DOMESTIC ABUSE: BEST PRACTICE VS. WASHINGTON STATE POLICY

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ABSTRACT: Many people live in domestic abuse (DA) relationships without help. This paper is a compilation of interviews, research, and personal experience in attending to survivors of DA; its intention is to show that while best practices are in place to ensure that survivors are receiving the care that they need, there is no policy written into law for screening requirements in how agencies assess DA. During interviews with employees from the Monroe Gospel Mission (MGM), Department of Social and Health Services (DSHS), and the Domestic Violence Services of Snohomish County (DVS), each expressed different ideas about the process of screening. The research indicates a need for screening policies for supporting agencies in how they respond to victims who have experienced, or are experiencing DA. To avoid conflicting employee practices, research needs to be done by geographic region to create a policy that attends to that particular demographic.

Introduction

In most domestic abuse (DA) cases, survivors come forward and disclose the hidden secret that their loved one is abusive mentally, physically, emotionally, and/or financially. At times, employees of governmental- and non-governmental organizations may be the only people victims can talk to, which is stressful for those involved. Currently in Washington State there are no set guidelines, information, or identified ideal approaches in how to assist DA victims with their situations. The closest legal framework for DA cases in Washington State is the Revised Code of Washington (RCW), but the RCW does not go into detail about best practices of these guidelines. RCW 49.76.150 states, “The director shall adopt rules as necessary to implement this chapter” (Wa. Leg. Code ch 49, § 50.135). I would like to state here that in this paper, I am not recommending a particular policy for placement, but rather suggesting that supporting agencies create and enforce a working best practice, which can then function as the framework for a working policy. A policy needs to be put into place only after research is completed specific to Washington State, and specific to regions within Washington State.

Definitions

I would like to give definitions of “supporting agencies” and “best practices.” Supporting agencies include any and all employees within an agency who come into contact with DA victims on a regular or irregular basis. Best practices are particular strategies that agencies put into place once it is determined that someone is a victim of DA. The employees of the supporting agency then implement this practice in order to provide support for their clients. Here is where I want to specify that, generally, this subject is known as Domestic Violence (DV), but during my research I changed my language to Domestic Abuse (DA) because I feel that DV does not depict emotional or
financial abuse. From here on out, I use DA so that it implies physical and non-physical abuse. I rely on employees from the Monroe Gospel Mission (MGM) and the Department of Social and Health Services (DSHS), with backing verbal support from an employee at the Domestic Violence Services of Snohomish County (DVS).

Methods and Organization

I conducted ethnographic and secondary research over a six-month period, and as a domestic violence (DV) advocate, I also accessed professional resources on screening policies within Washington State agencies. I interviewed employees within the social-service system, conducting five interviews in three different organizations. When discussing the interviews, all names have been omitted. I also gathered statistical evidence on how many Washington State residents have disclosed DA, and analyzed problems regarding reliance on statistical evidence.

In the subsection “Monroe Gospel Mission,” I outline how a supporting agency supports their clients. The section on DSHS compares the thoughts of two employees who have conflicting opinions about how to give assistance to their clients. Under the subsection “Policy Recommendations,” I discuss how a reliable agency may be compromised based on inconsistencies; by implementing the screening process for DSHS, there could be more consistency. In the “Policy Discussion,” a research study about how to screen for DA in two different locations is analyzed. Based on the RCW, there are no policies to screen for DA, but there is only support after individuals who acknowledge and state that they are, or have been, victims. Based on research conducted about mandatory reporting, women confirm an increased risk with screening and reporting (Gielen et al., 2000). Screening procedures need to be written into the RCW in order to ensure nobody is missed by the social system.

This paper is not suggesting that all DA survivors reside in homogenous groups; DA happens to different people in different cultures, ethnicities, races, classes, genders, ages, mental states, and levels disabilities. In other words, DA does not target one group; DA does not discriminate. With that, a policy does not need to be put into place based on a specific abuse because DA does not target just one group but all defining groups. A best practice policy needs to be put into place for all women and men regardless of their status.

Domestic Abuse Statistics in Washington State

From the Washington State Emergency Domestic Violence Shelter and Advocacy Service’s State Fiscal Annual Report in 2011, there were 17,878 calls received by the State Domestic Violence Hotline (DSHS, 2011). DSHS also stated 5,411 adult survivors and children used DV shelters for the first time. In addition, 1,258 adult survivors and children were first-time recipients of nonresidential advocacy services (DSHS, 2011). The statistics reveal alarmingly high rates, but do not show the entire spectrum of DA cases.

