

Sharing the Mic in Domestic Violence Program Leadership: Expanding on Dr. Perlmutter's Call for Social Work Administration

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Abstract

Domestic violence (DV) work in the United States emerged as a grassroots collectivist movement and grew into more formalized programming within nonprofit social service organizations. In this commentary, co-authored by DV program leaders along with DV scholars and social work educators, we apply and extend the work of Dr. Felice Perlmutter as we reflect on the role of professionalized social work in DV program leadership. Narratives of DV program leaders highlight models of anti-oppressive, feminist and empowerment-focused leadership emerging from diverse sources of experience and education. We promote an anti-oppressive stance of "sharing the mic" to include diversity of voices and ways of learning and leading. We assert that formal social work education and training provides valuable preparation, as do lived experiences, survivor voices, and community membership. A theory of effective leadership emerges that promotes mutual respect, empowerment and collective partnerships that benefit from the talents, skills and experience of all.

Keywords: Leadership, domestic violence, social work education

Points for Practitioners:

- Leadership in DV programming is strengthened by mutual respect, empowerment and collective partnerships. Staff empowerment facilitates client empowerment.
- In DV programming, all involved have important voices and perspectives – divisions between roles are not clear-cut – "staff" may also be "survivors," and "clients" can be "advocates" and "key informants" or "leaders." An interdisciplinary collective of staff, clients, and other key experts or stakeholders creates opportunities for representation of diverse critical voices.
- Formal social work education can provide both a strong foundation and formative basis of DV program leadership but is neither necessary nor sufficient for effective DV program leadership.

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Introduction

Public and organized attention to addressing what was then known as “spouse abuse” or “woman battering” and is now more commonly referred to as “domestic violence” (DV) or “intimate partner violence” (IPV) initially emerged as a collectivist and largely survivor-led grassroots movement in the 1960s. The now professionalized world of DV services and research is, in large part, led by the practitioners and tenets of the field of social work (Fleck-Henderson, 2017). However, social work and the grassroots DV movement have had an antagonistic history at times, with social workers sometimes seen as interfering rather than partnering (Danis & Lockhart, 2003; Kanuha, 1998). Dr. Felice Perlmutter, to whom this issue is dedicated, was a feminist scholar who identified relationships between the “feminist ideology of participation, collectivity and organizational structure” (Perlmutter, 2008). Perlmutter was a staunch defender and promoter of social work, advocating for social workers to be leaders in social services administration, and for social work education programs to ensure adequate preparation so that social workers may effectively take on such roles. She brought attention to ways that social workers are not adequately represented in formalized program administration and noted that the professionalization of social work may create barriers to community and grassroots social action.

In this commentary, authored by social work educators and DV scholars (MED, BN) and DV program leaders (MN, VB), we focus on the evolution of the organization and administration of DV programs, and highlight perspectives on the relationship between DV program leadership and professionalized social work, connecting with the theories of Dr. Perlmutter and colleagues around social service and social action leadership and the role of social work education. We argue that formal social work education provides a foundation for advocacy and leadership, but that it is not necessarily sufficient, and recognize the leadership skills that come through other forms of expertise development, including lived experience. We suggest that the anti-oppressive stance of “sharing the mic” by moving up to listen more and talk less if we are in a role of privilege (Anti-Oppression Resource and Training Alliance, 2017) builds on and expands Dr. Perlmutter’s position on the role of social work in human services program leadership as applied to DV programs.

History of DV Service Programs, the Social Work Role, and Application of Perlmutter’s Theories

It is only within the last half-century that public attention to DV began to emerge in the United States and even more recent that societal work against DV has come within formalized services and professional roles. In the 1970s, the battered women’s movement emerged as an outgrowth of the feminist movements of the time (Schechter, 1982). The programs and the framework reflected the service needs of women who were victimized as well as the need for broader structural and cultural changes (Gilson, DePoy & Cramer, 2001). These programs emphasized advocacy, education and supportive interventions using approaches from the civil rights movements, and focused on consciousness raising, public advocacy, and providing grass-roots emergency support and shelter to individuals in need.

