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BEYOND PROTECTIVE ORDERS: INTERDISCIPLINARY DOMESTIC VIOLENCE CLINICS FACILITATE SOCIAL CHANGE

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I. INTRODUCTION

Law school domestic violence clinics have served both law students and the community-at-large for years. Domestic violence clinics are particularly favored in law schools because they give law students the opportunity to address a discrete, condensed legal issue from start to finish—at least when the case focuses on protective order issues and not general family law concerns.¹ Law school clinics address domestic violence from many perspectives: criminal law, civil law, family law, and immigration law. This Article will address the multi-faceted concerns of domestic violence survivors in general. However, the prescriptions detailed will be directed mainly towards legal clinics aimed at addressing civil protective order and family law—divorce and custody—concerns rather than criminal and immigration-related clinics.² Legal clinics constantly change, with a steep learning curve for both students and faculty members. However, current practices hold promise to provide more effective services to domestic violence survivors both inside and outside of the courtroom.³

Issues facing domestic violence survivors are multidisciplinary in nature, ranging from housing to psychological to legal concerns, and the domestic violence movement has responded in kind.⁴ The movement has shifted from an independent provider-based response to a coordinated community response framework. Law school clinics are slowly adopting cooperative programs as well. Although law is

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¹ Deborah Goelman & Roberta Valente, *When Will They Ever Learn? Educating to End Domestic Violence: A Law School Report*, A.B.A. COMMISSION ON DOMESTIC VIOLENCE 6 (1997).

² Specialty clinics aimed at battered women's criminal defense and Violence Against Women's Act immigration concerns carry additional legal and extra-legal considerations, which extend beyond the scope of this Article.

³ Philip G. Schrag, *Constructing a Clinic*, 3 CLINICAL L. REV. 175, 242 (1996).

⁴ See *infra* Part III.

only one piece of the puzzle when providing a range of necessary services to survivors of domestic violence, it is nonetheless a crucial service that has the possibility of assisting with positive systemic changes. By providing survivors with the necessary legal and extra-legal support that they need to make positive changes in their own lives, interdisciplinary legal clinics will enable domestic violence survivors to tell their stories both inside and outside of the courtroom, in order to change societal norms, community discourse, and, ultimately, the legal system.⁵

Before addressing how to structure interdisciplinary domestic violence legal clinics, it is first important to understand how interdisciplinary clinics meet the goals of traditional legal clinics. Next, it is helpful to consider the general movement within domestic violence service providers from an individualized to a coordinated community response system. This discussion demonstrates how interdisciplinary domestic violence clinics mirror the modern social approach to domestic violence. Finally, discussing the benefits, challenges, and potential solutions and utilizing examples from past and current practices, demonstrates the powerful potential of interdisciplinary domestic violence legal clinics to enrich the lives of clients and the greater community.

II. GOALS OF LAW SCHOOL DOMESTIC VIOLENCE CLINICS

Law school legal clinics are aimed at providing students with a “real world” scenario through which to learn. However, this primary objective is buttressed by an equally pervasive aspiration: to encourage students to engage in community service through the practice of law.⁶ Social justice-related clinical education developed in the 1950s through the 1970s from a concern that students should engage in “public service” and assist in “serving the underrepresented and transforming society through law reform.”⁷ However, by the 1980s, clinical legal education shifted to a foundation of skills-based teaching.⁸ Concerned less with the public interest and more with preparing young lawyers for the realities of practice—due largely to the 1992 Report of the American Bar Association, Task

⁵ The term “interdisciplinary,” as opposed to “multidisciplinary,” is utilized here specifically in an effort to emphasize that there is a distinction between the two terms. While multidisciplinary programs may utilize other field members for knowledge, each team member does not need to “understand the cultures of the other disciplines,” whereas “[t]rue interdisciplinary work involves communication and understanding among the team members.” Janet Weinstein, *Coming of Age: Recognizing the Importance of Interdisciplinary Education in Law Practice*, 74 WASH. L. REV. 319, 352-53 (1999). (Hence, multidisciplinary work might involve referrals to other disciplines or outsourcing, while true interdisciplinary work involves direct collaboration among service providers). *Id.* at 353.

⁶ Antoinette Sedillo Lopez, *Learning Through Service in a Clinical Setting: The Effect of Specialization on Social Justice and Skills Training*, 7 CLINICAL L. REV. 307, 310 (2001) (noting that one part of the mission of clinical legal education includes “the social justice mission—teaching students about serving the needs of the poor and access to justice”).

⁷ Jon C. Dubin, *Clinical Design for Social Justice Imperatives*, 51 SMU L. REV. 1461, 1465 (1998).

⁸ *Id.* at 1466.

Force on Law Schools and the Profession: Narrowing the Gap—law school clinics shifted toward “non-client simulation courses” and seeking remuneration from clientele as opposed to providing free services to the community.⁹ However, a shift back to social justice concerns within law school clinics is evident in the growing number of domestic violence legal clinics currently housed in law schools¹⁰ as well as the burgeoning concern with pro bono efforts.¹¹

Civil law school clinics aimed at addressing domestic violence issues are uniquely situated to inform students regarding societal concerns about violence, clients’ extra-legal needs and concerns, client interviewing skills, and much more. However, law school domestic violence clinics that incorporate interdisciplinary approaches are even better equipped to meet the various goals of clinical teaching. Basic goals of a law school clinic include but are not limited to: providing a necessary “service” to the community, learning how to problem-solve, learning to collaborate effectively, raising “cross-cultural awareness,” understanding “the role of emotions” in legal practice, instilling “values” and exploring “ethics” in practice.¹²

III. FROM INDEPENDENT TO COORDINATED RESPONSES TO DOMESTIC VIOLENCE

Domestic violence was initially considered a “private” concern, with few service-providers in legal and extra-legal contexts offering assistance to battered individuals and families.¹³ In the 1970s, “in part because of the re-emergence of the Women’s Movement,” the social or public nature of domestic violence gained increasing attention.¹⁴ As social awareness grew,¹⁵ with data demonstrating that “[t]he number of violence crimes by intimate partners against females declined from... 1.1 million nonfatal violent crimes by an intimate in 1993... [to] 588,490 [of] such crimes in 2001,”¹⁶ domestic violence crimes decreased.¹⁷ Although the

⁹ *Id.* at 1468-70.

¹⁰ As of 2003, at least forty-four law schools operated a legal clinic or externship focused specifically on domestic violence-related legal issues. See ABA COMMISSION ON DOMESTIC VIOLENCE, TEACH YOUR STUDENTS WELL: INCORPORATING DOMESTIC VIOLENCE IN LAW SCHOOL CURRICULA app. E, (2003), http://www.abanet.org/domviol/teach_students.pdf.

¹¹ Dubin, *supra* note 7, at 1473-74.

