Northwestern State University
   Southeastern Louisiana University
   Southern University, Baton Rouge
   Southern University at New Orleans
   Tulane University
   University of Louisiana Monroe
8. What social work degree are you currently pursuing? BSW/MSW/ Ph.D or DSW/Other.
9. What social work degrees have you previously received? Check all that apply. BSW/MSW/Ph.D or DSW/Other.
10. If you are a Master's level Social Work Student, please indicate your status: Foundation Year/Advanced Year/Advanced Standing?
11. Please indicate your attendance status. Part-time/Full-time.
12. Please indicate your internship status. Interning/Deferred/Not required for my degree.
13. Does your internship or workplace have a written policy about what to do if a client discloses domestic violence to you? Yes/No/I don't know/Not currently working or interning.
14. Does your school of social work offer a family violence or domestic violence class? Yes/No/I don't know.
15. Have you ever taken a class during your social work education that included Domestic Violence as a major topic? Yes/No



(Appendix A cont'd)

16. If you answered no to question no. 15, do you plan to take a class in Family or Domestic Violence if it is offered at your school? Yes. If you answered "yes," please go to question no. 17.Yes/No/I'm not sure.
17. If you answered no to question no. 16, please indicate the best explanation for why you would not take a family violence or domestic violence class? Please choose the BEST answer from those provided, and only choose "other" if you have a reason which is not related to the provided choices.
    _____ I don't think independent knowledge of domestic violence is necessary.
    _____ I think I have received enough education about domestic violence in other classes.
    _____ I am interested in other electives.
    _____ I do not plan to work with clients experiencing domestic violence.
    _____ Other. (Please indicate)_____
18. Have you received information or education about domestic violence from another source outside of your formal social work curriculum? Yes/no. If you answered "no," skip to question no. 20.
19. If you answered yes to question no. 18, from what source did you receive your information about domestic or family violence: Click all that apply.
    _____ domestic violence agency
    _____ internship at an agency that was NOT a domestic violence agency
    _____ undergraduate education
    _____ independent conference
    _____ in-service learning opportunity
    _____ other. Please indicate _____
20. Have you ever worked with a client who was a victim of domestic violence? Yes/No
21. Do you feel adequately prepared to provide services to a client experiencing domestic violence? Yes/No
22. Do you plan to pursue additional formal or continuing education regarding domestic violence after you graduate? Yes/No
23. How often do you ask clients with whom you work whether they are experiencing domestic violence? All the time./Some of the time./None of the time/I don't work with clients.
24. Have you ever been abused by an intimate partner in a dating or married relationship, either physically, verbally, psychologically or sexually,? Yes/No
25. Have you ever abused an intimate partner in a dating or married relationship, either physically, verbally, psychologically or sexually? Yes/No

In this part of the survey[2], Questions 26 through 48, violence is defined as physical assaults or violence between marital partners. For the purposes of this survey, the husband will always be the assailant, and the wife will be the victim. Listed below are several statements sometimes used to account for domestic violence. Please indicate your agreement/disagreement with or perception of the frequency of these statements on the six-point scale accompanying each item. While some of these items might be offensive to you, please remember that they do not represent facts per se, but are attitudes often used to account for the occurrence of domestic

[2]Used with permission of the author, Patricia Petretic.

violence. If you agree with a statement, please click the button over the number that corresponds to the degree of your agreement. If you disagree with a statement, click the button over the number that corresponds with the amount you disagree.

5 would indicate a strong amount of agreement. Please answer the following questions based on your opinion only. There are no right or wrong answers.

26. The amount of sex and violence in the media today strongly influences the husband to physically assault his wife.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

27. Domestic Violence is a result of wives being regarded as property by our society.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

28. A husband who physically assaults his wife should be locked up for the act.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Almost | _____ | _____ | _____ | _____ | _____ | _____ | Almost |
| Never | 0 | 1 | 2 | 3 | 4 | 5 | Always |

29. A husband who physically assaults his wife is "mentally ill" or psychologically disturbed.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

30. Domestic violence can be mainly attributed to peculiarities in the husband's personality.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

31. It is the wife who provokes the husband to physically assault her.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Almost | _____ | _____ | _____ | _____ | _____ | _____ | Almost |
| Never | 0 | 1 | 2 | 3 | 4 | 5 | Always |

32. Domestic Violence is the product of a male-dominated society.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

33. Wives encourage domestic violence by using bad judgment, provoking the husband's anger, and so on.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Almost | _____ | _____ | _____ | _____ | _____ | _____ | Almost |
| Never | 0 | 1 | 2 | 3 | 4 | 5 | Always |

34. Wives are physically assaulted by their husbands because they deserve it.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Almost | _____ | _____ | _____ | _____ | _____ | _____ | Almost |
| Never | 0 | 1 | 2 | 3 | 4 | 5 | Always |

35. Domestic violence can be avoided by the wife trying harder to please her husband.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Almost | _____ | _____ | _____ | _____ | _____ | _____ | Almost |
| Never | 0 | 1 | 2 | 3 | 4 | 5 | Always |