These early services were provided by individuals within the community, often survivors themselves, who offered their homes and their time as advocates – both to provide safety and shelter to individual women and to advocate more publicly for social change (Richie, 2012; Loseke, 1992; Schechter, 1982).

Perlmutter (1988) referred to social change agencies that emerge to fill an existing gap and that push against the dominant power structure and traditional hierarchy, such as the early DV programs, as “alternative social agencies.” She noted that such organizations face challenges to their sustainability and tend to develop over time towards more traditional structures as a means of sustaining their viability. Her work identified ways in which this evolution could then obstruct action aligned with the grassroots priorities for the work. For example, she investigated mission drift among executive directors and boards of directors reporting that the activities least likely to be given high priority were predominantly those that involve the agency’s relationships to external bodies, including advocacy efforts (Adams & Perlmutter, 1995).

Consistent with Perlmutter’s early work on the “lifecycle” of social organizations (Perlmutter, 1969), as the DV movement grew and demand required broader funding sources, more structured and formalized services began to emerge, with establishments of non-profit organizational structures sometimes creating tension between professional social work and the organizers of the domestic violence movement. The 1990s increasingly saw a transition from grassroots collectives to more formalized structures with executive directors and boards of directors (Fleck-Henderson, 2017; Richie, 2012).

Social work values and ethics, with a focus on empowerment, strengths-based approaches, and individual right to self-determination, are well-aligned with the philosophies and approaches predominant in DV programs. Yet, there were (and sometimes remain) tensions between grassroots DV approaches and formalized social work. Ann Fleck-Henderson, in her accounting of the development of a seminal DV program over 40 years, discusses the grassroots DV movement’s rejection of the professionalized mental health field, including social work, due to concerns about pathologizing DV survivorship. She notes, “Into the 1990s, the only formalized qualifications for a paid job at Transition House were embracing diversity and not having a mental health degree” (Fleck-Henderson, 2017; p. 485).

By contrast, Kanuha (1998) additionally notes that many of the early (and more contemporary) leaders in the development of the DV field have been professional social workers and argues that “the profession of social work has often become the scapegoat for all manner of complaint and maltreatment most consumers have about the helping professions.” Kanuha continues, noting that, “This relegation of social work to the lower strata of professional life is based primarily on a perspective that incorporates the following elements: 1) social work’s historical commitment to the marginals of society, 2) the types of social problems equated with those groups, 3) the assignment of subordinate social status to both those populations and the profession that serves them, and 4) the gendered occupational stigma associated with the overrepresentation of women in social work practice” (p. 8). Over the last 30 years, professionally trained social workers have had increasing exposure to education in understanding the dynamics of domestic violence and

methods for work with survivors based in the early conceptualizations of empowerment although such training is by no means widespread across social work programs (Bent-Goodley, 2007; Warrenner, Postmus & McMahon, 2013). Further, social work and the broader mental health field, in part, have begun to embrace tenets of empowerment and understandings of trauma that serve to erode the tension and conflict between social work and DV work.

Perlmutter and Cook (2004) emphasized the importance of social work expertise, gained through experience working in the field as well as formalized training, in administration of social services. As we reflect on the relationship of Dr. Perlmutter's work to the role of social work in leadership of contemporary DV programs, we recognize the strengths that social work values, ethics, education, including field experience, and research bring to DV work and endorse Perlmutter's assertion that an effective social work leader is client oriented, proactive and empowers the clients and staff (Perlmutter & Crook, 2004). We, further, recognize formalized social work training and education as valuable in instilling social work values, ethics, direct practice and administrative and community organizing skills but that a social work degree (e.g., BSW or MSW) is neither necessary nor sufficient for effective DV program leadership. DV programs benefit from those who come to DV work from a path other than formal social work education who bring expertise gained through lived experience. In fact, as Kanuha (1998) notes, the best practices embraced in professionalized social work for DV programming are rooted in the ideals put forth by individual survivors and survivor collectives.