¹² Schrag, *supra* note 3, at 179-86 (providing a comprehensive list of clinical goals, which also includes “responsibility,” “doctrine and institutions,” “coping with facts,” “creativity,” “authority,” “learning to learn,” “traditional skills,” and “students’ goals”).

¹³ KRISTIN A. KELLY, DOMESTIC VIOLENCE AND THE POLITICS OF PRIVACY 2-5 (2003) (noting that although domestic violence is now “illegal in every state,” and thus, by nature more public, the failure to report such crimes and indifference from key players in the legal process such as police officers and judges leads to a continuation of a “private” view of domestic violence).

¹⁴ PATRICIA TJADEN & NANCY THOENNES, NAT’L INST. OF JUST. CENTERS FOR DISEASE CONTROL AND PREVENTION, PREVALENCE, INCIDENCE, AND CONSEQUENCES OF VIOLENCE AGAINST WOMEN: FINDINGS FROM THE NATIONAL VIOLENCE AGAINST WOMEN SURVEY (1998), <http://www.ncjrs.gov/pdffiles/172837.pdf>.

¹⁵ COORDINATING COMMUNITY RESPONSES TO DOMESTIC VIOLENCE: LESSONS FROM DULUTH AND BEYOND 5 (Melanie F. Shepard & Ellen L. Pence eds., Sage Publications, Inc. 1999) [hereinafter Shepard & Pence].

¹⁶ OFFICE OF JUSTICE PROGRAMS, U.S. DEPT. OF JUSTICE, INTIMATE PARTNER VIOLENCE, 1993-

number of reported intimate partner crimes has declined in recent years,¹⁸ domestic violence is still a significant social problem.¹⁹

As public awareness increased, so did the knowledge that domestic violence is an interdisciplinary issue by nature, involving complex interactions between legal concerns, psychological issues, housing needs, financial concerns, and more.²⁰ Recognizing the complex nature of domestic violence, the service providers in Duluth, Minnesota worked together to combine efforts in a coordinated community approach to domestic violence through the Domestic Abuse Intervention Project in 1980.²¹ The “Duluth Model” has now been adopted in various different forms by many domestic violence service providers due to the recognition that domestic violence providers must work together to address the multiple needs of survivors.²² Since the passage of the Violence Against Women Act (“VAWA”) in 1994,²³ “there has been a paradigm shift” in the manner in which communities “approach and respond to violence against women.”²⁴ The change has been characterized by “coordinated community responses” to bring together various sectors, including legal, health, education, social services, government, businesses, and religious organizations to provide better services to individuals affected by domestic violence.²⁵ In fact, these multi-faceted community responses are specifically approved by VAWA, which provides grants to those non-profit entities that “establish projects in local communities involving many sectors of each community to coordinate intervention and prevention of domestic violence.”²⁶ Following the increase in demand and funding for such interdisciplinary community responses to domestic violence, additional models developed including: domestic violence coordinating councils,²⁷ community

2001, BUREAU OF JUSTICE STAT.: CRIME DATA BRIEF (2003), <http://www.ojp.usdoj.gov/bjs/pub/pdf/ipv01.pdf> [hereinafter INTIMATE PARTNER VIOLENCE].

¹⁷ Shepard & Pence, *supra* note 15.

¹⁸ INTIMATE PARTNER VIOLENCE, *supra* note 16.

¹⁹ *Violence Against Women Act 2005 Reauthorization Act: Hearing on H.R. 3171 Before the H. Comm. On the Judiciary*, 109th Cong. (2005) (statement of Diane M. Stuart, Director, Office on Violence Against Women, Department of Justice).

²⁰ *Id.* at 12. See also Nicole E. Allen et al., *Battered Women's Multitude of Needs*, 10:9 VIOLENCE AGAINST WOMEN 1015, 1028-29 (2004).

²¹ Shepard & Pence, *supra* note 15, at 3.

²² *Id.* at 4.

²³ Violence Against Women Act of 1994, Pub. L. No. 103-322, Title IV, 108 Stat. 1796 (1994) (codified as amended in scattered sections of 8, 16, 18, 28, 42 U.S.C. and FED. R. Evid. 412).

²⁴ *Violence Against Women Act 2005 Reauthorization Act: Hearing on H.R. 3171 Before the H. Comm. On the Judiciary*, 109th Cong. (2005) (statement of Diane M. Stuart, Director, Office on Violence Against Women, Department of Justice).

²⁵ *Id.* See also Nicole E. Allen, *An Examination of the Effectiveness of Domestic Violence Coordinating Councils*, 12 VIOLENCE AGAINST WOMEN 46, 46 (2006); Susan Schechter & Jeffrey L. Edleson, *EFFECTIVE INTERVENTION IN DOMESTIC VIOLENCE & CHILD MALTREATMENT CASES: GUIDELINES FOR POL. AND PRAC., RECOMMENDATIONS FROM THE NAT'L. COUNCIL OF JUVENILE & FAMILY CT. JUDGES*, FAMILY VIOLENCE DEPT. 20, 28-30 (1999).

²⁶ 42 U.S.C. § 10418 (2003).

²⁷ Allen, *supra* note 25, at 46.

partnering/intervention/organizing, task forces, and training and technical assistance projects.²⁸ Although the structure of each of these coordinated community response approaches is different, the goal remains the same: to “emphasize that it is the community’s responsibility to address domestic violence, not the victims of this violence.”²⁹

The key components of the primary model of coordinated domestic violence response methods, the Duluth Model, reveal methods that are equally relevant to multi-disciplinary legal practices. The Duluth Model’s key components include:

Creating a coherent philosophical approach centralizing victim safety,
 Developing ‘best practice’ policies and protocols for intervention agencies
 that are part of an integrated response,
 Enhancing networking among service providers, and
 Ensuring a supportive community infrastructure for battered women[.]³⁰

Similar to the conversion from isolated to coordinated responses to domestic violence by service providers, the “third wave” of law school clinical education is shifting toward interdisciplinary legal practice.³¹ Collaboration between legal and extra-legal service providers is particularly relevant in the area of domestic violence due to the “multitude of needs”³² of women and children suffering from domestic violence. Interdisciplinary clinical efforts are particularly useful for large universities with multiple areas of specialization, including psychology, journalism, sociology, social work, etc. By working together, legal and extra-legal specialists combine their efforts to provide necessary training for students and much needed assistance for battered women and their families.

The practice of combining efforts within a university setting in order to provide interdisciplinary services to domestic violence survivors is not a new one. However, although many domestic violence clinics operate through an interdisciplinary lens, many do not utilize extra-legal counterparts on campus at all, or do not fully integrate the domestic violence legal clinic into other campus programs.³³ There are many reasons for the resistance from within the law school

²⁸ Barbara J. Hart, *Coordinated Community Approaches to Domestic Violence*, Speech delivered at the Strategic Planning Workshop on Violence Against Women, Nat’l Inst. of Justice (Mar. 31, 1995), <http://www.mincava.umn.edu/hart/nij.htm>.

