Social Work Response to Domestic Violence: Encouraging News From a New Look

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Since the beginnings of the battered women's movement, the social work profession has been criticized for its inability to respond to victims of domestic abuse. This article reports on a survey of degreed and licensed professionals that finds that social workers may be doing better in their ability to assess and intervene with battered women. However, social workers are failing to use universal screening techniques to identify battered women and the women's children in their caseloads. Social work education must include a feminist analysis of domestic violence, along with feminist practice principles, to prepare professionals to address this prevalent problem better.

Keywords: *domestic violence; social work; battered women; universal screening*

In the 1970s, the second wave of the feminist movement brought the issue of violence against women, particularly domestic violence, to the public's consciousness. Sharing their common experiences in consciousness-raising groups, women learned that violence by their male partners was a socially sanctioned way in which men exert power and control over their lives. When women turned to various professionals for help, they were often revictimized by the assumption that they had done something to deserve their abuse. Thus, the battered women's movement was born with the aim of providing safety and sanctuary to women and their children when society's institutions would not (Schechter, 1982). One group that was chastised for its inability to respond to battered women was the social work profession.

The ability of social workers to detect and address domestic violence is critical given the prevalence and consequences of violence, the reluctance of women to identify abuse as a primary problem, and the multiple service needs of battered women and their children. Although professional social workers are found in a variety of health, human service, workplace, and

AFFILIA, Vol. 18 No. 2, Summer 2003 177-191
DOI: 10.1177/0886109903251407

school settings and thus the likelihood of their professional contact with battered women is high, little is known about their capacity to identify, assess, and intervene with battered women.

Families in which abuse is present need a variety of health and human services that address both the direct and the indirect consequences of violence. Domestic violence workers interact with 10 major systems as part of their advocacy work, including the legal system, public social services, law enforcement, housing authorities, health and mental health services, other domestic violence programs, educational systems, community services, employers/employment agencies, and family systems (Peled & Edleson, 1994). The links between domestic violence and the use of public assistance (Brandwein, 1998; Raphael & Tolman, 1997), the co-occurrence of domestic violence with child abuse (Edleson, 1999), and the prevalence of battered women among homeless women (Browne & Bassuk, 1997) have also been established. Among all professionals, social workers are the most frequently contacted by battered women for all problems, including emotional, physical, and sexual abuse (Hamilton & Coates, 1993). Social workers' knowledge and skill to detect domestic violence and work closely with domestic violence programs are critical to safe and appropriate interventions.

Although individual social workers have been at the forefront of the battered women's movement, the profession has not embraced this issue and given it priority. Historically, the relationship between professional social work and the grassroots battered women's movement has been antagonistic. From the late 1970s through the early 1990s, social work earned a reputation as uncaring, uninformed, and unhelpful to battered women. Early advocates of battered women saw social workers as bureaucrats with little interest in the problems of abused women. This view was partly true: Most social workers were not trained to deal with, or sensitive to the problem of, domestic abuse (Kanuha, 1998), and despite social workers' extensive involvement in child and family services, mental health, and child welfare, the profession as a whole has been mostly silent about the problem.

This article reports the findings of a study of the domestic violence practice behaviors of social workers with bachelor's or master's degrees in social work who are licensed as such in one state. The study investigated the extent to which these professionals were identifying domestic violence through routine screening and intake forms as well as their assessment and intervention practices.

A HISTORY OF BIAS AND BLAME

The evidence that social workers fail to understand and intervene appropriately in the area of domestic violence has come from two primary sources: research on social workers themselves and research on battered women's descriptions of their interactions with social workers. Earlier research on

social workers' response to domestic violence shows that social workers were likely to blame the victims (Bass & Rice, 1979; Davis & Carlson, 1981; Nichols, 1976), reframe abuse as masochism (Ball, 1977; Schechter, 1982), fail to recognize abuse as a problem (Hansen, Harway, & Cervantes, 1991; Pagelow, 1981), and fail to make appropriate interventions and referrals (Bass & Rice, 1979; Davis, 1984; Ross & Glisson, 1991). A more recent study finds that social service providers had the lowest motivation to help teenage victims of dating violence (Foshee & Linder, 1997). Clearly, these earlier studies demonstrate that when social workers lack a feminist perspective on domestic abuse, their response leads to continued revictimization.