Data is collected from forty-three domestic violence shelters/safe home programs in thirty-nine counties that contract with the Department of Social and Health Service/Children’s Administration. This data reflects only the emergency domestic violence shelter and advocacy service provided by DSHS.
contracted agencies, and does not reflect the full range of service provided by contractors (DSHS, 2011). The different DA hotlines and contractors make it difficult to postulate the exact number of calls. Ultimately, the statistics provided by DSHS do not fully and accurately represent Washington State. Moreover, the statistical data does not account for every abusive situation that occurs to everyone without discrimination. Because the statistics are flawed, the State of Washington needs further research as to why DA is not accounted for correctly. Thus, more accurate data is needed in order to construct a viable policy.

Domestic Abuse Policies in Two Washington State Agencies

Monroe Gospel Mission (MGM), a local single women’s shelter, provides basic needs, i.e. food, warmth, clothing, and shelter to those who have been admitted. According to one high-ranking employee, MGM also supports women with intricate work, such as case management, guidance on education, life-skills classes, and occupational research. By supporting women in this manner, MGM is providing a working best practice. When asked what type of people seek out MGM’s help, this employee replied, “we serve the entire spectrum of the homeless population including but not limited to: hospital releases, crisis beds, domestic violence situations, inpatient treatment centers, and those living in situations not fit for human habitation” (personal communication, September 29, 2012). When I questioned another employee at the MGM on their policy for assessing DA, they responded, “I don’t know that we have a policy on domestic abuse. We try to emphasize that it is not the victim’s fault, and there is no excuse for the damage done, be it physical, emotional, or financial” (personal communication, October 10, 2012). While it is alarming that local women’s shelters do not have screening policies to abide by, because it is easy for DA victims to fall through the cracks and to not receive the help and care that they deserve, it is reassuring to know that they do have a working best practice they follow. With one-on-one case management and education to uplift them from DA, MGM uses rehabilitation as a best practice to show that it was never the victim’s responsibility to take fault for their abusers actions. “Rehabilitation” will be used here to describe the restoration of the survivor to the state they enjoyed prior to their abuse – that is, to repair the mental and physical pain that a survivor has endured. MGM practices rehabilitation by assisting the survivor with case management, life skills classes, etc. Generally, information about MGM is distributed through the web and by word of mouth. I personally have recommended MGM as a resource to those who call Domestic Violence Service’s crisis hotline.

Department of Social and Health Services

While MGM relies more on streamlined best practices, DSHS has internal policies and codes to abide by. With multiple services that DSHS provides, there are many manuals, codes, and state and federal laws to tolerate, and DSHS’s program rules are more formal and bureaucratic than those at MGM. After interviewing two high-level employees at DSHS, it is clear that those rules are misunderstood and unclear across the organization. When asked about the
situation and whether or not people should be regularly and mandatorily screened for signs of DA, a high-ranking employee wrote:

In my opinion, regular ‘screening’ is not the answer. I believe that the best approach is to make information available to all clients and potential clients, increase staff awareness of DV and its ramifications, and to provide opportunities for a victim/survivor to self-disclose by creating an atmosphere of trust and openness (personal communication, October 1, 2012). This best practice is already put into place. Yet, it is not working to the fullest extent because there are still people living in DA situations who do not receive assistance, but who desperately need help. It becomes clear then that DSHS does have a working best practice which is, however, not based on geographic location. Later, I will further address the reasons that facilitate this situation, but it is apparent that after research specific to Washington State has been conducted, a regionally specific policy should be added to the RCW. According to the website for Washington State courts, “every 9 seconds in the United States, a women is assaulted or beaten” (Domestic Violence Information, n.d.). Clinical psychologist and domestic abuse researcher Jeanne King (2013) states, “1 out of every 3 women will be assaulted by an intimate partner during her lifetime [but] almost 80% of physicians identified fewer than five victims in the past year.” Since Washington State does not have written screening policies, it is likely that most of the victims here are not receiving adequate services.

Another high-ranking employee of DSHS stated:

Screening for DA should be completed on a regular and routine basis because DSHS staff must give all victims of family violence an ongoing opportunity to disclose circumstances of family violence and to engage in activities that give them more control over their circumstances (personal communication, October 24, 2012).

It is interesting to see that both employees within the same agency hold very high statuses, yet they have conflicting views on whether or not DA should be mandatorily and regularly screened for. The same employee continued:

DSHS staff must actively take steps to refer and/or place individuals into activities to help resolve or cope with the issues and to create a safe environment for the family. Every reasonable attempt to help the individual feel comfortable in talking about the situation must be made (personal communication, October 24, 2012).