²⁹ Shepard & Pence, *supra* note 15, at 13.

³⁰ *Id.* at 16 (listing the eight key components of community intervention projects. The other four key components include: “[b]uilding monitoring and tracking into the system”; “[p]roviding sanctions and rehabilitation opportunities for abusers”; “[u]ndoing the harm violence to women does to children”; and “[e]valuating the coordinated community response from the standpoint of victim safety.”)

³¹ Margaret Martin Barry et al., *Clinical Legal Education for this Millennium: The Third Wave*, 7 *CLINICAL L. REV.* 1, 65-71 (2000).

³² Allen et al., *supra* note 20.

³³ For example, the University of Illinois College of Law introduces psychological concerns into the class through lectures, but does not provide a method for students to collaborate with the School of Psychology or the School of Social Work. See University of Illinois College of Law, *Domestic Violence Clinic*, http://www.law.uiuc.edu/academics/clinics_dv.asp (last visited Nov. 4, 2007). Similarly, at Rutgers School of Law in Camden, according to the internet course description, students

and other disciplines. Main concerns include: coordination concerns, professional independence issues, confidentiality, attorney-client privilege, and conflicts of interest. These concerns have been addressed in some measure by clinics that have already begun an interdisciplinary practice and will be addressed further below.³⁴

What seems to be less common is the potential for realization of a dual mission for interdisciplinary legal clinics. Most interdisciplinary clinics combine efforts in order to provide services to the client in order to meet her individual legal and extra-legal needs. However, a few clinics have combined efforts in order to assist in a broader social movement, through the voices of individual clients, in order to advocate for domestic violence survivors in general.³⁵ When law school clinics begin to work for change in not only the lives of their individual clients, but society as a whole, the “third wave”³⁶ of clinical legal education reaches its full potential.

IV. CONSTRUCTING AN INTERDISCIPLINARY CLINIC: BENEFITS, CONCERNS, AND SOLUTIONS

A. Benefits of Constructing an Interdisciplinary Domestic Violence Clinic

Although few interdisciplinary domestic violence clinics exist, the few existing clinics have carefully documented their successes.³⁷ Clinic directors have also been thoughtful enough to detail their challenges and possible solutions to such challenges, which are described below.³⁸ The main advantages of this type of clinical practice include better client service, superior student education, the ability to engage in community development, and finally, the progression toward a goal of social progress in the area of domestic violence.

1. Client Service

As noted earlier, battered women have both legal and extra-legal needs. Legal needs include protective orders, divorces, child custody agreements, division of property, etc. Extra-legal needs include housing, childcare, employment, psychological counseling, and more. By combining efforts with students from

can engage in “interdisciplinary guest teaching” in the Advanced Domestic Violence Clinic, but are not afforded the opportunity to cooperate directly with other disciplines when representing domestic violence clients. See Rutgers School of Law Camden, Advanced Domestic Violence Clinic, <http://www-camlaw.rutgers.edu/cgi-bin/course-description.cgi?class=737> (last visited Nov. 4, 2007).

³⁴ Refer Section IV B., *infra*.

³⁵ Refer to Section IV A.3., *infra*.

³⁶ Barry et al., *supra* note 31.

³⁷ See e.g., Jacqueline St. Joan, *Building Bridges, Building Walls: Collaboration Between Lawyers and Social Workers in a Domestic Violence Clinic and Issues of Client Confidentiality*, 7 CLINICAL L. REV. 403 (2001).

³⁸ Refer to Section IV.B., *infra*.

social work, counseling and psychology departments, and with local domestic violence service providers, legal clinicians can address these varying concerns.

Appointing a social work student to every law clinic case can assist law students with providing excellent client service in many ways. While the main focus of a law student may be a narrow, service-oriented approach—what type of legal service does this client require—the social worker views “clients as partners” and helps to “promote client self-determination[.]”³⁹ While the legal approach could re-create the same type of helplessness or feeling of dependency that was caused by the abuser in the domestic violence-laden home,⁴⁰ the social work student can assist law student in changing the legal model from one of dependency to self-empowerment.⁴¹

Social work students provide clients with a range of services. If they are utilized as direct service providers, their participation in the clinic carries some additional ethical concerns as addressed below.⁴² In a domestic violence criminal case, two social work students reported that in the course of just one school semester they had,

accompanied clients to court in related cases... identified out-of-state relocation opportunities, located parenting counseling, provided resource information—food, clothing, housing, bus tokens, gas vouchers, financial assistance, child care... assisted in applications for public benefits, provided information on how to change address and keep it confidential, explained victims’ compensation, provided emotional preparation for testifying, made home visits, located mental health services, and wrote recommendations for scholarships.⁴³

When counseling is requested, the domestic violence legal clinic could facilitate referrals to counseling psychology students who could provide counseling necessary for the client to recognize patterns of abuse, reject abusive relationships, and be prepared to testify in court, if necessary. It is particularly useful to have these services centrally located on one university campus for ease of access. However, generally each department should provide a separate program director in order to best facilitate supervision of student work.⁴⁴

Referrals to local domestic violence service providers could also provide clients with a temporary place to live and provide an advocate, or a non-legal individual trained in domestic violence advocacy, to attend court hearings and lend

³⁹ Christina A. Zawisza & Adela Beckerman, *Two Heads are Better than One: The Case-Based Rationale for Dual Disciplinary Teaching in Child Advocacy Clinics*, 7 FL. COASTAL L. REV. 631, 674 (2006).

⁴⁰ Anthony V. Alfieri, *Essay, Reconstructive Poverty Law Practice: Learning Lessons of Client Narrative*, 100 YALE L.J. 2107, 2111 (1991) (noting that the “poverty lawyer’s traditional interpretive practices” in preparing a client’s case consisted of manipulating a client’s story through “marginalization, subordination, and discipline.”).

⁴¹ Zawisza & Beckerman, *supra* note 39, at 674.

⁴² Refer to Section IV B, *infra*.

⁴³ St. Joan, *supra* note 37, at 415-16.

⁴⁴ Refer to Section IV B.1, *infra*.

support to the client. Shelter advocates work with victims both inside and outside of the courtroom. They provide support, advice, assistance with legal paperwork, and accompany women to court in both criminal and civil cases involving domestic violence.⁴⁵ Shelter advocates also assist with the legal process by helping to keep track of court-related deadlines and assisting clients with travel to and from court.⁴⁶ A Toronto-based study found that a woman is three times more likely to testify in court if she has the assistance of a victim's advocate.⁴⁷ In this manner, the combination of services from law students, social work students, counseling psychology students, shelter staff, and advocates provides a foundation for clients to tell their story in court by meeting the legal and extra-legal needs of the client.