Battered women themselves have not had much good to say about their interactions with social workers. They have reported that professionals often put them in a double bind by blaming them for either not wanting to stay and solve problems in their marriages or remaining in their abusive marriages without having personal or community resources to help them leave (Flynn, 1977). These workers often conveyed the message that violence is a normal part of marriage and should be accepted as such. Primary importance was placed on keeping the marriage together at all costs for the sake of the children. Battered women reported that child welfare workers had threatened to take their children away from them if they left their husbands and became homeless (Dobash & Dobash, 1979). More recent studies show mixed results ranging from clients' overall satisfaction (Hamilton & Coates, 1993) to clients' expressed disenchantment with child welfare workers for sidestepping violence as the problem, minimizing women's need for help, and trying to maintain impartiality by refusing to take a stand against the violence (Eisikovits & Buchbinder, 1996).

A major limitation of much of the previous research in this area is that the term *social worker* was applied to convenience samples of persons who worked in social service agencies, irrespective of whether they had degrees in social work. It is also worth noting that the majority of studies of social workers' response to domestic violence were conducted from the mid-1970s to the early 1990s. The lack of research in recent years may be a reflection of the void felt when the feminist social work researcher Liane Davis died of cancer.

In addition to focusing on the capacity of social workers to respond to domestic violence, the professional literature reflects a second theme that focuses on the role of professionals in responding to the problem—a best practices approach. During the past 27 years, practitioners have been encouraged to take positive leadership roles (Schuyler, 1976), establish linkages with shelter workers to develop more case coordination (McShane, 1979), increase their knowledge of the correlates and dynamics of family violence, develop resources and support networks, and provide advocacy for families (Kanuha, 1998; Lloyd, Cate, & Conger, 1983; Starr, Clark, Goetz, & O'Malia, 1979). The use of screening tools to identify abused women was recommended (Lewis, 1985), and social workers were encouraged to

understand the barriers that battered women face when attempting to separate from their abusers (Aguirre, 1985). Practice issues for helping violent families, preventing violence among future generations, and developing clinical interventions for battered women and their children have been addressed by Conroy (1994), Golden and Frank (1994), Weidman (1986), and Wodarski (1987). The routine practice of asking all clients directly about abuse, known as universal screening, has also been recommended for all health and human service providers (Family Violence Prevention Fund, 1999; Salber & Taliaferro, 1995).

METHOD

In January 2000, a survey was mailed to a random sample of licensed social workers from a large state with 6 M.S.W. and nearly 30 B.S.W. programs. The sample was selected from the licensure list of the state's Board of Social Workers Examiners. The Statistical Package for the Social Sciences random sampling function was used to draw a pure random sample. A total of 146 usable, completed surveys were included in the analysis. Incomplete ($n = 22$) surveys and surveys from respondents without social work degrees ($n = 4$) were excluded. Resources limited follow-up reminders to one postcard.

The survey instrument contained questions about current practices in identification, assessment, and intervention and included information on personal and environmental factors that might influence current practices. A 5-point Likert-type scale (1 = *no experience* and 5 = *the highest level of experience*) was used to measure the extent to which the respondents had professional and personal experience with domestic violence as well as agency support, measured by including screening questions on intake forms. An 11-item subscale with a reliability coefficient (Cronbach's alpha) of .95 measured social workers' self-efficacy with respect to responding to domestic violence. The survey was pilot tested for content validity on experts in the field of domestic violence who had degrees in social work but who chose not to be licensed in their state. A 5-point Likert-type scale was used to measure identification, assessment, and intervention variables. The respondents were asked how often they did a particular task (5 = *all the time*, 4 = *most of the time*, 3 = *some of the time*, 2 = *a little of the time*, and 1 = *none of the time*).

The survey instrument defined 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. It further defined domestic violence as being perpetrated by adults or adolescents against their intimate partners in current or former dating, married, or cohabiting relationships of heterosexuals, gay men, lesbians, bisexuals, or transgendered people.

A professional social worker was defined as a person who is licensed as a social worker and has either an undergraduate or graduate degree in social work from an accredited social work education program. Identification-practice tasks were defined as the tasks associated with specifically screening for domestic violence. Assessment practices included determining the degree of lethality that a battered woman is facing and determining options available to her. Intervention practices were defined as the practices associated with providing supportive counseling, referring the woman to a safe place, advocating with the criminal justice system, and developing a personal safety plan.

FINDINGS

The majority of the respondents were European American (69%) women (84.6%) with M.S.W. degrees (79.5%). There was a slight overrepresentation of M.S.W.s compared with B.S.W.s in the sample. The respondents' experience ranged from less than 1 year to 52 years since they obtained their highest social work degree. Most of the respondents (73.3%) indicated that they worked in a direct practice role, the majority (60.3%) providing services to adults.