In this sincere attempt to keep family members safe from further harm, what is defined as a reasonable attempt to make someone feel comfortable? From experience working in a DA shelter, I know there are many barriers for victims wanting to leave their abuser, such as economic factors, love, or keeping the family together. According to the Domestic Violence Statistic (2013), there are also economic barriers, effects on trauma, inadequacy of court responses, and perpetrator violence. The report stated, “because of these barriers, victims are falling through the cracks and not receiving care.” Generally, finding a DSHS office is easy, but finding the time to wait on the phone or in person is difficult due to the waiting period, hours of operation, or difficulties in acquiring documentation.

Analysis

An employee from the Domestic Violence Services (DVS) often told her employees and volunteers that the role of a woman’s advocate is to empower the survivor: let
her make self-determined choices, but be there for support. Both Monroe Gospel Mission (MGM) and Department of Social and Health Services (DSHS) are put into place to help the community, not only in DA situations, but for other causes as well. The difference between MGM and DSHS is that MGM is able to help each survivor individually whereas DSHS is only a stepping-stone towards individual assistance. My goal is not to transform DSHS into MGM, but rather to help DSHS become more consistent in supporting their clients. If DSHS were to employ more consistency in screening practices, they could help link survivors with other supporting agencies like MGM or DVS, and thus effectively keep them from slipping through those cracks.

Both MGM and DSHS play important roles in society, but each could benefit from performing research and considering putting legal policy into place to improve the DA screening process. By adding a working best practice of empowerment to the day-to-day routine of MGM and DSHS’s employees, assisting survivors with their needs may prove to be more successful. Personally, the empowerment system that is outlined above helps me guide those I work with through their tough situations, and has proven to be beneficial for me as an advocate.

Policy Recommendation

We need a policy put into place within the RCW in order to better help the large population of people who are not receiving adequate support for their DA situation. Currently there is no policy in the RCW that supplies employees and/or agencies with information about how to screen a victim of DA. As I will soon discuss, basing these policies on geographical location and state would help support employees of MGM and DSHS to make the minimum screening requirement higher in hopes that fewer people will fall through the cracks. Because I understand research cannot be completed immediately, supporting agencies like MGM, DSHS, and DVS should implement a working best practice in hopes of heightening employees’ abilities to accurately identify someone in a DA situation. Each agency may have a different working best practice because their demographics and their communities are different from each other.

Policy Discussion

Problems with Screening

Screening processes have been researched in many states, regions, and cities. In research conducted in New Jersey to provide helpful methods for identifying domestic violence, Ping-Hsin et al. (2007) claimed, “brief screening questionnaires increase identification of domestic violence,” though the questionnaires are irregular in their methods for distributing a screening test (p. 430). The problem with screening for DA is that some research says there are noticeable findings that suggest screening for DA is necessary, whereas other research says that there is no difference. In this particular article, the researchers administered three types of screenings: (1) a self-administered questionnaire; (2) a medical staff interview; and (3) a physician interview. Using a screening method called HITS (hurt-insult-threaten-scream), Ping Hsin et al “accurately classified 91% of non-
victims and 96% of victims” (Ping-Hsin et al., 2007, p. 432), from a diverse population. On the other hand, their ‘WAST-Short’ (Women abuse screening tool-Short) screening method “has a reliability of 0.75, and abused women identified by WAST-Short score significantly higher than women who have not been abused.” However, this screening was given to predominantly white, middle-class residents, which does not fully and accurately identify DA victims from different demographics. It thus seems that implementing a policy without knowing the people that live within a specific area is rather ill-considered. This is why a working best practice should be applied now, so that research can be conducted to implement a policy.

**Self-Selection**

Policies within the RCW mostly entail support for survivors fighting their abuser through court proceedings. For instance, RCW 26.50.070 states that “under this section alleges that irreparable injury could result from DV if an order is not issued immensely without prior notice to the respondent, the court may grant an ex parte temporary order for protection.” A protection order is only granted after the survivor has told their story multiple times and has somehow provided evidence backing their statement of abuse. By having a protection order, the feeling of safety and security can make some survivors feel at ease. RCW 26.50.135 further states that the court can restrain or limit one’s ability to have contact with his/her child for safety reasons. In highlighting these few laws, it is important to note that each is put into place after initial contact has been made with a victim and the police department and/or the court system. No RCW is made specifically for a supporting agency and their ability to mandate and regulate screening processes.

