
Reflecting on “Issues Supervising Family Violence Cases” Réflexion sur « Les problèmes inhérents à la supervision de cas de violence familiale »

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ABSTRACT

In reflecting on Dawn McBride’s article entitled *Issues Supervising Family Violence Cases*, I use a case study to confirm and add to McBride’s ideas. Specifically, areas of focus include advocacy and social influence with disabled clients, dangers for counsellors related to violent partners or family members, additional issues about agency documentation and confidentiality, cultural aspects of family violence in relation to immigrants, and attending to mental illness and vulnerability to violence. Finally, McBride includes a handout covering areas that would initiate supervision for counsellors involved with this population; strong support for its distribution is advocated.

RÉSUMÉ

Dans la foulée de l’article de Dawn McBride, intitulé *Issues Supervising Family Violence Cases*, on utilise une étude de cas pour confirmer et compléter les idées qui y sont mises de l’avant. On met notamment l’accent sur la défense des droits et l’influence sociale en contexte de travail auprès de personnes handicapées, sur les dangers que courent les conseillers face aux partenaires et aux membres de la famille violents, sur d’autres enjeux concernant la documentation et la confidentialité au sein des agences, les aspects culturels de la violence familiale dans le cas d’immigrants et sur l’assistance aux malades mentaux et la vulnérabilité à la violence. Enfin, Donna McBride joint un document à distribuer, qui couvre divers aspects liés à la supervision des conseillers évoluant auprès de ce type de clientèle. On préconise un solide appui à la distribution de ce document.

THE STORY IN A NUTSHELL

I was working with a visually impaired older woman of South Asian descent who reported having been severely abused by her husband over many years. This abuse was condoned by two of her adult sons. To escape the abuse, she ran from her American city, crossed over into Canada, and found refuge with a friend and religious community in my city. After she told her abuse story and recounted her subsequent struggles with nightmares and hypervigilance to a community member, she was brought to our agency for assistance. She came consistently to weekly sessions over a period of two months and began showing signs of recovery.

During this time, her situation was complicated by a diagnosis of breast cancer. During one of our final sessions, she reported that her husband had contacted the religious leader of her community looking for her. I sought supervision as well as consultation with the local police in order to ensure the client’s safety; some

preliminary procedures were put in place. A few days later, I received a phone message from one of her sons who had spoken with the police officer that I had been dealing with related to the missing person's report on his mother; the police officer had given him other information such as my workplace, phone number, and name.

When confronted, the police officer claimed that, according to the family, my client was mentally ill and manipulative and I was "wasting time that could be better used with women on the street." Concerned with client confidentiality, I did not return the son's call to me. As a result, the son contacted the agency manager who also became involved in the issue from an administrative perspective. In the end, the son and one of his brothers came to Canada to bring their mother home; she was unwilling to return and vulnerable due to her health condition.

Neither my supervisor nor I noted any signs of abnormality in this client; she was able to focus coherently, attend to homework, follow through on resources acquired through advocacy actions on my part (e.g., contacting support services for her visual impairment), and make decisions about safety precautions related to her husband and sons coming to Canada. In the end, the client's medical condition became complicated and she did not return to counselling, so the result of contact with her family is unknown.

SUPERVISION ISSUES IN BRIEF

This story depicts how counsellors who support people struggling with family violence engage in a very complex and involved task that requires due diligence and care. To assist and oversee counsellors with this work, their supervisors also require a multifaceted field of knowledge and a well-proven set of supervisory and counselling skills. In her article, Dawn McBride (2010) offers rich and useful insights into some of the more neglected issues important for supervisors working with family violence counsellors in order to add to the supervision process. Generally, she outlines three main areas: (a) concrete strategies to expand supervisees' skills, (b) complexities related to documentation, and (c) processing supervisee reactions to listening to trauma stories. In regard to the case above, I would like to focus specifically on the ideas presented in the first two sections of her article and how they relate to the actions taken with this client.

First, in relation to strategies, McBride suggests that supervisees have a skill set that includes addressing such issues as clients' basic needs (e.g., food, shelter, safety), coordination of multiagency involvement in case conferencing, influencing social justice issues, and performing advocacy. In the case above, many of these issues were involved, such as looking at when and how to advocate for this client with her various struggles (e.g., visual impairment, transportation) so that she could manage well at home as well as participate in the counselling process. Discussions were also held with her about what information was appropriate to release when speaking with resource agencies, police, and agency administration. Knowing her past experience of having minimal rights and self-power, it was

necessary to discuss perimeters of informed consent and assure (and report back to) her about the release of information and its consequences with police, safe house staff, and administration.