The respondents worked in diverse fields of practice. These fields included agency-based adult mental health (17.2%, $n = 25$), private clinical practice (10.3%, $n = 15$), child and adolescent services (17.1%, $n = 25$), child welfare (11.6%, $n = 17$), medical social work and services to persons with disabilities (19.1%, $n = 28$), general adult services (9.7%, $n = 14$), family services (8.9%, $n = 13$), domestic and sexual violence programs (3.4%, $n = 5$), and unknown (2.7%, $n = 4$).

With respect to professional experience dealing with domestic violence, 92% ($M = 3.12$, $SD = 1.21$) reported experience working with battered women. All fields of practice were represented in this finding. Asked to what extent they or members of their families had been personally affected by domestic violence, nearly 57% ($M = 2.22$, $SD = 1.38$) of the respondents reported personal experience. Asked to what extent their overall social work education prepared them for working with battered women, 55% ($n = 81$) thought they had no academic preparation to a little academic preparation ($M = 2.46$, $SD = 1.00$).

An environmental factor that may have an impact on current practice is the extent to which agency intake forms include specific questions to screen for domestic violence. Only 45.8% ($n = 67$, $M = 2.50$, $SD = 1.45$) reported some to a great deal of screening questions on their agencies' intake forms.

Identification-practice tasks. Nine behaviorally based items measured identification-practice tasks (see Table 1). According to the findings, the

respondents were unlikely to practice universal screening for past or current abuse, preferring to initiate discussions of domestic violence only if it was suspected. Most respondents appeared to be practicing safer screening by interviewing couples separately, and few screened clients on the basis of race or ethnicity. Most respondents also considered the witnessing of domestic violence to be a possible underlying issue affecting children in their caseloads.

Assessment practices. Six items measured assessment practices (see Table 2). Once they identified domestic violence, the respondents were likely to ask appropriate questions about the severity and frequency of abuse and whether children witnessed physical or emotional abuse. They were less likely to ask about past interventions, including involvement with the criminal justice system and attendance at batterers' intervention programs. It was surprising to find that most respondents failed to ask about the abusive partner's access to weapons.

Intervention practices. Eight survey items measured intervention practices (see Table 3). The majority of respondents said they referred abused clients to specialized community services all or most of the time, and most said that they contacted these services to make personal referrals. The majority also told their clients that they did not deserve to be abused and that the abuse was not their fault. The respondents were less likely to help clients get protective orders, develop personalized safety plans, adopt culturally sensitive intervention strategies, or make referrals to the National Domestic Violence Hotline.

DISCUSSION

Although past studies do not focus solely on those with social work training, the results of this study suggest that there may be improvement in the way social workers respond to battered women today. Previous studies show that social workers "failed to identify abused women in their existing clientele or rarely have protocol to handle such cases" (Pagelow, 1981, p. 155). Although today's social workers have not yet adopted routine or universal screening through direct questions, and although 53% have little or no specific domestic violence questions on their intake forms, they are better able to respond to battered women once the abuse is identified than were their predecessors. Past studies show that social workers did not understand why it is inappropriate to interview couples together (Davis, 1984; Golden & Frank, 1994). Today, the majority of social workers seem to be practicing safer screening by interviewing battered women and their partners separately.

TABLE 1: Descriptive Findings: Identification of Domestic Violence

Question	n	%	M	SD
I ask all my female clients if their intimate partner is currently threatening or actually inflicting physical harm on them by hitting, shoving, or slapping them or by using a weapon against them.	145	99.3	2.74	1.3230
All the time	17	11.6		
Most of the time	28	19.2		
Some of the time	33	22.6		
A little of the time	34	23.3		
None of the time	33	22.6		
Missing	1	0.7		
I ask all my female clients if they have been abused in a past intimate relationship.	146	100	3.03	1.3844
All of the time	26	17.8		
Most of the time	34	23.3		
Some of the time	33	22.6		
A little of the time	24	16.4		
None of the time	29	19.9		
Even if I suspect domestic violence, I wait until my client brings up the subject before discussing it (reverse scored).	144	98.6	4.31	.9984
All the time	2	1.4		
Most of the time	11	7.5		
Some of the time	11	7.5		
A little of the time	37	25.3		
None of the time	83	56.8		
Missing	2	1.4		
If I suspect abuse, I interview the victim and the abuser separately.	141	96.6	3.68	1.5275
All the time	59	40.4		
Most of the time	39	26.7		
Some of the time	10	6.8		
A little of the time	5	3.4		
None of the time	28	19.2		
Missing	5	3.4		
I consider the possibility of witnessing domestic violence as a possible underlying issue affecting the children I see in my practice.	133	91.1	4.05	1.1272
All the time	64	43.8		
Most of the time	28	19.2		
Some of the time	30	20.5		
A little of the time	5	3.4		
None of the time	6	4.1		
Missing	13	8.9		
If I suspect domestic abuse, I interview the couple together to get both sides of the story (reverse scored).	143	97.9	4.46	.9098
All the time	2	1.4		
Most of the time	4	2.7		
Some of the time	17	11.6		
A little of the time	23	15.8		
None of the time	97	66.4		
Missing	3	2.1		

