

Strengths Perspective of Social Services Provided by the Integrated Service Plan for Domestic Violence Respondents in Taiwan

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Abstract

Respondents in domestic violence cases have a wide range of issues that can only be resolved through cross-disciplinary, cross-departmental, and cross-institution integration. Different service mechanisms and contents must be established based on respondents' characteristics. The Respondent Guidance and Service Plan was implemented in Taiwan 2008 as part of domestic violence prevention work. The plan established a service platform for communication and contact between victims and their respondents. This study adopts a strengths perspective and examines the dilemmas and responses of social workers in the domestic violence prevention network when providing services to respondents. Subjects of this study are social workers under the Integrated Service Plan for Domestic Violence Respondents. In-depth interviews were conducted with six social workers, and the data were analyzed using qualitative methods. Findings of this study are as follows: (1) Network cooperation is emphasized to provide more complete services, but there are still many dilemmas that need to be resolved; (2) The service strategy of social workers is to develop diverse superior service methods in a challenging service process; (3) Social workers will even more actively utilize their professional competencies after experiencing failure. Finally, the researcher makes recommendations for practices based on research results.

Keywords: Domestic Violence Respondent, Strengths Perspective, Domestic Violence Respondent Service Plan

1. Introduction

The Domestic Violence Prevention Act was promulgated in Taiwan in 1998. The act provides a legal foundation for preventing domestic violence offenders from continuing to commit offenses, thereby protecting the safety of victims. The Domestic Violence Batterer Guidance and Service Plan was implemented in Taiwan in 2008 as part of domestic violence prevention work, and established a service platform for communication and contact between victims and their batterers (Wu & Chang, 2011). Due to the complexity of issues and needs of batterers, cross-network cooperation in the public sector has become an inevitable trend in providing services. Yet, division of labor by specialization has created immense challenges for cooperation, especially when it comes to cooperation between judicial and medical institutions, often frustrating the social affairs department (Wu & Change, 2011).

C County implemented the "Domestic Violence Batterer Integrated Guidance and Treatment Plan" in 2014 as part of its domestic violence prevention work. The plan integrated three services for batterer, namely "preventive cognitive education", "simple cognitive education guidance group" and "social worker visitation and guidance", which were originally provided by different institutions, hoping that a single institution providing integrated services will allow respondents to access more complete services. This study examines the issues social workers under the plan encounter when providing services, as well as the strategies and abilities they develop in the service process.

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2. Literature Review

2.1 C County Domestic Violence Respondent Integrated Guidance and Treatment Plan

In the past, domestic violence batterers were viewed as patients that needed treatment. This plan attempts to understand the needs and issues of batterers from a systematic perspective, and carries out treatment from a strengths perspective. Implementation of the plan emphasizes the “ecosystem of the case” and linkage and cooperation between “the network of social workers”, hoping that cross-network cooperation will allow batterers to access more complete services.

The plan integrates three originally separate services: “preventive cognitive education”, “simple cognitive education guidance group” and “social worker visitation and guidance”. The plan covers most batterers that need services, except those with mental illness or drug or alcohol addiction, in which case they will need long-term medical intervention. “**Preventive cognitive education**” mainly provides respondents of victims that have filed for a restraining order with a channel to vent, provides them with legal knowledge (restraining order), and better their understanding of community resources. Preventive cognitive education is provided by a specific lecturer one-on-one 30 minutes before the restraining order hearing; respondents participate voluntarily. “**Simple cognitive education guidance group**” is part of the respondent treatment plan in the restraining order issued by the court. It is similar to the abovementioned preventive cognitive education in that a specific lecturer teaches respondents emotion management and interpersonal communication techniques, helping respondents to reflect on and understand their interactions and influence in marriage and their families. In principle, this service is provided in small groups with three hour sessions and is mandatory for respondents. Social workers are mainly responsible for administrative contact and coordination for the two services mentioned above. After receiving a list of respondents required by the court to “go to class”, social workers actively contact respondents to receive the two services. The two services involve different challenges to social workers as they have different attributes (voluntary and mandatory). “**Social worker visitation and guidance**” is the main work of social workers, in which subjects come from five channels: (1) Respondents that have already taken part in preventive cognitive education and simple cognitive education guidance group, and are willing to receive further services; (2) Respondents referred by the victim’s social worker or evaluated as needing the service; (3) Respondents that scored 8 points or higher on the TIPVDA scale or were evaluated as highly dangerous respondents; (4) Respondents that meet conditions 1, 4, 5, 6, 9, 14 or 15 of the TIPVDA scale; (5) Respondents of victims that have already filed for a restraining order, which are mostly referred by the victim’s social worker (C County Government Department of Social Affairs, 2015). In practice, the majority of respondents that social workers provide service to are referred by the victim’s social worker. After taking a case, the social worker evaluates the respondent and formulates a treatment plan based on the respondent’s situation, and then provides services via phone calls or visits. Please see Attachment 1 and Attachment 2 for detailed work contents and the service flowchart.