2. Student Education

Interdisciplinary coordination between students could occur in multiple ways. Students from other disciplines could work individually with clients or work cooperatively with law students. These clinical learning experiences will greatly enhance extra-legal disciplinary work and could be used to satisfy external placement requirements. Specifically, clients will benefit from the cooperation of attorneys and non-attorneys. Quite often, basic needs such as food, shelter, safety and mental health, must be met before legal needs take precedence for the client.⁴⁸ Thus, the cooperation between law students and social work and/or psychology students will greatly assist clients in meeting their basic needs and being mentally and physically prepared to focus on their legal case. Presentations from supervisors in each department could strengthen the programs as well.

For example, a professor from a school of social work could instruct law students regarding the myriad of concerns facing domestic violence survivors. Armed with this knowledge, law students will be better equipped to understand the needs of their clients, coordinate with social work students and shelter-based services, and remain flexible to their client's schedule—quite frequently court dates need to be re-scheduled due to other concerns, such as housing or employment. Such a relationship can also benefit the school of social work as the social work students may not be aware of some of the benefits provided by state and federal law to domestic violence survivors that law school students may know. For instance, Texas provides the right under a protective order to exclude the abuser from the

⁴⁵ Suzanne J. Schmitz, *What's the Harm?: Rethinking the Role of Domestic Violence Advocates and the Unauthorized Practice of Law*, 10 WM. & MARY J. WOMEN & L. 295, 299 (2004).

⁴⁶ *Id.*

⁴⁷ Melanie Randall, *Deconstructing the "Image" of the Battered Woman: Domestic Violence and the Construction of "Ideal Victims": Assaulted Women's "Image Problems" in Law*, 23 ST. LOUIS U. PUB. L. REV. 107, 143-44 (2004) (citing Myrna Dawson & Ronit Dinovitzer, *Victim Cooperation and the Prosecution of Domestic Violence in a Specialized Court*, 18 JUS. Q. 593, 614 (2001)).

⁴⁸ Allen et al., *supra* note 20, at 1030.

home⁴⁹ and Illinois provides the right to take time off of work to attend court-related to domestic violence concerns.⁵⁰

Similarly, a professor of psychology could guest lecture the law school clinic students about how to deal with triggering and sensitive issues during client interviews.⁵¹ In some instances, clients will not reveal information to the law student without a sense of empathy from the interviewer. A law student trained in interviewing skills from a psychologist could better empathize with the client and obtain more relevant information during client interviews. Also, law students should understand the pattern of behavior in a typical domestic violence relationship and learn to forgo judgment related to the question “why didn’t she just leave?”⁵² After overcoming these barriers related to misunderstanding the pattern of domestic violence abuse, law students can better advocate for their clients in court.⁵³

By engaging the client in an effective interview process, law students can learn from their clients’ narratives as well. Narratives from “outgroups,” such as battered women, are particularly useful in teaching settings such as legal clinics because, through stories, “one acquires the ability to see the world through others’ eyes.”⁵⁴ In fact, it might be crucial to provide students with narrative scholarly accounts or even works of fiction about domestic violence in advance of client meetings.⁵⁵ The student-lawyer must first be willing to believe the client’s narrative before he or she can adequately represent her in court.⁵⁶ Counter-stories can “identify and challenge a stereotype”⁵⁷—in this case stereotypes about battered women—and “remind students to be compassionate in the face of [diversity].”⁵⁸ After a clinic student has heard the perspective of the battered woman, he or she will better be able to convey that narrative account in the courtroom as an advocate.

⁴⁹ See, e.g., TEX. FAM. CODE § 83.006 (2002).

⁵⁰ See, e.g., 820 ILL. COMP. STAT. ANN. §§ 180/1-45 (2006) (permitting employees who are victims of domestic abuse to take up to twelve weeks of unpaid leave to attend court hearings, obtain psychological counseling, obtain legal service, etc.). The Illinois Victim Economic Security and Safety Act is the most comprehensive leave protection provided to employees suffering from domestic abuse in the nation. See Nina W. Tarr, *Employment and Economic Security for Victims of Domestic Abuse*, 16 S. CAL. REV. L. & SOC. JUST. 371, 412 (2007).

⁵¹ Some clinics utilize professors with dual degrees (a PhD in Psychology and a J.D.) to facilitate such discussions. See, e.g., University of Illinois College of Law, Domestic Violence Clinic, http://www.law.uiuc.edu/academics/clinics_dv.asp (last visited Nov. 4, 2007) (directed by Karla Fischer, who holds both a J.D. and a Ph.D. in Psychology).

⁵² Naomi Cahn & Joan Meier, *Domestic Violence and Feminist Jurisprudence: Towards a New Agenda*, 4 B.U. PUB. INT. L.J. 339, 333-34, 353-54 (1995).

⁵³ Carolyn Grose, *A Field Trip to Benetton . . . and Beyond: Some Thoughts on “Outsider Narrative” in a Law School Clinic*, 4 CLINICAL L. REV. 109, 126 (1997).

⁵⁴ Richard Delgado, *Storytelling for Oppositionists and Others: A Plea for Narrative*, 87 MICH. L. REV. 2411, 2439 (1989).

⁵⁵ Grose, *supra* note 53, at 122 (noting that “counterstory-telling must begin at the beginning” and that “[a] perfect place for such counterstories is in a law school clinic.”).

⁵⁶ *Id.* at 113-14.

⁵⁷ *Id.* at 122.

⁵⁸ *Id.* at 126.

3. Community Development & Social Progress

Interdisciplinary Domestic Violence Clinics can also provide law students with a unique opportunity to actively engage with local community members and organizations to promote positive systems changes. By applying the law in a community framework, students are encouraged to think of their law degree not simply in terms of litigation and corporate practice, but as a tool to positively impact their community.

By assisting with projects such as teaching elementary and high school students about domestic violence and organizing a support group for domestic violence survivors, students begin to recognize that “lawyering for social change requires lawyers to attend to the broader social context in which the client and other similarly situated persons live.”⁵⁹ Students begin to see the connection between law and society, which has been prevalent in the academic world,⁶⁰ but has rarely been incorporated into clinical practice. Students also learn how to empower communities at a grassroots level to become engaged in legal and social change.

For instance, the “Hermanas Unidas” community project successfully organized twenty women from Central and South America for a ten workshop series aimed at community legal education.⁶¹ The women involved decided to focus on domestic violence first and, through the organizational meeting structure, they learned about local domestic violence laws and procedures, established a hotline for battered women, gathered money for an emergency fund for women facing a crisis, opened a shelter for Hispanic women, and created an informational domestic violence video in Spanish.⁶²

Clinical students can also have a direct impact on domestic violence enforcement as well. Students collaborating with the School of Journalism in the Domestic Violence Clinic at the University of Missouri Columbia School of Law observed the law enforcement response to domestic violence in four Missouri counties.⁶³ The students found that although some counties had a “Duluth”-style coordinated community response system in place, those counties with no formal system in place benefited from a vigorous prosecutor working with the sheriff’s

⁵⁹ Margaret Martin Barry, *A Question of Mission: Catholic Law School’s Domestic Violence Clinic*, 38 HOW. L.J. 135, 156 (1994).