(continued)

TABLE 1 (continued)

Question	n	%	M	SD
I ask all my female clients if they feel like they are prisoners in their own homes.	145	99.3	1.99	1.1546
All the time	5	3.4		
Most of the time	13	8.9		
Some of the time	26	17.8		
A little of the time	32	21.9		
None of the time	69	47.3		
Missing	1	0.7		
I am more likely to screen for domestic violence in certain racial or ethnic groups.	144	98.6	4.71	.6883
All the time	0	0		
Most of the time	3	2.1		
Some of the time	10	6.8		
A little of the time	13	8.9		
None of the time	118	80.8		
Missing	2	1.4		

Once violence has been disclosed, social workers must determine the degree of lethality that a battered woman is facing and determine options available to her. Hansen et al. (1991) found that social workers were unable to assess the danger inherent in domestic violence cases. The responses to the assessment items in this study reflect the need for improvement. Although the majority of the respondents said that they asked about the severity and frequency of abuse, and although many of the respondents consider the presence of children in the home, they did not ask whether the batterer had ever been arrested and prosecuted for assaulting the woman or others. This is a serious omission in that research shows that men who have been arrested for assault before are more likely to assault again (Fagan, 1996) and are less likely to complete batterers' intervention programs (Syers & Edleson, 1992). Similarly, less than a third of the respondents said they asked whether the abuser had ever attended a batterers' intervention program. If he was currently in a program, any assault would be a violation of probation. Access to weapons is also an important assessment question (Salber & Taliaferro, 1995). In this study, only 40% of the respondents said they asked all or most of the time about the partner's access to weapons.

Past research on social workers' knowledge of domestic violence services (Bass & Rice, 1979; Davis, 1984) shows that social workers had inconsistent information about the services provided by these newly organized community-based programs. In this study, 90% of the respondents said they referred clients to specialized community services. Thus, today's social workers know about and recognize the need for these specialized services, and communication between these programs and the professional community has increased through professional referrals. Today's battered women

TABLE 2: Descriptive Findings: Assessment of Domestic Violence

Question	n	%	M	SD
I ask my clients about the severity and frequency of abuse.	146	100.0	3.57	1.2807
All the time	43	29.5		
Most of the time	42	28.8		
Some of the time	29	19.9		
A little of the time	19	13.0		
None of the time	13	8.9		
I ask my clients if their partners have ever been arrested and/or prosecuted for assaulting them or any other person.	145	99.3	3.03	1.3639
All the time	25	17.1		
Most of the time	34	23.3		
Some of the time	33	22.6		
A little of the time	26	17.8		
None of the time	27	18.5		
Missing	1	0.7		
I ask my clients if their partners have ever attended batterers' intervention programs.	146	100.0	2.61	1.4063
All the time	20	13.7		
Most of the time	22	5.1		
Some of the time	29	19.9		
A little of the time	31	21.2		
None of the time	44	30.1		
I ask my clients if their children have ever witnessed physical or emotional abuse.	144	98.6	3.40	1.4548
All the time	45	30.8		
Most of the time	33	22.6		
Some of the time	25	17.1		
A little of the time	17	11.6		
None of the time	24	16.4		
Missing	2	1.4		
I adopt different assessment strategies for clients of different racial or ethnic backgrounds.	143	97.9	2.56	1.2482
All the time	8	5.5		
Most of the time	27	18.5		
Some of the time	44	30.1		
A little of the time	22	15.1		
None of the time	42	28.8		
Missing	3	2.1		
I ask my clients about their partner's access to weapons.	146	100.0	2.99	1.4044
All the time	27	18.5		
Most of the time	32	21.9		
Some of the time	28	19.2		
A little of the time	30	20.5		
None of the time	29	19.9		

are also more likely to receive supportive counseling and the messages that the abuse is not their fault and that they do not deserve to be abused.