2.2 Strengths Perspective of Social Work

Traditional social work adopts a defect or pathology perspective, viewing the subject as a dysfunctional person with issues and dwelling on his shortcomings. Saleebey (1996) examined issues with the pathology perspective and proposed a strengths perspective, which included empowerment, resilience, membership and health and wellness. The strengths perspective believes that every individual has the resources to solve problems and the potential to learn, growth and change. Also, the strengths perspective stresses that there are resources in the environment that will help individuals adapt to the environment (Modrcin, Rapp, Chamberlain, 1985; Cited from Sung & Shih, 2010). Therefore, when social workers are assisting batterers, they must view the respondent as a unique individual with the potential to grow and face dilemmas. Furthermore, the social workers must create a situation that will help batterers discover their resources and strengths to resist the oppression and dilemmas in their environment (Chang, 2006). Professional relationships under the strengths perspective mainly aim to drive the recovery of batterers, and are friendly, caring, mutual learning, and mutually beneficial relationships. Social workers come in contact with batterers in a humane and friendly manner, use informal conversation techniques to understand the batterer’s aspirations, and help batterers reach their goals. Furthermore, social workers must step into the shoes of the batterer to understand the batterer’s situation and sensitive topics, and then provide service in a way approved of by the batterer (Sung & Shih, 2010).

3. Research Methodology

3.1 Research Design and Methodology

This study examines the situations faced by social workers under the Integrated Service Plan for Domestic Violence Battersers when providing service to batterers, as well as the responses of social workers to these situations. Subjects are social workers that have provided service for over ten months. The interviews were conducted in May 2015; each interview was between 50 minutes and 2 hours. This study adopted a semi-structured in-depth interview approach to collecting subjects' experience with network cooperation, providing services to batterers, and personal professional growth. The outline of the interview is designed according to the service flowchart of the Integrated Service Plan, so as to learn the dilemmas and responses of social workers in different stages of service. Extended interviews are conducted based on the situation of individual subjects; the entire interview is recorded and transcribed verbatim. The data are analyzed using qualitative methods. The researcher then broke down interview data, named meaning units, and grouped similar units into sub-topics and topics. The researcher repeatedly read the interview text and analyzed data to understand the situations and context described by subjects.

3.2 Research Subjects

Research subjects are social workers who have served over 10 months in the Integrated Service Plan for Domestic Violence Respondents. Five are female and one is male; the average age of subjects is 27 years old; two of the subjects had no prior social work experience before taking part in the plan; only two subjects had prior experience related to domestic violence (including domestic violence victims and respondents). Basic information of the subjects is shown in the table below:

Code	Sex	Age	Academic Background	Title	Social work experience before this plan	Years of service under this plan
Y	Female	30	Master's in Social Work	Social worker	Domestic violence respondents/1 year and 1 month	1 year and 1 month
G	Female	26	Bachelor of Social Work	Social worker	New immigrants/9 months	1 year and 1 month
C	Female	24	Bachelor of Social Work	Social worker	None	1 year and 1 month
M	Male	25	Bachelor of Social Work	Social worker	None	11 months
T	Female	27	Bachelor of Social Work	Social worker	Senior citizens/4 years	11 months
L	Female	28	Bachelor of Social Work	Social work supervisor	Domestic violence victims/Over 2 years	1 year and 1 month

4. Research Results

4.1 Emphasis on eco-system oriented and network cooperation service model

4.1.1 Services that emphasize family support and values

Domestic violence often impacts interactions and life of the entire family. Even though the main work of the plan is to change the violent behavior of batterers, family support and cooperation greatly affect the results of treatment provided by social workers. Working with families has thus become a challenge faced by social workers. Social workers are endeavoring to make people aware of the influence of family, and to help turn around domestic violence from the perspective of family strengths.

