

**NEW HAMPSHIRE DIVISION FOR  
CHILDREN, YOUTH AND FAMILIES**

**DOMESTIC VIOLENCE SPECIALIZED  
TRAINING: DAY TWO**

**ACCOUNTABILITY AND CONNECTION WITH  
ABUSIVE MEN**

**HANDOUTS**

Adapted with the permission of Fernando Mederos from his publication, *Accountability And Connection With Men Who Batter* and from his workshop of the same title presented at the Putting Best Practice Into Practice 14<sup>th</sup> Annual DCYF Conference, 2006. Other materials including DVD, *Something My Father Would Do* are provided by the Family Violence Prevention Fund. The development of this curriculum was made possible by the Grafton County Greenbook Project, funded by the Office on Violence Against Women, US Department of Justice grant 2004-WE-AX-KO35. Authored by Gary Calhoun, Greenbook Training Consultant.

## **A RATIONALE FOR ENGAGEMENT**

- Effective intervention with men can have great impact on the safety of the children and partners
- From a safety perspective, it is important to realize that any intervention in a case of domestic violence may increase the risk for the partner and the children.
- Abusive men are not a uniform group.
- Many men who batter have good fatherhood potential. Addressing fatherhood is a motivator for change for many men who batter.
- Many abusive men will remain involved in their children's lives.
- Many men you work with will not be court ordered into services.

## **HANDOUT III**

### **DEFINING BATTERING**

Battering is defined as an ongoing pattern of coercive behaviors used by one partner against another, in the context of an intimate relationship, in order to gain power and control over that person.

The coercive behaviors may include physical assault, sexual assault, or economic abuse. Emotional abuse is virtually always present.

Other terms used synonymously with battering are domestic violence and partner abuse.

## **HANDOUT II2**

### **DEFINITION OF AN ABUSER**

The use of the term, “physically abusive man,” “abuser” or “batterer” refers to someone whose behavior reflects an ongoing pattern of coercive control that typically involves:

- Intimidation
- Psychological abuse
- An inflated sense of self-entitlement
- Physical abuse

**HANDOUT II3**  
**WHO ARE THEY?**

**Moderately Violent Abusers**

**Generally Violent Abusers**

**Possessive Obsessive Abusers**

## **MODERATELY VIOLENT ABUSERS**

### **CHARACTERISTICS:**

- Violence may be frequent.
- Usually does not cause significant injury.
- Denies behavior; makes excuses; blames partner.
- Has some empathy for victim.
- Psychological abuse not severe.
- Usually lacks criminal record.
- Violence usually remains within the family.
- Comprise about half of all abusers in research samples.

### **PRACTICE ISSUES**

- Inclusion of a BIP in case plan is important.
- Even if level of violence is low, attention should be paid to children's level of trauma.
- More intensive monitoring should occur if psychological abuse and intimidation are severe or if woman is fearful.
- Consult with supervisors and domestic violence specialists to insure child safety.

# GENERALLY VIOLENT ABUSERS

## CHARACTERISTICS:

- Often have long criminal records of assaults on different people
- Can be very intimidating
- Easily offended; disputes can escalate to violence rapidly
- Always needs to “prove himself”
- May struggle to dominate partners and authority figures, including CPS workers
- May undermine mother’s role with children
- May seek custody as a way to hurt partner

## PRACTICE ISSUES

- Be aware that victim’s apparent inability to set limits with abuser may be the result of constant threats and harassment
- Be careful not to avoid abuser and focus too much on victim because of intimidation
- Set limits clearly
- Document all threats
- Avoid provoking arguments
- Be aware that anti-social abusers who abuse their partners frequently and with severity can pose a threat to their partners as well as to CPS workers. Include safety planning at all stages, which may include visiting the home with more than one worker, meeting at the area office, and, under extreme circumstances, involving police.