⁶⁰ See Lawrence M. Friedman, *The Law and Society Movement*, 38 STAN. L. REV. 763, 763 (1986) (defining the “law and society movement” as “the scholarly enterprise that explains or describes legal phenomena in social terms.”).

⁶¹ Stacy Brustin, *Expanding Our Vision of Legal Services Representation—The Hermanas Unidas Project*, 1 AM. U. J. GENDER & L. 39, 49-50 (1993).

⁶² *Id.* at 51-53.

⁶³ Mary Beck, *Spotlight: Response to Violence Against Women at the University of Missouri at Columbia*, 23 ST. LOUIS U. PUB. L. REV. 227, 247 (2004). The students conducted interviews with domestic violence providers and collected statistics regarding arrest rates, protective order issuance rates, and domestic violence criminal convictions. See also Rebekah E. Bromberg & Brendan O. Kelley, *Investigating the Response to Violence Against Women in Four Missouri Counties*, 60 J. Mo. B. 70 (2004).

office on an informal basis.⁶⁴ The students also concluded that counties without record-keeping methods suffer from lower than expected prosecution rates.⁶⁵ The students received press coverage for their diligent work⁶⁶ and one county's law enforcement office announced that, based on the students' unsuccessful attempts to collect domestic violence call records, they would begin to keep records of all domestic violence police calls.⁶⁷ This record-keeping policy could, at the very least, help the county to recognize the pervasiveness of domestic violence in the community and has the potential to "break the systemic cycle failing to protect women in that county."⁶⁸

Similarly, students from Catholic Law School's Families and the Law Clinic collaborate with the District of Columbia Coalition Against Domestic Violence in lobbying for legislative change and evaluating current systems.⁶⁹ For instance, students were involved in creating a system to evaluate police compliance with mandatory arrest laws.⁷⁰ Recognizing the importance of introducing law students to connections between the law and the community it serves, the Families and the Law Clinic requires enrolled students to spend one-third of their course time engaged in a community-based project such as "community organizing and legislative advocacy."⁷¹ The director of this clinic points out that we, as lawyers, can and must do more to help alleviate social problems than simply treating each client in a vacuum.⁷²

Domestic violence survivors are also empowered to share their narratives for research and legislative purposes through interdisciplinary work. One program, combining efforts between a law school and a medical school, has collected data from battered women in a narrative format for future analysis.⁷³ This qualitative data could reveal how women view medical services for battered women, as well as indicate their knowledge regarding other community and legal services available to them. The process of combining efforts between law students and medical students also enables women to receive free legal advice during their hospital visit as well as a potential referral to the law school's domestic violence clinic for additional legal assistance.⁷⁴

⁶⁴ Bromberg & Kelley, *supra* note 63, at 70.

⁶⁵ *Id.* at 73.

⁶⁶ Beck, *supra* note 63, at 237. The Journalism students made three videotapes based on the study, which were aired on KOMU television, a University-owned NBC affiliate.

⁶⁷ *Id.* at 247.

⁶⁸ *Id.* at 248.

⁶⁹ Barry, *supra* note 59, at 157.

⁷⁰ *Id.*

⁷¹ *Id.* at 156.

⁷² *Id.* at 160.

⁷³ Lois H. Kanter et al., *Northeastern's Domestic Violence Institute: The Law School Clinic as an Integral Partner in a Coordinated Community Response to Domestic Violence*, 47 LOY. L. REV. 359, 387 (2001).

⁷⁴ *Id.* at 388.

In general, narrative data provides a method to “give voice to suppressed perspectives.”⁷⁵ The data is not only relevant to scholarly pursuits, but to changing laws and legal processes based on the perspective of the women served by the legal system. For instance, in 1991, battered women testified before the House Judiciary Committee in Maryland to support a Battered Spouse Syndrome Bill.⁷⁶ Due to these and other community efforts, the Bill, which permits the introduction of battered spouse syndrome testimony as a potential defense to criminal charges, took effect on July 1, 1991.⁷⁷ Accordingly, if the legal profession, beginning with law school clinics, views domestic violence as a social—not an individual—problem, lawyers will be better equipped to create legal solutions addressing and redressing the problem as a whole.

B. Ethical Concerns and Proposed Solutions

Recently, bar associations, ethics committees, and legal scholars have been busy considering the potential impact of multidisciplinary law firms.⁷⁸ The ability to generate income may be great, but law firms combining attorney and non-attorney expertise could generate shared fees. This implicates ethical concerns regarding confidentiality and attorney-client privileged information, as well as raises potential problems relating to the unauthorized practice of law.⁷⁹ Although similar concerns have been raised regarding law school clinics, these concerns can be addressed by carefully managing the clinic, obtaining consent from clients, and the absence of fee-for-service practices.

There are a few ethics concerns when designing an interdisciplinary legal clinic. The main concerns stem from Model Rule of Professional Responsibility 5.4; other concerns stem from Resolution 10F from the American Bar Association (“ABA”) House of Delegates. Model Rule 5.4(b) specifically provides that “[a] lawyer shall not form a partnership with a non-lawyer if any of the activities of the partnership consist of the practice of law.”⁸⁰ Because this subsection does not specifically apply to “for profit” endeavors, it appears to apply to non-profits and law school clinics as well. However, “partnership” is not defined and some state’s ethics boards have determined that Rule 5.4 does not apply to non-profits or, at the very least, does not apply to non-profit fee-sharing arrangements in every instance.⁸¹ The main concern regarding the partnership of an attorney and a non-

⁷⁵ Martha Minow, *Words and the Door to the Land of Change: Law, Language, and Family Violence*, 43 VAND. L. REV. 1665, 1688 (1990).

⁷⁶ Jane C. Murphy, *Lawyering for Social Change: The Power of the Narrative in Domestic Violence Reform*, 21 HOFSTRA L. REV. 1243, 1286 (1993) (citing Hearings on H.B. 49 Before the House Judiciary Comm., 401st Sess. (1991)).

⁷⁷ *Id.* at 1287.

⁷⁸ See, e.g., Susan Poser, *Main Street Multidisciplinary Practice Firms: Laboratories for the Future*, 37 U. MICH. J.L. REFORM 95 (2003).

⁷⁹ *Id.* at 121-28.

⁸⁰ MODEL RULES OF PROF’L CONDUCT R. 5.4(b) (2007).