Actually, in this line of work, we are not just serving an individual because our services are provided from a family perspective...if a respondent is referred to us, then it will form his network.....(Y1017).

I think it is great because we can let this family system and family members find hope for the respondent, or make change. The changes we make gives them hope and brings new changes to the family. I feel that my work is meaningful when I see changes in them (Y1123).

Even though there are many frustrations, I think that must be good in the family, every person and family has a good side and loving side, not just violence and arguments (C1112).

4.1.2 Linking and collaborating with external system to satisfy the respondent's needs in different stages

4.1.2.1 Cross-network cooperation and mutual help to increase the effectiveness of services

Social worker of victim – Social worker of respondent

The majority of domestic violence respondents who receive services from the Integrated Service Plan begin with referral by the victim's social worker. Since the people receiving service belong to the same family, the ultimate objective of service is to promote family harmony, even though the victim and respondent may have entirely different positions. Therefore, social workers of victims and social workers of respondents form the tightest partnership that affects service performance. Successful cooperation will reduce any issues encountered in the service process and allow service to be suitably provided:

Usually when we receive a case, we will first contact the social worker of the victim...when we feel that the respondent could potentially be dangerous, or feel that he will have special demands, we will ask the social worker of the victim if letting him in will be dangerous... (T1056).

I recently had a case, we all thought they needed couple's therapy, the wife was willing but the husband didn't want to because he was afraid, so we used this restraining order hearing to let the victim make the request to the court and let the court decide.....We can communicate with the victim's social worker because that side has more authority; the victim's social worker can help the victim apply for a restraining order or petition for certain rulings (G1089, G1093).

Preventive cognitive education lecturer – Social worker of respondent

Besides referral by the victim's social worker, domestic violence respondents may also be put on the list for preventive cognitive education by the court clerk, and will be contacted by a social worker, asking the respondent to take the preventive cognitive education course in the court 30 minutes before the restraining order hearing. Besides contacting respondents and providing administrative assistance during the course, social workers also try to calm down respondents who are emotionally unstable. Furthermore, social workers will discuss future treatment of the respondent with the course lecturer:

During discussions, we will first evaluate if a respondent needs a social worker before opening a case. The goal of opening a case involves that the respondent will be receiving in the future and what services we can provide (Y1012).

Police – Social worker of respondent

When social workers encounter a highly dangerous respondent that refuses service, the social worker will request police assistance or work with the police:

I was recently in contact with the police. The respondent seemed pretty dangerous from the report, so we might ask for police assistance. For example, we met at the police station, and we would go up to the respondent when the police are restraining and warning him (G1123).

4.1.2.2 Making cross-network cooperation a necessary mechanism through contracts and meetings

There will inevitably be issues with cross-network cooperation due to the training and service capacity of individual social workers. The plan's contract and meeting system makes cooperation necessary and ensures basic operations of cooperation.

I think it is a rule, because there is a mechanism that we must contact the social worker of the victim within three days, contact the respondent within seven days...and fill out a response form within thirty days after taking a case, the response form is for the victim (G1094, G1096).

Sometimes when we take a highly dangerous case, we link together networks through the meeting. We make requests during the meeting which are on record and the chairman will decide on the requests (G1125).

4.1.2.3. Dilemmas of cross-network cooperation and responses

Domestic violence services have always aimed to satisfy the needs of victims, including evaluations to open a case and objectives of treatment.

This was challenged after the Integrated Service Plan for Domestic Violence Respondents was implemented, e.g. differences in the expectations of social workers of the two parties, and arguments on whether or not to open a case to provide service to the respondent.

Sometime I feel that when they are making evaluations, the case does not need to be opened, they don't need to refer the respondent, but they have high expectations (Y1090).