# **POSSESSIVE OBSESSIVE ABUSERS**

## **CHARACTERISTICS OF POSSESSIVE OBSESSIVE ABUSERS**

- Comprise a sizable subgroup: about 25% of men in large research samples
- Are insecure and jealous of partners
- Can pose great risk of injury or homicide
- Jealousy can be delusional
- Behavior can continue months or years after separation
- May or may not have criminal record
- High risk indications include irrational accusations of infidelity, spying, monitoring of partner and threatening her and/or the children

## **PRACTICE ISSUES**

- Ask about jealous and possessiveness
- Check for signs of severe obsessive behavior
- Use supervised visitations programs
- Watch for potential escalation if partner chooses to leave
- Include a batterer's intervention program in case plan
- Ongoing safety planning is critical

## HANDOUT II4

### CAN THEY CHANGE?

Edward Gondolf, an important researcher in the field of domestic violence, studied large samples of men who attended four high-quality batterers intervention programs. He followed these men who were court-mandated into batter intervention for a period of four years. Important results included:

- The majority of abusive men who finished these quality batterer intervention programs stopped being violent.
- Their levels of violence went down during the intervention and importantly they kept going down after the intervention.
- There were, however, as sizable minority of ongoing re-assaulters. Re-assaulting was associated with substance abuse, prior history of domestic violence and instability.
- Systemic collaboration and monitoring is an important requirement of the change process.

It is important to note that little research has been done specifically on men involved in the CPS systems and these men may differ in important ways.

However, the “take-away message” is that many of these men with proper intervention and motivation can change!

## **HANDOUT II5**

### **WHAT CAUSES CHANGE?**

#### **Systematic Collaboration**

- Police, prosecution, judiciary, probation, CPS, community pressure
  
- Batterer intervention programs
  
- Advocacy for battered women

## **HANDOUT III1**

### **KEY PRINCIPLES FOR ENGAGING ABUSIVE MEN**

Safety

Respect

Rapport

Prudence

Accountability

Limit setting

Positive visions of culture and fatherhood

## **HANDOUT III2**

### **THE WALSH FAMILY**

### **TABLE EXERCISES**

John and Mary Walsh have been married for twelve years. They have two children, Joey age 10, and Pammy, age 8. John is a businessman; he owns two restaurants and some apartment buildings. Mary is a librarian. The family became involved with DCYF after Joey and Pammy disclosed at school. They reported that their father and mother had a lot of fights, and that there was a lot of yelling going on. They also said that their father hit their mother and that they were afraid. Pammy also told the school nurse that Joey tried to stop her dad when he was hitting her mom and that he pushed Joey and he fell down and hit his head. Joey has begun paying less attention in school. His grades have dropped badly. He's also showing some anger. He had a fight with one of his friends.

The school filed an abuse report and the case was screened in and assigned for assessment. When the Assessment CPSW spoke to Mary, she was pretty mad and defensive. She expected to be blamed for something and was very agitated. She was very scared about speaking to DCYF. She said that she didn't know what her husband would do. When the worker explained that she wanted to hear Mary's side of things and that she's concerned about the children, she relaxed a little bit, though she remained defensive and guarded. The CPSW feels that Mary is volatile. She's definitely worried that DCYF will blame her for everything. Finally, after some discussion, she stated that John bullies her and criticizes her all the time and that he has used force three or four times (she thinks)—mentioning being slapped, manhandled and being pushed to the ground.

The CPSW found out that there is a police report about a 911 hang-up call. According to the police report, when they showed up, mom was upset and yelling at her husband and the sleeve of her blouse was ripped. They reported that the father was calm and that he said that his wife was drinking. The officers noted that she smelled of alcohol, but was not acting intoxicated. No arrests were made.

The CPSW assigned to the family has had a difficult time with John. He is very polite, but he is very insistent that Mary has a drinking problem and that they have had conflict about her drinking. "She starts drinking and gets all agitated and I have had to restrain her." He has a lot of questions about her as a mother. He says that he is very concerned. He says that he will do whatever is necessary, but that he has never been violent with her and that DCYF should do something about her drinking. He states that he's not "one of those men." He says that he has offered to pay for her treatment: "Whatever is necessary..." When the worker asked him about his behavior, he repeated that he wasn't like "one of those people" and began acting as if the worker didn't know anything. He

asked her how old she is, inquired about her credentials and asked if she had kids or was married. Then he said, “I don’t want to be nasty, but I am not like one of those people you usually work with. I have an attorney and I will fight back. I can also get a psychological evaluation if you want me to prove that I’m OK.”

### **EXERCISE 1: MAKING A CONNECTION**

You are the CPSW who is about to interview Mr. Walsh. Your goal is to connect with him, develop a relationship, educate him, and respectfully motivate him to change. How would you formulate the interview? How would you approach him? What “tack” would you take?