⁸¹ Stacy L. Brustin, *Legal Services Provision through Multidisciplinary Practice—Encouraging*

attorney, including independent judgment concerns and fee motivation, are aimed at lawyers motivated by earning attorney's fees. However, in the non-profit situation, even where an attorney shares attorney's fees with the non-profit organization, the primary motivating force behind the litigation is not profit, but benefiting the public interest.⁸²

There is less concern about the independent judgment and motivation of law students who earn no fee for their service, are not entitled to attorney's fees under their student license, and serve their clients for the dual purpose of public interest and education; however, methods to enhance independent judgment will be discussed more fully below.⁸³ Similarly, the Comments to the Model Rule appear to imply Model Rule 5.4(d) specifically enumerates circumstances in which a lawyer shall not practice law with a non-lawyer *for profit*.⁸⁴ Because law school clinics do not operate for profit and do not receive attorney's fees for their services, they are not covered by Model Rule 5.4(d).

The American Bar Association House of Delegates approved Resolution 10F on July 11, 2000. The resolution was aimed at preventing ethical conflicts from arising due to multidisciplinary legal practices. The resolution prohibits the "sharing of legal fees with non-lawyers and the ownership and control of the practice of law by non-lawyers..."⁸⁵ By specifically recommending that each jurisdiction "revise its law governing lawyers to implement" these guidelines,⁸⁶ the ABA hoped to prevent the burgeoning practice of cooperation between lawyers and non-lawyers, such as accountants, in the wake of the Enron scandal.⁸⁷ The Resolution is aimed at preserving the "core values of the legal profession," which it lists as follows:

- a. the lawyer's duty of undivided loyalty to the client;
- b. the lawyer's duty competently to exercise independent legal judgment for the benefit of the client;
- c. the lawyer's duty to hold client confidences inviolate;
- d. the lawyer's duty to avoid conflicts of interest with the client;

Holistic Advocacy While Protecting Ethical Interests, 73 U. COLO. L. REV. 787, 804-07 (2002) [hereinafter *Brustin Legal Services*].

⁸² *Id.* at 804 n.50 (explaining that the ABA Standing Committee on Ethics and Professional Responsibility permitted fee sharing arrangements, as of 1993, between non-profit corporations and outside legal counsel, sponsored by the non-profit, as a "non-profit organization, by its nature, will be pursuing litigation that is serving some type of public purpose" and, therefore "the possibility of obtaining a fee award is not the primary motivating force behind the litigation."). See also Poser, *supra* note 78, at 115-18 (explaining that Brustin's argument in favor of permitting non-profit MDPs under the current ethical framework is cogent due to the essential assistance provided by such organizations to underserved populations).

⁸³ Refer to Section IV, *infra*.

⁸⁴ MODEL RULES OF PROF'L CONDUCT R. 5.4(d) (2007).

⁸⁵ ABA HOUSE OF DELEGATES, RESOLUTION 10F (July 11, 2000), <http://www.abanet.org/cpr/mdp/mdprecom10f.html> [hereinafter RESOLUTION 10F].

⁸⁶ *Id.*

⁸⁷ See generally Burnele V. Powell, *The Lesson of Enron for the Future Of MDPs: Out of The Shadows and Into the Sunlight*, 80 WASH. U. L.Q. 1291 (2002).

- e. the lawyer's duty to help maintain a single profession of law with responsibilities as a representative of clients, an officer of the legal system, and a public citizen having special responsibility for the quality of justice; and
- f. the lawyer's duty to promote access to justice.⁸⁸

As of 2005, at least twenty-five states have adopted the ABA's Resolution by rejecting proposals in favor of permitting multidisciplinary legal practices.⁸⁹ Although this resolution and its aftermath clearly discourages attorneys from combining practices with non-attorneys for profit, non-profit organizations and law school clinics should still be permitted to provide necessary interdisciplinary services despite the adoption of these new rules.⁹⁰

In fact, in 2002, Stacy Brustin addressed the main concerns—and proposed solutions—regarding “multidisciplinary”⁹¹ non-profit services.⁹² Her discussion of the difference between for-profit and non-profit analysis under the ethics rules applies equally to law school legal clinics,⁹³ which provide legal services to clients at no charge. She noted that “[b]y removing profit from the equation, many of the traditional arguments against MDPs do not apply.”⁹⁴ Although many of the ethical arguments against MDPs are diminished due to the non-profit character of law school clinics, concerns relating to confidentiality, privilege, independence of judgment, conflicts of interest, and adequate supervision remain. However, existing domestic violence clinicians and legal scholars, such as Stacy Brustin,⁹⁵ Jacqueline St. Joan,⁹⁶ Susan Poser,⁹⁷ Alexis Anderson, Lynn Barenberg, and Paul R. Tremblay,⁹⁸ have tackled these issues. They have detailed various useful solutions, incorporated below, to assist directors with the structure and design of new interdisciplinary domestic violence clinics.

⁸⁸ RESOLUTION 10F, *supra* note 82.

⁸⁹ MDP INFO., CENTER FOR PROF'L RESP., *available at* www.abanet.org/cpr/mdp/mdp_state_summ.html.

⁹⁰ I argue that they should still be able to provide such necessary services because each state's professional ethics committee is different. Practitioners and clinical staff should always consult local rules of ethics before constructing a new interdisciplinary clinic. *See* Brustin, *Legal Services*, *supra* note 81, at 805 (listing various ethics opinions from different states prohibiting non-profit legal organizations from combining efforts with non-attorneys due to Model Rule 5.4).

⁹¹ Note that Brustin's article refers to “multidisciplinary practice,” or MDP, although she contemplates the cooperation among service providers that is commonly referred to as interdisciplinary. *See* note 5, *supra*.

⁹² *See generally* Brustin, *Legal Services*, *supra* note 81.

⁹³ Poser, *supra* note 78, at 117-18.

⁹⁴ Brustin, *Legal Services*, *supra* note 81, at 824.

⁹⁵ *Id.*

⁹⁶ *See generally* St. Joan, *supra* note 37.

⁹⁷ *See generally* Poser, *supra* note 78.

⁹⁸ Alexis Anderson et al., *Professional Ethics in Interdisciplinary Collaboratives: Zeal, Paternalism and Mandated Reporting*, 13 CLINICAL L. REV. 659 (2007).

1. Supervision & Professional Independence

Although proper supervision of students in clinical settings is always a concern, it is particularly challenging to properly supervise students from multiple disciplines. As law students are held to the same ethical rules as full-fledged attorneys, it is important that supervising attorneys spend a sufficient amount of time assisting law students with their case-work.⁹⁹ Also, to the extent that each profession has different expectations and ethical rules, it is crucial that each department dedicates at least one licensed member to supervise the work of its clinical students.¹⁰⁰ Furthermore, attorneys have a separate responsibility to “make reasonable efforts to ensure” that the clinic has “measures giving reasonable assurance that the [non-lawyer’s] conduct is compatible with the professional obligations of the lawyer.”¹⁰¹ Thus, law school clinics require significant funding and effort on the part of all cooperating disciplines in order to provide sufficient resources and personnel for the proper supervision of student participants.