Like when someone mentally ill is referred, there is no way to have a conversation with him. We don't know what to do with him (T1100).

They were divorced and are no longer in contact. In other words, there is no way we can contact the respondent. The respondent is very against this service, and his social worker knows that he will refuse the service. The situation might become even more serious if we intervene and contact him, but they still referred him to us (C1023).

I feel that we should also have the right to choose. This right is based on a well-designed mechanism, because the service process is a two-way street, it was always two-way between the victim's social worker and respondent's social worker.....I feel that we would have more flexibility if we could decide whether or not to open a case (Y1072).

The social workers that were interviewed all had complaints about working with victims' social workers, mainly due to insufficient communication between the two parties and the differential treatment with respect to professional autonomy. The importance of a discussion platform and mechanism is even clearer when facing these dilemmas; the social work supervisor and responsible staff of the competent authority have thus become liaisons for the two parties.

(Found that it was unnecessary to open a case after making the first visit) We came back and discussed with the victim's social worker, trying to understand the family's situation first, then we found that this case...we will discuss it with the supervisor and tell them (C1031).

We kept receiving reports from that case...whenever we made a visit, there would be a report that day because he was agitated again...this prevents both parties from making progress, it's kind of like a cycle. After that incident, the victim's social work supervisor called and discussed the case with one of our more senior social workers, mainly saying that the position or work model of the victim's social workers need adjustment (M1065).

In addition to the dilemma of cooperation between social workers of victims and respondents, the independent service process of different departments has also hindered the progress of services. The most obvious issue is the overlapping services provided by the judicial and social affairs systems. When a respondent has begun receiving services from a social worker and has gradually become more emotionally stable and make changes, notification to go to a cognitive education course or a court ruling will agitate him and make it difficult for the social worker to provide services.

If a period of time has passed or they have finally calmed down, or know how to adjust their emotions, they might be agitated again once they come into this group, and that feeling returns to them (G1047).

In fact, if the timing of the judicial process and treatment provided by social workers can be effectively coordinated, better results can be obtained from services provided to respondents. Social workers can leverage the power of others so that involuntary respondents will be more cooperative in receiving services.

If he didn't come to this course and didn't know there would be a hearing today, and just received a restraining order...when other departments step in to provide services, it will be much more difficult than providing services to a respondent who participated in the entire process. If he took the preventive cognitive education course before the hearing...it will be more successful (M1032).

When someone accompanies him to the hearing, it softens his heart and gives us the opportunity to provide services...this is a good direction for our efforts (Y1053)(Y1054).

4.2 Service Strategy of Using the Strengths Perspective as the Basis for Treatment

4.2.1 Understanding and making the best out of the respondent's situation

The strengths perspective believes that service providers must be sensitive to cultural issues, and provide services in ways approved of by the receiver (Sung & Shih, 2010). Since respondents are involuntary receivers and labeled by the society as an "offender", respondents are often suspicious, resistant, and angry when social workers intervene. Hence, social workers must be able to keenly observe their emotions and situation in order to begin providing services.

The respondents I take on usually won't directly say no to me, but they will avoid the topic. When I make a visit, he won't talk much about the violence...so I make small talk...even though the conversation might be meaningless, we are building a relationship...and sometimes they will slip and give me some information (C1046-C1048).

Because when they hear that you are coming for the domestic violence report, they will reject you because they don't like being labeled...but if you say you are a social worker from the service center, they will usually talk to you, such as difficulties they have at work...later on, I will ask him things like how are you doing with your wife. If he's willing to talk about it he will, you can tell (T1052-T1054).

4.2.2 Using diverse and flexible methods to build a relationship with respondents

Professional relationships under the strengths perspective are more human, and contact with respondents is made through informal conversation (Sung & Shih, 2010). Social workers take on different roles when dealing with respondents that strongly resist, and it makes the respondents more willing to open up and trust the social worker.

Communication techniques are more based on care and concern. As for role, I won't necessarily position myself as the respondent's social worker, because he may resent social workers. But if we play different roles, it will make him calmer and then we will be able to provide services (Y1097).