Please list your ideas and be ready to have one person present them quickly to the group.

## **EXERCISE 2: CASE PLANNING**

After having a couple of successful interviews with Mr. Walsh, you are preparing to have a discussion with him to develop a case plan—the things you want him to do in order to change his behavior. Your plan is to discuss this with him and eventually make recommendations to the judge. What would you include in this plan?

Please list your ideas and be ready to have one person present them quickly to the group.

## **HANDOUT III3**

### **GOALS FOR INTERVIEWS WITH ABUSIVE MEN**

#### Minimal goals for the interview are:

- To establish an initial working relationship with the abuser (which includes providing some education about domestic violence and its effects)
- To see if he can admit some of his controlling and/or abusive behavior
- To see whether he will agree to get help, such as attending a BIP and, in necessary a substance abuse program

#### In addition, if he is a willing informant, other areas can be explored, such as:

- How complete is his account of his controlling and abusive conduct compared to the case record or other sources of information?
- Does he deny completely his conduct or does he minimize?
- Does he accept responsibility for his conduct or does he blame his partner?
- What form does his blaming take?
- Is it rageful or vindictive?
- If he accepts responsibility, does he think his behavior was wrong?
- Why?
- How firm is his commitment to get help?
- How firm is his commitment to follow a safety/behavior change plan?
- Can he talk about the impact of his behavior on the children and on his partner?
- Can he listen to the social worker's description of the impact of his behavior on children?
- What is his understanding of parenting?
- How does he see that he functioned as a parent?

## HANDOUT III4

### STRUCTURED INTERVIEW

- 1) The interview should begin with an **introduction and explanation of the purpose of the interview**. The worker should start by explaining a social worker's information gathering function:
  - a. "I am here to hear your side of things. My job is to understand what happened and to make recommendations for services for you and your family. How are things going right now?"
  - b. If he is cooperative, the worker can ask: "I have a (police) report that states that X took place. Can you tell me in your own words what happened?" If he only wants to talk about what his partner did, the worker can listen and say, "Okay, this is what you remember that she did. What did you do after that? And after that? Looking back on what happened, would you have done anything differently?"
  - c. If he continues to be cooperative, the worker can go to the questions in the next section (*item 2 below*).
  - d. If he becomes agitated or goes on to complain about his partner at length, the worker should attempt to redirect: "I would like to hear more about what happened. Can we go back to what you did? I'll be able to help you better if I hear from you about what happened. We were at this moment (explain). What happened next?" Another form of redirection (and of initiating some education about domestic violence and its effects) is to say: "When there has been an allegation of domestic violence, it is a difficult thing. Some people feel blamed and accused. In my experience, it's not about terrible people but about serious actions that can really hurt families. Men who do this can change. It will help you and your kids. If we can talk about what happened, maybe I can help you." It is not unreasonable to attempt redirection two or three times if the encounter is not threatening or abusive.
  - e. If the abuser does not respond to redirection, limit-setting is the next step: "I need to be able to continue this conversation in a way that is good for both of us. I don't know if you are aware of it, but you are (interrupting, refusing to talk about yourself, getting very loud, making threatening gestures, etc.). I cannot continue the interview this way. It has to be a two-way conversation. I want to listen to your side of things, but I also need to ask you some questions. Can we continue with questions?"

- f. If he does not respond to the first limit-setting attempt, another attempt may be useful: "I need to continue talking with you and this is not working. If we cannot proceed with this interview, I am going to have to stop and document this in the case file. I would really like to hear your side of things, but I can't do it this way." If he does not respond, the worker can say: "I will have to leave now. Maybe we can talk later."
- g. If the abuser becomes threatening or agitated to such a degree that the worker feels endangered, then the interview should be terminated immediately: "I am sorry, I can't talk like this. I will call you later."

If the social worker encounters situations in which the abuser becomes agitated, non-responsive, or threatening, it is important to document the conversation and the abuser's demeanor and to discuss the events with a supervisor.