In this particular case, there was also an opportunity to exercise social influence on the actions of the police officer by educating him and his superiors on the consequences of releasing counsellor information to family members where violence is involved, being cautious about making judgements without all sides of the story, and working as a supportive member of the team on behalf of women subject to domestic violence. Protecting the safety of counsellors is also an important consideration in the family violence field, as the abuser may blame the professional for interference or believe that the professional is the cause for a client's changing assertiveness. Supervisors should be aware that professionals supporting victims of violence, as well as the victims themselves, may be vulnerable.

Second, McBride presents important points about documentation in family violence cases so that recorded information does not harm clients in the future and complies with legal requirements. In the case above, carefully constructed theme-based session notes were written in the event that the client's file might become involved in legal proceedings. This was common for all session notes written in the agency. In addition to session notes, there were two more written documents in this case: a summary report of the incident of concern for police and a record of my actions related to the complaint about police procedures for the agency records. Because the agency where I worked included a *Stopping the Violence* (STV) program, there were clear policies and procedures for working with police, for client protection, and for counsellor safety. Thus, before the summary report was written, there was a consultation with the program director about appropriate procedures and a discussion with the client about the process and possible consequences of submitting a report to police.

The client agreed to make a report and dictated her summary of the incident of concern so that it could be typed, signed by her, and couriered to the police constable; a copy of the report was placed in her file. Due to the constable's disclosure to the family of the agency name, counsellor, and contact information, the agency manager required a written report about the police actions and our response to it. Writing this report required some brief background about the client's presenting problem and our intervention. In thinking back, it is this document that is of most concern to me as I was not clear at the time how the document would be used or stored, and who might have access to it. In light of McBride's suggestions and cautions about documentation, there needed to be further inquiry about how client confidentiality would be protected with this document on record outside of the STV program files.

OTHER ISSUES ARISING

Although McBride did not specifically address issues such as the relationship between family violence and culture or the role of mental illness, I want to address

these briefly here. First, in the context of an agency that works with people from a multitude of cultural backgrounds, cultural values and beliefs need to be at the forefront when addressing issues around violence, other resource agencies, legal issues, social justice, and the like. Immigrants or refugees have specific concerns and unique circumstances that will impact their openness and understanding of Canadian views and procedures related to mental health care. In the case above, the client had married her husband against the will of her family who had arranged for her to marry another man; therefore, she did not have family support for her struggles.

Similar to other findings from research about domestic violence in the South Asian community (Dasgupta, 2000), the client reported feeling trapped and isolated in her relationship, was concerned about her reputation with homeland relatives, and had difficulty embracing her cultural traditions. Although it was difficult to accept help outside of her community, it was the encouragement and support of another woman that brought her to the agency. In light of her circumstances, focusing on her strengths (e.g., a strong spiritual practice, resourcefulness in finding her way to Canada) was an important source of personal power. Being cognizant of her cultural perspective was important in such things as introducing her to other resources or law enforcement procedures. Her general distrust made it all the more unfortunate that a protective service, such as the police force, shattered her confidence in its ability to add safety to her situation.

Finally, mental illness and family violence can go hand-in-hand, and it is important to alert supervisors to address the possibility of comorbid conditions that may accompany family violence (e.g., mental illness, drug abuse). It is not uncommon for women who have a mental illness to be more subjected to family violence (e.g., Rice, 2006). Although chronic mental health conditions were self-reported, Coker et al. (2002) found that physical interpersonal violence was associated with an increased risk of “depressive symptoms; substance use; and developing a chronic disease, chronic mental illness, and injury” (p. 260). Screening for these types of problems with the client and inquiring about those perpetrating violence in their environment (Solomon, Cavanaugh, & Gelles, 2005) may help to increase the effectiveness of counselling interventions. For the client above, there was some indication from the family of a chronic mental health problem; it would have been helpful to have had that screening in place in order to emphasize the validity of our case to the law enforcement officers involved.

LAST WORDS

Supervision in family violence cases is an important and complicated process. McBride's article adds a significant piece to our understanding of the issues and concerns involved in the supervision process in this context. Especially useful is her handout covering areas that would initiate supervision for counsellors involved with this population. This handout needs to be widely distributed to student counsellors, counsellors working within agencies that focus on families and family

violence, as well as to supervisors and supervisor training programs. With this type of resource, the situation illustrated in this response could have been improved from both a counsellor and supervision perspective.

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