Unfortunately, only 47% of the respondents reported that they helped clients develop personalized safety plans all or most of the time, and only 27% said that they were able to help clients obtain protective orders. Although

TABLE 3: Descriptive Findings: Domestic Violence Interventions

Question	n	%	M	SD
I refer clients who are being abused to specialized services for them in the community.	145	99.3	4.43	0.9038
All the time	89	61.0		
Most of the time	41	28.1		
Some of the time	8	5.5		
A little of the time	3	2.1		
None of the time	4	2.7		
Missing	1	0.7		
I tell my clients the abuse is not their fault.	145	99.3	4.49	0.9583
All the time	101	69.2		
Most of the time	27	18.5		
Some of the time	9	6.2		
A little of the time	3	2.1		
None of the time	5	3.4		
Missing	1	0.7		
I tell my clients they do not deserve to be abused.	146	100.0	4.66	0.8328
All the time	117	80.1		
Most of the time	19	13.0		
Some of the time	4	2.7		
A little of the time	2	1.4		
None of the time	4	2.7		
I contact services within the community to establish personal referrals for victims of domestic violence.	146	100.0	3.94	1.2661
All the time	67	45.9		
Most of the time	38	26.0		
Some of the time	16	11.0		
A little of the time	15	10.3		
None of the time	10	6.8		
I help my clients get protective orders.	145	99.3	2.43	1.4421
All the time	17	11.6		
Most of the time	22	15.1		
Some of the time	26	17.8		
A little of the time	21	14.4		
None of the time	59	40.4		
Missing	1	0.7		
I help my clients develop personalized safety plans.	145	99.3	3.16	1.4370
All the time	33	22.6		
Most of the time	35	24.0		
Some of the time	27	18.5		
A little of the time	22	15.1		
None of the time	28	19.2		
Missing	1	0.7		
If there are no specialized services for battered women in my community, I refer clients to the National Domestic Violence Hotline.	121	82.9	2.49	1.6438
All the time	24	16.4		
Most of the time	17	11.6		
Some of the time	11	7.5		
A little of the time	11	7.5		
None of the time	58	39.7		
Missing	25	17.1		

TABLE 3 (continued)

Question	n	%	M	SD
I adopt different intervention strategies for women of different racial, ethnic, or cultural backgrounds.	142	97.3	2.56	1.3290
All the time	13	8.9		
Most of the time	25	17.1		
Some of the time	33	22.6		
A little of the time	28	19.2		
None of the time	43	29.5		
Missing	4	2.7		

not all social workers need to know how to obtain protective orders, they should know that the option exists and where their clients can get specialized services in this field. That only 28% of the respondents referred clients to the National Domestic Violence Hotline may reflect the presence of toll-free, 24-hour telephone hotline services available through specialized domestic violence services in all the major and moderate-sized cities in the study's state. Many smaller rural towns in contiguous areas are also included in the service catchment areas of these programs (Streeter, Danis, & Trapp, 1998).

Although the findings of this study offer encouragement, they also remind us of a fundamental question raised more than 20 years ago:

> Is it that social workers did not see or that they failed to understand what they saw or that they subscribed to sexist assumptions that sanctify marriage and the primacy of the family at the expense of women and children? (Berlin & Kravetz, 1981, p. 447)

Why has it taken so long for social workers to recognize and respond appropriately to domestic violence? The feminist roots of the battered women's movement and the association of the services provided to battered women with feminist social work practice may be two of the primary reasons (Cearley, 2002; Kanuha, 1998). Few social workers have embraced feminist social work, and the majority tend to distance themselves from anything associated with the word *feminist* (Cearley, 2002). There may be an unspoken attitude that domestic violence is a woman's issue, so let shelters take care of them. This attitude fails to acknowledge that domestic violence is a crosscutting issue and that the overwhelming majority of social workers in this study, regardless of their practice settings, had professional experience with battered women. Surely not all the respondents had worked in battered women's shelters.