36. Domestic violence is more likely to occur in unstable homes.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

37. Domestic violence is more likely to occur in families with poor interpersonal relationships.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Strongly | _____ | _____ | _____ | _____ | _____ | _____ | Strongly |
| Disagree | 0 | 1 | 2 | 3 | 4 | 5 | Agree |

38. The husband's abuse of alcohol and drugs cause domestic violence.

| Almost Never | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Almost Always |
|---|---|---|---|---|---|---|---|

39. Domestic violence occurs because society accepts it in marriage.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

40. Domestic violence is more likely to occur in slum or "bad" areas.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

41. As stress on the marriage increases, so does the probability of domestic violence.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

42. Domestic violence is more likely to occur in families that are socially isolated from the community.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

43. Husbands who physically assault their wives cannot control their violent behavior.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

44. Husbands who physically assault their wives had dominant, aggressive fathers who also engaged in domestic violence.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

45. The rise of the "women's movement" and feminism has increased the occurrence of domestic violence.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

46. Wives exaggerate the physical and psychological effects of domestic violence.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

47. In our society, it is a husband's prerogative to strike his wife in his own home.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

48. Husbands who physically strike their wives because in our society this is defined as acceptable masculine behavior.

| Strongly Disagree | _____ 0 | _____ 1 | _____ 2 | _____ 3 | _____ 4 | _____ 5 | Strongly Agree |
|---|---|---|---|---|---|---|---|

SELECTED QUESTIONS adapted from Cann, et al (2001):
For the following questions, please indicate Yes or No, I don't know or I'm not sure, as indicated.

49. A woman is more likely to be murdered on the street than in her home? Yes/No.
50. Forcing sex on your partner is a crime, according to law. Yes/No.
51. Does domestic violence usually stop during pregnancy? Yes/No.
52. Do you follow reports about domestic violence in the media?Yes/No.



(Appendix A cont'd)

53. Does domestic violence occur in homosexual relationships? Yes/No/I'm not sure.
54. If a woman leaves an abusive man, is the abuse by him likely to stop? Yes/No.
55. Is hitting your partner a crime, according to law? Yes/No/I don't know.
56. Does domestic violence occur more in lower socioeconomic groups? Yes/No/I don't know.
57. Is domestic violence more common in ethnic minorities? Yes/No.
58. I think domestic violence is an important issue in social work. Yes/No.
59. I think domestic violence is a private matter between partners.Yes/No.
60. I think domestic violence is part of normal life. Yes/No.
61. I think my profession should be more involved in identifying cases of domestic violence. Yes/No.
62. I see no need for any written guidelines for managing domestic violence. Yes/No.
63. I think social workers need special training to work with clients experiencing domestic violence. Yes/No.
64. I would call child protective services if a woman disclosed to me that she was being abused by her partner and I knew there were children in the home. Yes/No.
65. Abused women should leave their partner if they do not like being hit, whatever the circumstances. Yes/No.
66. I feel uncomfortable asking direct questions about domestic violence. Yes/No.
67. If I ask every woman in my practice if she has been abused, I will offend a lot of my clients. Yes/No/I don't have clients to ask.
68. If I ask every person in my practice, both MALE AND FEMALE, if he or she has been abused, I will offend a lot of my clients. Yes/No/I don't have clients to ask.
69. I would call child protective services if a woman with children told me she decided to remain in a violent relationship. Yes/No.

Original questions by the author:

70. Is a husband forcing sex on his wife is a crime according to law? Yes/No.
71. Domestic violence is a mental health issue of: the victim/the perpetrator/the victim and perpetrator as a couple/None of the above.
72. I think my social work education has adequately prepared me to work with clients experiencing domestic violence. Yes/No.
73. I think I need more education to be adequately prepared to work with clients experiencing domestic violence. Yes/No.
74. I think only social workers who have specialized training should work with clients experiencing domestic violence. Yes/No.
75. I think that working with clients experiencing domestic violence DOES NOT require any different skills or information than working with any other clients. Yes/No.
76. I can think of the following number of research-based theories for the cause of domestic violence. 0/1/2/3or more.
77. Although there are many theories for domestic violence, there is one dominant theory which best explains why domestic violence occurs. Yes/No.
78. I know the contact information for the local domestic violence shelter in my area. Yes/No.
79. I know who to call to make a referral for services if a client discloses domestic violence to me. Yes/No.

80. I use a written protocol or procedure to work with clients experiencing domestic violence. Yes/No.
81. I learned how to make a safety plan with a client experiencing domestic violence.
82. I have learned how to conduct a lethality assessment to evaluate the potential danger to a victim of domestic violence.