He has a criminal record and did not like visits, or maybe he was more sensitive to this issue, then I will change an identity or change to a stage that is associated with him. Identities I've used in the past include a volunteer of the Health Department, or in the case of a more restraining and compulsory role, I would say that I am a volunteer of the court or the court's social worker. I've also claimed to be a community volunteer (M1074).

Furthermore, maintaining flexibility and meeting the needs of respondents also helps my work with respondents.

Sometimes we need to go by the respondent's schedule, some respondents can only be visited at night or during the holidays, or in the case of phone calls, some respondents might have to work overtime at night...we don't have overtime pay, but we can apply for compensatory time off (C1012, C1016).

4.2.3 Sympathizing with the respondent to ignite the power to change

Encouraging the respondent's aspirations and motivation is a focus of the strengths perspective, and understanding and following the respondent's aspirations and work will cause him to change (Sung & Shih, 2010). Since respondents are not voluntary participants in the services, social workers must first deal with their resistance and defensiveness in order to gain trust. Social workers step into the respondent's shoes, sympathize with the pain and show concern, and follow their aspirations to change their cognition and behavior.

They might call me names like crazy bag. We will still invite him if he doesn't want to come (preventive cognitive education), because you have to speak up for your own rights. We might not have much time to talk in court (restraining order hearing), but at least here you can talk about your emotions and grievances (Y1041).

I might tell him I'm here to show consideration for you, you know that your wife has a social worker, if you want it to be fair, you also need a social worker to listen to you...whenever I mention "fair", they will say: "Right! That's how it should be" (G1115 G1117).

4.3 Growing Through Failure – Growth and Development of Social Workers' Professional Competencies

4.3.1 Seeing change in batterers makes the work meaningful

Providing service to respondents is very stressful and frustrating. Social workers can work for a long time without seeing any results. Sometimes respondents that social workers have spent many hours serving return to violent behavior, and it makes social workers feel regret and helplessness. Even so, any change will allow social workers to see hope and feel the meaning of their work.

You feel your work is meaningful when you see someone change from being bad to good...after seeing the change, you feel a sense of achievement when the case is closed (M1102).

When the respondent tells you that he has changed, whether or not it was because of you, I think that seeing him change will make you feel your work is meaningful to whatever extent (T1161).

Sometimes social workers will sympathize with the respondent's social circumstances to a point that they understand the meaning of their work.

These people were all in a poor state before the Integrated Service Plan was implemented. They are all male, well, basically all male, and then we try to fit them in a framework and give them great expectations. I feel that they encounter great difficulties they cannot talk about, and men are not men if they were not violent, of course we have many stereotypes like this, so when we go to provide service, I feel that letting them start to speak is a meaningful thing (Y1124).

4.3.2 Forming a positive cycle through mutual learning with the respondent

The strengths perspective does not believe that service providers and receivers are in a relationship of power and control. On the contrary, it believes that the relationship should be mutually beneficial and based on mutual learning (Rapp & Goscha, 2006; cited from Sung & Shih, 2010). Social workers of respondents have also learned this in the service process; they discover their own strengths in the process of searching for the respondent's strengths to induce change.

There is something else, it seems that we can let the respondent feel there is still a little hope, and that hope may be.....a lot of respondents I have met say: "I'm lucky to have you to discuss things with", or: "thank you for making my husband better", but I didn't do anything! But I feel that I keep encouraging my respondent in this service, and help him see his strengths. I think that seeing the strengths of others is also one of my strengths (Y1126).

4.3.3 Searching for resources to break through individual limitations

For a group of young social workers with an average age of less than 27 years old, facing complex domestic violence issues and respondents poses an unprecedented challenge to their individual and professional abilities. Yet, this challenge does not cause them to shrink back, and drives their growth instead:

You need to slowly get out of your comfort zone...if you are in this line of work and providing service to so many different kinds of people, you should feel that you are able to get out of your comfort zone and understand them (C1051).

When facing individual limitations, as they search for social resources for the respondent they are responsible for, they are very well versed in finding assistance from surrounding resources. Furthermore, the work model of visits in pairs gives social workers someone to consult when they encounter a professional dilemma.