DV Program Leadership: Lutheran Settlement House Bilingual Domestic Violence Program as an Example

The Lutheran Settlement House Bilingual Domestic Violence Program (LSH BDVP), in Philadelphia, Pennsylvania, was founded in 1972. Today, LSH BDVP offers counseling, advocacy, outreach, crisis intervention, and transitional housing for individuals experiencing IPV and their children. The program includes a Director and Assistant Director (both co-authors of this article), as well as a staff of advocates, counselors, supervisors, case managers, and therapists. The survivor clients are also key to informing programming and approaches; the organization is actively working to consider and navigate ways of ensuring continued incorporation of survivor expertise and compensating survivor clients for their contributions.

Marcella's Perspective (DV Program Assistant Director)

The social work field has historically struggled with articulating who we are. Are we a science? Are we a social movement? Are we an art? (see Cnaan & Dichter, 2008 for a discussion of art vs. science in social work). I would posit that toiling over who/what we are, is at best futile, and at worst, self-indulgent. And perhaps the powerful tradition of social work asks us to instead show up humbly for the task at hand, a stance that is actually rooted in many of the grassroots movements that contributed to "social work" as

we now know it.

Through a series of fortunate events (the future title of my book on being a white woman!), I landed in the domestic violence field right out of my graduate program in social work. What struck me right away about the DV approach was a philosophy I've come to call, "radical practicality." In social work school, I thought, researched, and wrote about the interventions I would choose to help my clients. In my first week as a DV Advocate, I completed a range of interventions including: holding a baby while his mother took a few minutes to cry in my office; ordering a train ticket for a client to flee the state; explaining to a very irritated child protective services worker that I could not discuss my client's safety plan; and distributing cookies to mildly uninterested physicians begging them to screen their patients for DV. These activities fell within the scope of the client-centered approach. The client-centered approach does not care what my personal philosophy as a practitioner is. The client-centered approach asks me to do what is needed at the time, as long as it is safe and ethical to do so.

A scarcity mindset – the sense that resources are scarce and thus must be conserved and rationed – as well as elitism in academia and the non-profit sector would have me believe that some of those "interventions" were worthy of my Master's degree and some were not. Similarly, this model would tell me that I, as a formally educated Social Worker (capital letters) bring more value than the life-educated social worker (lowercase letters) who serves as my supervisor and mentor. Radical practicality, however, demands us to share the burden of all the tasks at hand. My Master's degree does not make me uniquely qualified to compare plane ticket prices for a client fleeing an abusive relationship. In fact, competencies for life skills like these are typically gained through life experience and not included in higher education curricula.

When I transitioned from an advocate to a leadership role, I knew that I wanted to live out an abundance model which appreciates that someone who has been in the field for 20 years has social work expertise, even in the absence of a degree or license. It takes nothing away from me to acknowledge that many of the staff I supervise have lived experience, sometimes as a survivor, sometimes as a parent, sometimes as a person of color, that equip them in uniquely special and valuable ways to serve our clients. And it doesn't serve me or my staff for me to disavow or not use the skills I obtained through my formal acquisition of social work knowledge either.

In the same way we provide radical practicality to our clients, with our staff, we approach all challenges with the questions: "Who can do this best?" and "Who has the bandwidth to do this right now?" In this way, we honor the diverse experiences, skills, and capacities of our team. Our superpower as social workers is that our skills are flexible and varied. So why spend our energy fighting to be accepted into one field or another when our adaptability is what makes us extraordinary? Perhaps the antidote to the professionalization of our field, which has the potential to choke it of diversity, authenticity, and spirit, is to instead, approach the task at hand with the radical practicality that a DV advocate uses every day. Some days, I'm a financial counselor; some days a day care worker; other days a travel agent. We set the tone for the rest of society by saying all these roles are valid, worthy, and necessary. By honoring the dignity and worth of ourselves and our colleagues,

we come a step closer toward doing the same for our clients.

Vashti's Perspective (DV Program Director)

I've been working at LSH BDVP for the past twenty-five years and people always ask me why I've stayed so long. I could say it's because LSH BDVP has always been a great place to work but that would be a half-truth. I have had good experiences and some not so good ones at LSH BDVP. All of my combined experiences helped to develop my leadership style.