Another issue to consider is the mental health emphasis of the profession. Viewing the world through a mental health lens focuses social workers'

responses on victimization as a manifestation of the personal pathologies of individual women and men rather than on the normative cultural phenomenon that a feminist analysis recognizes (Levy, 1995). The number of respondents (57%) who had personal experience with domestic violence is also troubling. Given the number of women in the profession, it should not be surprising that the majority of respondents would have personal experience with abuse. What is cause for special concern is that battered women of all cultures tend to blame themselves for the abuse (Levy, 1995); it would be worth investigating how individual social workers have personally coped with violence. Dealing with the abuse in isolation or within a nonfeminist mental health paradigm may lead women to falsely attribute their own abuse to an individual personality or character fault; it also encourages the tendency to blame women for staying in abusive relationships: "I got out, why can't she?" Without a feminist analysis, these women may miss the insight that comes from understanding that personal problems are political. All these issues—the reluctance of many social workers to identify themselves and their practices as feminist, the lack of a feminist analysis, the mental health emphasis of the profession, and personal experiences of battering—may contribute to the reasons why social workers have been guilty of revictimizing battered women.

Implications for Practice and Education

The findings of this study raise a number of implications for social work practice and education. Given the multiple service needs of battered women, it is not surprising that almost all the respondents (92%), regardless of their practice settings, acknowledged that they had professional contact with battered women. Providing services to women and children when violence has invaded their lives is not just an area of specialization; it is a cross-cutting issue that requires all social workers to have some basic knowledge of how to identify, assess, and intervene with victims of domestic violence.

Because schools of social work are responsible for providing their graduates with basic professional competencies, course content on domestic violence needs to be integrated into the required foundation courses, and practicum opportunities to work with battered women should be made available. Included both in schools of social work and in professional development programs should be a feminist analysis of domestic violence with both micro- and macro-level emphases (Kanuha, 1998). Applying a feminist analysis and demonstrating a feminist social work practice approach to this prevalent problem may serve to introduce generations of social work students to the value of feminist practice.

Universal screening for domestic violence should be included when teaching basic psychosocial interviewing techniques. Screening protocols that are easy to use, reliable, quick to administer, and valid (Pinkowish, 1996; Smith, Smith, & Earp, 1999) are available to help students and

practitioners in the field become more comfortable asking about issues of violence. Furthermore, in recognition of the prevalence of domestic violence and the likelihood that social work students may have personally experienced abuse, social work educators must provide a safe opportunity for students to consider the impact that abuse has had on them and its implications for their professional practice.

The need for targeted continuing education in domestic violence was also identified in this study. A major professional awareness campaign to teach practitioners about universal screening is necessary. To conduct better assessments, social workers need training in risk factors for homicide and suicide, including the escalation of violence, the presence of weapons, and the background characteristics of abusers. A better understanding of criminal justice issues and how to make use of legal options and protective orders would improve interventions as well. Training that addresses the impact of race, ethnicity, culture, immigration status, sexual orientation, and disability would also enhance the ability of practitioners to offer more culturally responsive interventions. Although culturally responsive individual screening, intervention, and assessment are important, social workers must also be trained and encouraged to advocate for battered women at the institutional level. Feminist social work practice can work to eliminate violence against women by holding both individual abusers and society's institutions accountable and by insisting that institutions provide safety for women and their children.

Limitations

This study was exploratory and used data collected from the self-reports of licensed social workers. The perceptions and experiences of battered women were not included. The usable sample return rate also limits the generalizability of the findings to only the respondents. It may be argued that the survey appealed to social workers who had some experience with domestic violence and that those without such experience did not respond. However, despite this potential bias, the study shows that many social workers are still not performing the practice tasks associated with good practice in this field.

CONCLUSION

Since the beginnings of the battered women's movement, the social work profession has been criticized for its inability to respond to battered women. Past research on both social workers' practices and battered women's descriptions of their interactions with social workers shows that social workers minimized abuse and frequently put their clients in a double bind—blaming them if they stayed in the relationship and blaming them if

they left. Social workers failed to use a feminist analysis of domestic abuse, thereby contributing to battered women's continued revictimization.

Why has it taken so long for social workers to recognize and respond appropriately to domestic violence? The lack of a feminist analysis, reluctance to identify themselves as feminist social workers and to embrace feminist social work practices, the profession's emphasis on mental health, and personal experiences of battering may all be contributing factors.

The findings of this study give us guarded encouragement because they demonstrate how social workers, during the past 20 years, have improved their knowledge of domestic violence and their ability to perform the practice tasks associated with identifying, assessing, and intervening in cases of domestic violence. Today, social workers are more likely to make appropriate referrals to domestic abuse shelters and to inform women that abuse is not their fault and that they do not deserve to be abused. However, social workers need to improve their identification and screening skills by using universal screening techniques. Applying a feminist analysis and demonstrating a feminist social work practice approach to this prevalent problem will broaden social workers' response to include a macro-level perspective and will help break the pattern of revictimization by our profession.

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