Similarly, attorneys are duty-bound to maintain a measure of professional independence. Lawyers must not allow their professional legal opinion to be swayed by professionals from a different profession. For example, because the advice provided to a client by a social work student is different from that of a law student, the law student may be influenced by the social worker student’s advice, thus jeopardizing the professional judgment of the law student.¹⁰² A social worker is ethically bound to advocate for the best interests of the client based on the totality of the circumstances,¹⁰³ while a lawyer is a zealous advocate based on the expressed desires of his or her client.¹⁰⁴

In the area of domestic violence however, lawyers must consider options and issues outside of the legal landscape in order to competently practice law. For instance, a client cannot attend a court hearing if she has no daycare for her child, cannot afford to miss a day of work, or is unable to travel to the courthouse. These types of considerations are generally considered to be within the realm of “social work.” However, a student attorney who ignores such issues will most likely find herself without a client on the day of the hearing. More importantly, the Model Rules of Professional Conduct specifically contemplate this very scenario.¹⁰⁵ Rule 2.1 provides that, “[i]n rendering advice, a lawyer may refer not only to law but to

⁹⁹ Peter A. Joy, *The Ethics of Law School Clinic Students as Student-Lawyers*, 45 S. TEX. L. REV. 815, 832-34 (2004).

¹⁰⁰ *Id.* at 834.

¹⁰¹ MODEL RULES OF PROF’L CONDUCT R. 5.3 (2007).

¹⁰² Brustin, *Legal Services*, *supra* note 81, at 862.

¹⁰³ *Id.* See also Anderson et al., *supra* note 98.

¹⁰⁴ See MODEL RULES OF PROF’L CONDUCT R. 1.2(a) (2007). See also Anderson et al., *supra* note 99, at 668-69; Brustin, *Legal Services*, *supra* note 81, at 862 (noting that “lawyers are mandated to zealously advocate for the client’s wishes”).

¹⁰⁵ Anderson et al., *supra* note 98, at 676 (quoting MODEL RULES OF PROF’L CONDUCT R. 2.1 (2007)).

other considerations such as moral, economic, social and political factors, that may be relevant to the client's situation."¹⁰⁶ Thus, it would be perfectly appropriate, in such a situation, for the student lawyer to consult with the social work intern before giving any advice to the client.¹⁰⁷

In a clinic designed to limit social work-client direct contact, where the social work student is retained as a consultant for the attorney only, these types of conflicts are minimized.¹⁰⁸ In a clinic where social work students and student attorneys both provide direct assistance to clients, the students should work together to present the client with various options.¹⁰⁹ In this manner, the client is afforded the opportunity to "choose" a course of action—with full knowledge of the possible legal ramifications of each route. Thus, the student attorney maintains his or her position as zealous advocate, while presenting the client with various legal and extra-legal options and considerations.

2. Confidentiality

Confidentiality of information provided to attorneys and other service providers is always a concern in the course of legal representation. Confidentiality applies very broadly to attorneys, who must keep client information to themselves unless certain narrow circumstances arise—such as a client who reveals the intent to commit a future crime that would result in substantial injury to another person.¹¹⁰ The attorney-client privilege is also implicated with confidentiality concerns, as will be discussed below.

Extra-legal service providers, such as social workers and psychologists, do not always have the same ethical duty to report suspicions of past or present child abuse as attorneys. In states such as Texas, where both attorneys and social workers are mandatory child abuse reporters,¹¹¹ an ethical conflict regarding confidentiality dissolves. However, in states with different mandatory reporting requirements,¹¹² it would probably be best to shield child abuse information from mandatory reporters.¹¹³ The type of confidentiality design depends significantly on the structure of the clinic. For instance, if the social work students are utilized solely as "consultants" to law students and psychology students provide counseling on a separate, referral basis,¹¹⁴ confidentiality concerns regarding mandatory

¹⁰⁶ MODEL RULES OF PROF'L CONDUCT R. 2.1 (2007).

¹⁰⁷ Anderson et al., *supra* note 98, at 672-78 (using an example involving an interdisciplinary legal team with a social worker consultant to demonstrate that the limited role of the social worker shields him from sanction within his profession).

¹⁰⁸ *Id.*

¹⁰⁹ Brustin, *Legal Services*, *supra* note 81, at 862-63.

¹¹⁰ See MODEL RULES OF PROF'L CONDUCT R. 1.6 (2007).

¹¹¹ TEX. FAM. CODE § 261.101 (2002).

¹¹² See generally St. Joan, *supra* note 37.

¹¹³ *Id.* (discussing a "confidentiality wall" method for shielding confidential information from social work members of the clinical service providers).

¹¹⁴ Of course, referral forms would have to be carefully crafted as well, stating that the client waives

reporting of child abuse are lessened.¹¹⁵ In these cases, law students can provide limited information to social work students—omitting any information relating to child abuse—during consultation and psychology students can formulate their own standards regarding how to advise clients of their mandatory reporting requirements.

To the extent that social worker students may inadvertently acquire knowledge of child abuse information, it is unclear whether the social work student would have an obligation to report the abuse in mandatory reporting jurisdictions¹¹⁶ or would be required, as an employee or agent of the law student, to maintain the information in the strictest of confidence.¹¹⁷ The best course of action when designing a student clinic, would be to review all local professional responsibility rules governing lawyers, all rules regarding social worker confidentiality, and all state laws regarding child abuse reporting to determine whether the conflict exists. Here, the goal is to minimize the conflict through the structure of the clinic and construct a clinical design in cooperation with the university's Office of Legal Counsel, which was a method utilized by Jacqueline St. Joan as she developed a confidentiality wall at the University of Denver College of Law's Domestic Violence Civil Justice Project.¹¹⁸ Once a design is developed, clinicians can contact the local state bar's ethics committee to request an advisory opinion regarding potential ethical conflicts.¹¹⁹

When social work students cooperate more closely with the law clinic and provide direct services to clients in the form of counseling, it is probably best to structure the clinic in the footsteps of the University of Denver's clinic. This structure maintains "shadow files" containing limited information for social work student access as well as erects a confidentiality wall to separate protected information.¹²⁰ In this manner, social work students with mandatory reporting requirements can still provide direct services to clients without obtaining protected child abuse information.

confidentiality for the limited purpose of referral to the psychology department for further services. The form should contain minimal reference to private information for client safety and confidentiality concerns. Clinical staff members could access university counsel for a preliminary opinion regarding the protective nature of the referral form and the utility of the limited waiver. See St. Joan, *supra* note 37, at 439 (noting that they discussed the format of their confidentiality wall with university counsel prior to enacting the protective measure).