Seventeen years ago, while I was pregnant with my youngest son, I was working as a Community Educator at LSH BDVP. It was important for me to continue to work if possible because I needed to save money to cover my bills so that I could be home with my baby at least six weeks after giving birth. Like many employers, LSH doesn't offer paid maternity leave. I remember talking to my supervisor at the time about my options for working from home a half-day a week. Her response was, "It wouldn't be fair to the people without children to allow you to work from home". I remember thinking, of course it's not fair but it's also not fair that LSH doesn't have paid maternity leave and is also paying me \$5,000 less than the newly-hired community educator because I don't have a degree (but was asked to train this person). There was no value put into the fact that I had been working at LSH for eight years. I could have allowed this experience to make me bitter. Instead, I chose to use it as motivation to become a supervisor at LSH BDVP. I told myself that the only way to affect change was to be in a place of leadership where I would be part of the conversation that influenced decisions being made about issues that affect staff. This is when I started to develop my feminist and anti-oppressive stance.

While I have never been to college, it's my belief that my leadership style was developed through life learning, experience, models from others, values and ethics. It's simple: I treat others the way I want to be treated. As a Program Director it's important for me to have everyone working on my team know that their voice and talents are valued and play a huge part in the success of our work. Every win or failure we own as a team. Supporting a culture that encourages team members to introduce new ideas, share opinions (especially if they disagree), speak out against injustice by advocating for the clients we serve (even if that means challenging our funder) and admitting that just because I'm the boss doesn't mean I'm always right. This is not an easy task. It takes a lot of patience, trust building and leading by example. I don't ask my team members to do anything I'm not willing to do myself. It's always my goal to establish practices that promote self-care and wholeness. That means recognizing that every staff person is different and needs a unique work plan to succeed in this work. I openly advocate for staff within LSH. I challenge the norms of DV work by thinking outside the box and trying new ways to keep our work current and effective.

LSH BDVP was the first DV program in Pennsylvania to have a male advocate answer a 24-hour domestic violence hotline. When I first introduced the idea to other DV directors in Philadelphia, it was not a welcomed concept. My staff and I shared the belief that there is no way to end domestic violence without including men in this work. Despite the disagreement from the other directors I still pushed forward, and our male advocate

started answering the hotline. We didn't have any complaints from survivors. Instead, we got compliments from survivors about how helpful it was to learn that not all men are violent and controlling. Seven years later and now every DV program in Philadelphia has male advocates working with survivors.

I have learned so much from the MSWs and BSWs I have worked with throughout the years. The important thing I've learned is marrying my work experience with what social workers learn in school is a great recipe for creating well balanced social workers. I continue to work at LSH BDVP because I think it's important to help develop young social workers to be fearless domestic violence advocates. I have had the privilege to work with several social work interns over the years. Most of them start their journey in the domestic violence movement very cocky. They often question most of the practices used by DV advocates and often have a ton of suggestions and arguments about why DV counselors should be offering more clinical approaches. These opinions quickly change after interns take their first hotline call. Working with domestic violence survivors is a unique experience. It can be challenging to find the balance between being a social worker and a DV advocate.

DV work is about helping the survivor to take back control of their life. Survivors may not always agree with a social worker's advice or opinions. This can cause some social workers to feel like they failed or that this work is not a good fit for DV work. The need to attend to issues of control, power, empowerment and be careful not to replicate coercion and power structures that are the foundation of abuse is important to the healing process for survivors. The strengths and limitations of formal SW training for DV work (e.g., boundaries between personal and "professional" in SW training may not serve DV work well). Part of training social workers to be effective DV advocates is needing to undo some of the classroom training. Social work values and ethics are relevant to and useful for DV work. Finding the balance of how to switch between the two is key to social workers having longevity in DV work.