**Non-generalizability**

Research based on screening policies has been conducted in many states, but research for Washington State is scarce. The disparities between HITS and WAST-short reveal that research needs to be conducted by states individually. New Jersey and Washington have different social and economic structures, resulting in different demographic ranges for cultures, ethnicities, classes, genders, ages, mental statuses, and disabilities. To go further in depth, a policy needs to be put into place specific to regions because the population in Yakima, WA, for example, is different from Seattle, WA. Therefore, screening processes should fit regions, not statewide or nationwide businesses or organizations. Such organizations include: medical settings, shelters of any kind, and assistance programs. For instance, MGM and DVS are both from Washington State, yet they are located in different regions and they serve different populations. Screening policies should be implemented based on regions so that defining characteristics do not have to play a factor in the barriers that keep victims without resources and care.

**Constraints of Mandatory Reporting**

In research conducted by Gielen et al. (2000), over two hundred women, both abused and non-abused, said that regular and routine screening should be put into
place. However, when asked about mandatory reporting:

48% preferred that it be the women’s decision to report abuse to the police. Women thought it would be easier for abused women to get help with routine screening (86%) and mandatory reporting (73%), although concerns were raised about increased risk of abuse with screening (43%) and reporting (52%) policies (p. 279).

Therefore, discussing mandatory reporting is important. Mandatory reporting means that advocates, medical practitioners, child care providers, etc. are required, by law, to report that a child victim is being abused. Currently Washington State law says that mandated reporters have to report child abuse but not abuse for adults. The effect of mandatory reporting for adults is questionable as it removes some agency from the victims. A contact at DVS told me repeatedly that the best way to help a victim/survivor is to empower them. Like employees at MGM, DSHS, or DVS, supporters should be there for the victim; they should be a helping hand, but should not do the work for them. As a DV advocate, I have often heard that DA victims lose a lot of power over themselves and their families.

As such, it should be the individual choice to report with the support and guidance of family and friends, giving the victims some power over themselves; this is why mandatory reporting for employees should not be in effect. It should be the choice of the victim/survivor, unless a survivor does not feel comfortable to do so. To reiterate, mandatory and routine screening should occur, but it should not be mandatory for employees to report the abuse--that should be left up to the victim.

**Healthcare Providers**

Many research studies state screening for DV should be mandatorily and routinely completed. As such, Webster et al. (2001) wrote that it is difficult for health care providers to ask about DV because “they feel inadequately trained to do so, believe it is not their core business or that they do not have the skills to deal with a positive response” (p. 289). Here the authors go on to write that some places have developed a working best practice to make things easier, yet it still is not common for health care providers to conduct the screening. If the screening procedure was written into the RCW, screenings would be a requirement. More people would be more inclined to disclose the trauma of DA if asked, rather than left to bring up the subject themselves. If disclosed earlier, health care providers, advocates, etc. will be able to assist earlier on. Generally, victims are physically assaulted, sexually battered, and/or mentally tormented. In situations where a victim is mentally tormented, the earlier they are out of that situation, the more likely they are to leave their abuser and change the mentality that was inflicted on them.

For example, Taket et al. (2013) claimed, “Since many women experiencing abuse feel alone and ashamed, and their abusers often encourage them to believe that the abuse is their fault, presenting information to counter women’s negative feelings is an important preventative strategy” (p. 7). This is an acceptable preventative tactic that is widely used within health care and domestic violence agencies, better known as support groups. Then, when a victim/survivor is willing to talk about the abuse, constructive measures can be taken to rehabilitate.
Concluding Thoughts & Implications

A policy needs to be put into place because fundamental rights are taken away from victims. The fact that victims are not able to refuse sexual intercourse from their abuser, not able to stop physical violence, or the fact that the victims are belittled by words shows that basic human rights are compromised mostly due to fear of retaliation. The fact that there is no policy addressing these human-rights violations shows to me, as someone advocating for change on the issue, that a best practice should be established. Within Washington State, places like MGM and DVS have codes to abide by when screening for DA in the Washington State Administrative Codes, yet there are no policies in the RCW. There are people who are wrongfully deprived of receiving knowledge, resources, and support to which they are entitled. Therefore, if knowledge, resources, and support are not supplied to survivors based on the empowerment system, a survivor cannot learn from the mistaken relationship; how are they to learn that they deserve better, if this is the only type relationship they know? Ultimately, a policy needs to be put into place within the RCW, but only after research is conducted in Washington State, so that the screening process fits Washington State’s demographics. After initial research is completed, there should be more scientific investigation in order to make the RCW policy specific to regions. As stated earlier, each region has a diverse population of race, class, gender, ethnicity, religions, mental status, and disability. As for now, the implementation of working best practice needs to be the primary concern.

References


Wa. Leg. Code ch 49, § 76.150.