I find it hardest to face criticism from respondents. It may be over the phone or face to face, their attitude or what they say, such as: it doesn't help me or it's your fault I'm divorced...they will complain to you...I might get stuck and not know how to respond...the first thing I do is ask a colleague with relevant experience, and ask them what they did at the time (M1095-1098).

I can't find a clear way to carry out treatment...we are accompanied on visits, it is always the two of us visiting a respondent, and I might discuss with the social worker accompanying me what changes he can make, discuss with the social worker and supervisor, share the situation with the supervisor what I feel needs to be done to make the respondent change (C1069-C1075).

4.3.4 Utilizing individual strengths to increase their capacity to act

The strengths perspective believes that everyone has their own strengths and resources (Rapp, 1998). Seeing individual strengths not only increases social workers' self-efficacy, but also creates greater energy for work. Senior social workers have high self-expectations and encourage themselves to keep moving forward.

Social workers responsible for respondents are usually under great pressure, which has a lot of negative energy and negative emotions...I am usually more patient and can spend one or two hours listening to the same person talk about the same thing (M1107).

I am more open to the cases I take...or you can I can accept different types of respondents. It makes me feel adventurous, even though he may look terrifying on the case report (G1186-1187).

I know I need to lead junior colleague. There are many frustrations, adjustment issues, and dilemmas online, during conversations, and with interpersonal relations. I feel that I can lead them forward, and I am glad that I am able to...I often do heart-searching...which is a lot like talking to myself... (Y1125-1127).

4.3.5 Mutual help and support in a team help social workers to grow

The work model of making visits in pairs and work atmosphere that does not emphasize authority but mutual care instead offers the time and space for professional growth of social workers.

I felt I had a good team that could grow together and support each other. This is very rare anywhere else (G1195).

During the first two or three months, we accompanied colleagues on visits to see how they worked, if there was anything I could do on my own, or if there was anything I found to be suitable for my own use... (M1110).

My considerations were being able to help my colleagues...if I understood that much, but I couldn't help them and they may stop making progress in that area (M1113).

5. Conclusion

It is been less than two years since the Integrated Service Plan for Domestic Violence Batterers was implemented, and diverse and flexible service strategies have been developed under the efforts of fearless young social workers. Working from an ecosystem and strengths perspective allows social workers to see different issues and needs of respondents. While discovering and linking respondents and their families' strengths, social workers make leaps in their professional and personal growth. Furthermore, the Integrated Service Plan for Domestic Violence Respondents emphasizes cross-network cooperation and actively establishes cooperation and communication mechanisms, providing more complete and effective services to respondents. However, division of labor by specialization between networks operating independently hinders cooperation, affects the delivery of services, and brings down morale of social workers. Therefore, the competent authority must consider and focus on planning the establishment of a more equal and smooth cross-network communication platform in the future.

References

- Modrcin, Rapp, and Chamberlain, (1985). *Case management with psychiatrically disabled individuals: Curriculum and training program*. Lawrence, KS: University of Kansas School of Social Welfare.
- Rapp, C. A. (1998). *The Strengths Model: Case Management with People Suffering from Severe Mental Illness*. New York: Oxford University Press.
- Rapp, C. A. and Goscha, R. J.. (2006). *The strengths model: Case management with people with psychiatric disabilities*, 2nd Edition, NY: Oxford University Press, Inc.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296-305.
- Song Li-Yu and Shih Chaio-Yu (2010). The Content and Impact of Recovery and Strengths Perspective: Concrete Experimentation in Taiwan. *Journal of Social Sciences*, 4(2).
- Wu Su-Hsia and Chang Chin-Li (2011). Ten-Year Efforts – Prevention of Domestic Violence in Taiwan: Reviewing the Past and Looking into the Future. *Community Development Quarterly*, 133.
- Chang Hsiu-Yu (2006). Positive Perspective and Thought – Concepts and Aspects of Advantage Assessment for Families of Children with Developmental Delay. *Community Development Quarterly*, 114, p.173-190.
- Department of Social Affairs, Changhua County Government (2015). *Changhua County Government 2015 Domestic Violence Respondent Integrated Guidance and Treatment Plan*. Changhua County Government.