Theory of Leadership Emerging from our Case Example: An Abundance of Leadership Resources and Lessons for Social Work Education

Through our experiences in and observations of DV program leadership, we have identified that mutual respect and inclusion are key to the development of effective leadership. When we dissolve the hierarchy that values formal education over experience, an abundance of knowledge, skills, and ideas that are of equal value emerges and enlarges our capacity for excellence. When we value all voices, talents, and backgrounds, we create a surplus, not a scarcity, of contributions. The merging of diverse experiential learning and development with social work educational programs creates a recipe to develop DV advocates and leaders who can support both individual clients and social change. Our title's use of the term "sharing the mic" reflects an ideal common in activist, advocacy, and anti-oppressive work that reminds us to strive for inclusivity in voice and power.

Despite the criticisms of social work as a profession, and tensions with grassroots movements, we also recognize the ways in which social work education and training can benefit DV programming and leadership. Social work values and ethics emphasize the

importance of client-centeredness, empowerment, and flexibility, all critical to effective DV advocacy. When we allow ourselves and our work to be shaped by life experiences and tools from other disciplines, in addition to the tenets of social work, we can both highlight and complement social work skills. We have learned that incorporating diverse perspectives and voices and striving for equity – rather than capitulating to fabricated hierarchies or academic elitism, yields organizational cultures and contexts that advance, rather than stifle, our work. What transpires is an administration that is effective in its ability to empower staff, clients and the program that is being created and delivered.

The LSH BDVP, from our perspectives and experiences, is perhaps unique in that it has been able to maintain many of the features of “alternative social agencies” (Perlmutter, 1988) and feminist leadership models while also functioning within the more traditional organizational structures. The program maintains and continually strives to deepen its commitment to advancing positive social change and reducing power structures of hierarchy and elitism, and increasingly seeks to embrace survivor / client voice and influence in programming. At the same time, the program benefits from the stability of infrastructure afforded by more traditional organizational structures and operations (e.g., leadership structures, including a Board of Directors, and fiscal operations).

Conclusions and Moving Forward

Social Work is One, but not the Only, Pathway Toward Organizational Values of Empowerment, Dignity and Worth of the Individual and Participatory Decision-Making

In the 2004 edition of their book, *Changing hats while managing change: From social work practice to administration*, Felice Perlmutter and Wendy Crook advocated for social workers in human service administration noting, “we believe that a social work background (ideally, experience plus education) is key to successful social work administration” (Perlmutter & Crook, 2004, p. 6). They, further, note that: “The ideal social work administrator is a change agent and an advocate who is experienced and is dedicated to staff empowerment” (p. 8). Perlmutter advocated for and led a specialized subset of social work training on social work administration, to equip social workers who wanted to lead organizations with the skills to do so (Jones, 2007; Perlmutter, 2006). Led in large part by the work and advocacy of Dr. Perlmutter, social work programs have expanded to include specific training in social service program administration to equip social workers with the administrative skills necessary for program and organizational leadership (Perlmutter, 2006). By educating social workers in management, including of personnel, financial affairs, fundraising, and evaluation, the hope is that social service programs can be led by those with both social work values and administrative skills, reversing the trend of programs led by those outside of the field (Perlmutter, 1984, 2006).

As reflected in our (Marcella’s and Vashti’s) narratives, the LSH BDVP leadership embraces and upholds the importance of staff empowerment. And, our collective experiences in DV program leadership, scholarship, and social work education highlight that formalized social work training (in the form of a social work degree program) is neither

necessary nor necessarily sufficient for such an approach. Dr. Perlmutter also recognized that a social work degree does not always ensure the practice of social work values, as noted in a 2007 interview: "The value of having someone with a social work degree is the orientation to clients and services, but that isn't even happening. I was struck by research... that found that social workers at the top of their organization aren't empowering their staff or clients to participate in any of the decision making. We have this rhetoric about empowerment and participatory decision making, but we don't practice it" (Jones, 2007, p.22). Perlmutter would insist that practice of these social work values is critical in providing services and leadership that aligns with the needs of clients and communities.