**Domestic Violence Attitudes**[3]

The questions below ask about common attitudes toward domestic violence. While we all know the politically or socially correct answer, please answer how you truly think and feel. To answer, put a number on the line before each question indicating how strongly you agree or disagree with each statement

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly **Disagree** | | | | | | Strongly **Agree** |

83. _____ Domestic violence does not affect many people
84. _____ When a man is violent it is because he lost control of his temper.
85. _____ If a woman continues living with a man who beat her, then its her own fault if she is beaten again
86. _____ Making a man jealous is asking for it.
87. _____ Some women unconsciously want their partners to control them.
88. _____ A lot of domestic violence occurs because women keep on arguing about things with their partners.
89. _____ If a woman doesn't like it, she can leave.
90. _____ Most domestic violence involves mutual violence between the partners.
91. _____ Abusive men lose control so much that they don't know what they're doing.
92. _____ I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.
93. _____ Domestic violence rarely happens in my neighborhood
94. _____ Women who flirt are asking for it.
95. _____ Women can avoid physical abuse if they give in occasionally.
96. _____ Many women have an unconscious wish to be dominated by their partners.
97. _____ Domestic violence results from a momentary loss of temper.

[3]Used with permission of the author, John Peters.

98. _____ I don't have much sympathy for a battered woman who keeps going back to the abuser.

99. _____ Women instigate most family violence.

100. _____ If a woman goes back to the abuser, how much is that due to something in her character?

Thank you for your patience and or sticking with the survey all the way through! Just click the "DONE" button to submit your answers.

APPENDIX B - SAMPLE DEMOGRAPHIC CHARACTERISTICS

| Demographic | N | % of category |
|---|---|---|
| Age | | |
| under 20 | 4 | .02 |
| 20 to 29 | 142 | 60 |
| 30 to 39 | 57 | 24 |
| 40 to 49 | 26 | 11 |
| 50 to 72 | 7 | 3 |
| Gender | | |
| Female | 216 | 91.5 |
| Male | 20 | 8.5 |
| Marital Status | | |
| Single/Never Married | 130 | 55 |
| Married | 75 | 32 |
| Separated | 2 | 1 |
| Divorced | 25 | 11 |



(Appendix B cont'd)

| Demographic | N | % of category |
|---|---|---|
| Widowed | 2 | 1 |
| Partnered | 2 | 1 |
| Ethnicity | | |
| African American/ Black | 85 | 36 |
| Caucasian/White | 145 | 61 |
| Asian | 1 | <1 |
| Hispanic/Latino | 2 | 1 |
| Native American | 2 | 1 |
| Other | 1 | <1 |
| Geography in Childhood | | |
| Rural | 105 | 44 |
| Urban | 63 | 27 |
| Suburban | 66 | 28 |
| I don't know | 2 | 1 |
| Current Degree | | |
| BSW | 111 | 47 |



(Appendix B cont'd)

| Demographic | N | % of category |
|---|---|---|
| MSW/MSSW | 113 | 48 |
| PhD | 9 | 4 |
| MSW Student Status | | |
| First Yr/Foundation | 50 | 21 |
| Second Yr/Advanced | 45 | 19 |
| Advanced Standing | 17 | 7 |
| Attendance Status | | |
| Part-time | 32 | 14 |
| Full-time | 204 | 86 |
| Internship status | | |
| Interning | 142 | 60 |
| Deferred | 67 | 28 |
| Not required | 27 | 11 |
| Ever taken a class in which DV was major topic? | | |
| Yes | 75 | 32 |
| No | 161 | 68 |



(Appendix B cont'd)

| Demographic | N | % of category |
|---|---|---|
| Ever worked with victim? | | |
| Yes | 93 | 39 |
| No | 143 | 61 |
| Feel adequately prepared to provide services to a client experiencing domestic violence? | | |
| Yes | 104 | 44 |
| No | 132 | 56 |
| Ever been abused? | | |
| Yes | 114 | 48 |
| No | 122 | 52 |
| Ever abused another? | | |
| Yes | 41 | 17 |
| No | 195 | 83 |

# VITA

Vonnie Hawkins was born in 1965 in Shreveport, Louisiana, raised in Baton Rouge and graduated from Baton Rouge Magnet High School in 1983. She attended Louisiana State University where she attended three semesters while undecided on a major and eventually withdrew to work in administrative positions in the legal field. She eventually managed her father's law office while attending paralegal school at LSU Continuing Education. After completing her paralegal certification in 1990, she worked in San Diego, California, and Baton Rouge over the next 15 years, honing her writing and analytical skills as a trial paralegal. After volunteering to work with domestic violence survivors in 2002, Vonnie was inspired to begin transitioning out of the legal field and returned to college in 2003 to finish her degree, a B.A. in psychology from Louisiana State University earned in 2005. Graduate school offered a natural evolution of the research, analysis and writing skills acquired through her paralegal work, so she enrolled in LSU's Master of Social Work program with plans for publishing, educating and lobbying for social change on behalf of domestic violence survivors and other marginalized populations. She served as Secretary of Alpha Delta Mu, the National Honor Society for Social Work, and as the MSW Student Representative on the NASW Louisiana Chapter Board of Directors in 2006-2007.

Vonnie's areas of interest include grant-writing, improving interagency cooperation for the families with co-occurring domestic violence and child maltreatment, issues surrounding domestic violence and social work education, and dilemmas in the professionalization of social work. Vonnie is a candidate for the Master of Social Work degree from the School of Social Work at Louisiana State University Agricultural and Mechanical College in Baton Rouge in May, 2007.