¹¹⁵ *Id.* at 430-32.

¹¹⁶ See Anderson et al., *supra* note 98, at 705 (citing District of Columbia Bar Association Ethics Op. 282 at 4 (1998), explaining that the student attorney should tell her client that the social work student may have to report information related to child abuse if such information is acquired despite all efforts to keep such matters confidential and allow the client to choose whether to allow representation despite this conflict).

¹¹⁷ *Id.* at 709 (explaining that social workers employed as consultants should abide by attorney rules of confidentiality and may do so without violating mandatory reporting rules).

¹¹⁸ St. Joan, *supra* note 37, at 439 (noting that the clinical staff consulted with University Council regarding the design of the student legal clinic).

¹¹⁹ *Id.* at 440.

¹²⁰ *Id.*

3. Privilege

The attorney-client privilege is generally considered a rule of evidentiary procedure, but is a crucial consideration in clinic design. Maintaining the integrity of attorney-client privilege is important to foster open and honest communication between an attorney and her client as well as to protect private information from discovery in the litigation process.¹²¹ Attorney-client communications and attorney work product cannot be admitted into evidence unless the privilege has been waived by the client.¹²² The attorney-client privilege applies to communications between an attorney and a client in the course of representation that the client reasonably expects will remain confidential.

While the attorney-client privilege applies uniformly in every state, state laws vary regarding the application of evidentiary privileges to other professionals, such as social workers.¹²³ Thus, analyses of attorney-client privilege issues depend on individual state laws and the manner in which the clinic is constructed. Generally, if the extra-legal service provider is an agent of the attorney, the attorney-client privilege would extend to cover communications designed to assist with the legal representation between the law student, the extra-legal clinical student, and the client.¹²⁴ Also, if the extra-legal student can claim an independent privilege, communications between the client and the extra-legal service provider could be protected from evidentiary discovery.¹²⁵

The “agent” approach carries some concerns if the communications do not relate to the legal case at hand and instead, are focused on broader concerns facing the client.¹²⁶ Arguably, in the context of representing a battered woman, concerns regarding safety are essential to the legal case. The client cannot travel to attorney-client meetings, appear in court, and cooperate with legal counsel in the absence of a safe location to live, a safe method of transportation, and the ability to be free from unlawful stalking and contact from the opposing party. Hence, social work services directed towards mental health—counseling—regarding how to cope mentally, handle the dangerous situation, assistance with housing and transportation concerns, and safety planning all relate closely to the client’s ability

¹²¹ Brustin *Legal Services*, *supra* note 81, at 844.

¹²² 81 AM. JUR. 2D *Witnesses* § 334 (2007).

¹²³ Compare New York’s statutory social worker privilege protection, N.Y. C.P.L.R. § 4508 (McKinney 2000), with North Dakota’s decision to reject the extension of the psychotherapist-client privilege to cover social worker-client communications despite the Supreme Court’s decision in *Jaffee v. Redmond*, 518 U.S. 1 (1996), *State v. Clark*, 570 N.W.2d 195, 203 (N.D. 1997).

¹²⁴ See Brustin *Legal Services*, *supra* note 81, at 844-46; see also St. Joan, *supra* note 37, at 431-32 (noting, however, that the privilege may not apply “more broadly to information learned in the course of the entire social worker-client-attorney relationship”).

¹²⁵ Brustin *Legal Services*, *supra* note 81, at 846.

¹²⁶ Heather A. Wydra, Note, *Keeping Secrets Within the Team: Maintaining Client Confidentiality While Offering Interdisciplinary Services to the Elderly Client*, 62 *FORDHAM L. REV.* 1517, 1553-54 (1994) (explaining that the extension of the attorney-client privilege to an attorney’s agent protects conversations by the agent when they are “merely acting as a conduit, relaying the client’s communications to the attorney.”).

to effectively participate in her legal case. In any case, it is important to consider state rules and ethics opinions before deciding on a particular structure for an interdisciplinary legal domestic violence clinic.

4. Conflicts of Interest

Attorneys are bound by the Rules of Professional Conduct to avoid representing clients with adverse interests.¹²⁷ When attorneys combine efforts with non-attorneys, the potential for conflicting interests multiplies. A lawyer is prohibited by Model Rule 1.7 from providing services to a client if “(1) the representation of one client will be directly adverse to another client; or (2) there is a significant risk that the representation of one or more clients will be materially limited by the lawyer’s responsibilities to another client, a former client or a third person or by a personal interest of the lawyer.”¹²⁸

The most cautious and preferable approach is for the legal clinic to screen all potential clients for conflicts before referring them to other branches of the clinic for services. Thus, law students, rather than social work students, for example, would screen potential clients in every case.¹²⁹ The screening would be aimed at identifying potential conflicts of interest. Any potential clients who contacted the other branches of the clinic for services would be referred to the law school clinic for initial screening. For example, if a potential client of the social work department conflicts with the initial client, from the law school side of the clinic, the students in the clinic would generally decline from providing the “new” client services.¹³⁰

V. CONCLUSION

Interdisciplinary domestic violence clinics require time, effort, planning, and coordination. They pose interesting and challenging ethical concerns and expose students to an emotionally taxing area of legal practice. However, the potential for results reaching far beyond the confines of any individual legal case is well worth the effort. Law students receive a more well-rounded view of issues surrounding domestic violence while providing superior service to their clients. Students from different disciplines combine efforts to achieve a common goal. But perhaps most

¹²⁷ See MODEL RULES OF PROF'L CONDUCT R. 1.7 (2007).

¹²⁸ *Id.* Therefore, lawyers must avoid “concurrent conflicts, successive conflicts, and imputed conflicts.” Brustin *Legal Services*, *supra* note 81, at 849.

¹²⁹ Brustin *Legal Services*, *supra* note 81, at 855. This screening process assumes that the clinic “treat[s] all clients of the [clinic] as clients of the lawyers for purposes of identifying or imputing conflicts.”

¹³⁰ Technically, the students could determine the potential for conflict and, if it is low, obtain informed consent from the current client for the referral to the social worker or psychologist. See MODEL RULES OF PROF'L CONDUCT R. 1.7 cmt. n.2. In practice, this could be disastrous if the client was later identified for legal services and developed a claim in direct conflict with the initial client. The best policy, then, would be to engage in very careful screening and err on the side of caution regarding potential conflicts of interest.

importantly, the client is empowered to tell her story both in court and beyond. The powerful messages regarding struggle, legal challenges, and achievements are conveyed to legislators and society at large. This message has the power to change the way we think about battered women. These women are no longer “victims,” but “survivors.” They are no longer powerless, but empowered. The strength that comes from breaking the cycle of violence for one woman and her family motivates others to follow. This movement from violence to freedom conveys an important message: we can overcome domestic violence by working collaboratively, across disciplines, together.