Empowerment, self-determination, and participatory decision-making are key principles of social work and embraced by the LSH BDVP. Our experiences as advocates, administrators, clinicians, scholars, and research partners have revealed that commitment to such principles serves the goals and people (including clients, staff, leaders) of DV programs well. We find that effective leadership comes from connection with, not distinction from, the people with whom we work and that recognizing and valuing individuals' unique strengths and needs allows for inclusive and effective programming.

These principles are consistent with empowerment-focused management, as described by Hardina and colleagues (2006), based in part on earlier work on anti-oppressive empowerment practices (e.g., Solomon, 1987), and align with the reflective model of leadership, which seeks to engage in ongoing reflection to inform continuous improvement at the organization level (Castelli, 2016). As characterized by Castelli (2016), reflective leadership values characteristics of "holistic" leadership that are not tied to a particular discipline nor necessarily acquired through formal education. These characteristics include leadership that: "(1) creates a safe environment that promotes trust; (2) values open communications; (3) connects work to organization mission; (4) builds self-esteem and confidence; (5) respects diverse cultures and customs; and (6) challenges beliefs and assumptions" (Castelli, 2016).

Of course, program administration in today's context of funding and hiring also requires skills in administrative tasks like budgeting, marketing, strategic planning, evaluation, human resources and management, and growth analysis, as Dr. Perlmutter noted (Perlmutter & Crook, 2004). Such skills can be taught. Or, we can partner with others who have the needed skills and experience which may, or may not, come from those with specific education in business or non-profit leadership. Our experience has shown us that partnering and identifying each individuals' strengths to maximize contributions often works best. Further, especially in DV work, we have noted the important strengths and life lessons that personal DV experience brings to the work. In some cases, programs may segment "clients" apart from "workers" or "leaders;" yet, we find both contributions and leadership from clients as well as DV survivorship among staff, leaders, and others in the work. We do not believe that one has to have survived DV to support others in healing from it but also recognize that the experience of survivorship brings important knowledge to the work.

Knowledge does not only Flow Down in a Hierarchy. The Non-Profit "Organism" Thrives when Channels of Listening and Learning are Open in all Directions.

While formally working within a structure of "staff," "supervisors," "directors," and "clients," we also recognize the skills and contributions cross such boundaries. The LSH BDVP "clients" contribute to the leadership and direction of the organization and programming and certainly contribute to training and educating the staff and the field. Ongoing anti-oppressive and anti-racist training for all staff is critical to the organization's ability to support empowerment of all. Recognizing that some individuals who have experienced DV, including some who become program "clients" or "former clients," not only have much to offer others but also are eager to expand their participation in advocacy and use their experiences and their voices to advocate for others in individual and large-scale ways. Together, we are combining our access through program leadership and as researchers towards innovation and growth in support of survivors' ("clients") participation in these ways. The LSH BDVP "Survivors Network," for example, comes together to inform and collaborate on partnered research projects, to develop new agency programs and projects, to participate in interpretation and dissemination of research findings, and to support one another, both within groups facilitated by LSH BDVP staff and outside of the agency.

"Sharing the Mic" Means Stepping out of the Position of Power that Degrees and Titles Provided. We Must Believe that Sharing does not mean Less for us, but More for our Field.

The renewed call for emphasis on survivor input into DV programs in recent years (e.g., Koss, White, & Lopez, 2017; Kulkarni, 2019) is ironic at this time now three decades or more into professionalized and institutionalized DV programs given that survivor-led peer advocacy is the foundation upon which this field was founded. We join this call, encouraging DV work to benefit not only from formal social work training and experience but also from the life experience that contributes profoundly to advocacy. It is not only incumbent upon us to welcome diverse sources of knowledge into the field, but also to show our value for the people who share this knowledge. Non-staff survivors should be compensated for their expertise and contributions. Extreme inequalities in social work salaries between direct service and administrative staff should be addressed. The first step is to welcome, include, and value all voices to the table. The second, and slower, step is to change the way our field communicates worth and value within the current social service system that is plagued by patriarchy and racism. Through collective partnership, we can draw from talents, skills, experience and diverse models of leadership, nonprofit and human services management, advocacy, innovation, and scholarship to continue and advance leadership in DV work.

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