- 2) **Inquiry about violent behavior and other forms of abuse.** As stated earlier, questioning should always proceed from the general to the specific, and from inquiry about less severe forms of abuse to more severe forms. The sequence of questions below illustrates these principles. Social workers can adapt it to interviews as needed.
  - a. For general conversation (if this is screening for domestic violence):
    - o What happens when you get mad at her?
    - o Do you ever yell? Call her names? Throw things?
    - o Have you ever used force with her? What happened?
    - o Where were the children?
  - b. Then, if this is an inquiry pursuant to a specific incident:
    - o Did you use force with her? Or touch her in any way? What happened?
    - o Did you push her? How hard? Was she injured? How many times?
    - o Slap her? How many times? How hard? Was she injured? (The same cycle of questions should be used with other violent behaviors such as punching, choking, hitting with objects and using weapons. Also, this same sequence of questions should be pursued with different incidents).
- 3) **Willingness to change and views of relationships and parenting** can also be explored in the interview. One can inquire about these issues with the following questions:
  - a. The best way to find out whether he accepts responsibility for his behavior is to ask what he is willing to do in order to change:
    - o Are you willing to go to a group to get some help? (If he agrees, he should receive the name and number of the nearest BIP. If he is doubtful, the worker can suggest that he make a commitment to attend for 12 weeks and then assess continuation with you and with program staff.)

- If he is not willing to go to a group, the interviewer can say: “I want you to know that your case plan will require that you attend one of these groups. I would really like you to go. You will probably learn things that will help you. I know you want to be a good father. This is part of being a good dad. If you are not ready to say yes, do you want to take a week to think this over? I will call (or write) you.”
- If he insists that he will not go to a group unless his partner also does, the interviewer can respond with: “Getting help for yourself does not mean that she does not have issues of her own. The problem is that when someone has been physically abusive, they have crossed the line in a relationship. People are going to expect you to do this. It will help you. If you do it and work at it, it will become part of the case record.”

b. Parenting issues can be explored through these questions:

- o “Do you think that your physical abuse of your partner has had any effect on the kids?”
- o “Has any child ever tried to intervene in an incident of violence?” (If he can provide information, does he think it has affected all the children in the same way?)
  - If he cannot describe any effects on children, asking about the following signs of traumatic impact on children may be useful: “Have you observed fearfulness? Violent play or hitting by the children? Sleeplessness or nightmares? Problems going to school? Withdrawal? Too much crying? Constant problems with you? With the mother? With teachers or school authorities? With the police? Has any child stopped listening to you or to their mother?” These questions serve an educational purpose even if he denies all effects.

4) **Establishing rapport** involves a series of steps that can be used to create a positive relationship. These questions are helpful in connecting with the interviewee and in exploring his understanding of and capacity for relationships, productive conflict and tolerating differences, and his understanding of fatherhood. It is important to probe and ask for details after asking the key questions:

- a. “How did you meet her? Tell me what happened. Did you like her right away or later? What did you like about her? Tell me more about that.” Does he see her as a three-dimensional person or does he have a very limited view of her?
- b. “As time has passed are there things you like about her? What are they? Can you tell me more about that?” These questions explore capacity for relationship.
- c. “Are there things you don’t like about her? What? Is this something that was there from the beginning or did you see it later? Do you talk about it with her? How does the conversation go? When was the last time you tried? What happened? Would you have wanted to do it differently?”

- d. “Is there something that really sets you off in arguments or disagreements? What is it? What helps to keep you from flying off the handle? Does it work?”
- e. “Do you ever have fun with your kids? What do you do? Is there a part of each day or a part of the week when you enjoy being with them?”
- f. “Are your kids respectful? Do they listen? Do they disobey often? What do you do when it happens? What works?”
- g. “What do you do to relax? Do you do it often? What else do you do? Do these things work? Do you have a lot of stress or things that are hard of difficult in your life? Tell me about it ...”

## **HANDOUT III5**

### **INTERVIEW ASSESSMENT TOOL**

Using Handouts III1, III3, and III4, observe and provide examples of how the interviewer:

Demonstrated the key principles for engaging abusive men described in Handout III1

- Safety
- Respect
- Rapport
- Prudence
- Accountability
- Limit setting
- Positive visions of culture and fatherhood

Examples:

Accomplished the goals for interviews discussed in Handout III3

- Establishing a working relationship
- Assessing whether he can admit his controlling and/or abusive behavior.
- Assessing his willingness to get help.

Examples:

Accomplished key elements of the structured interview as described in Handout III4

- The explanation and explanation of the purpose of the interview
- Inquiry about violent behavior and other forms of abuse
- Establishing rapport

Examples:

## **HANDOUT IV1**

### **CULTURE, CLASS, RACE AND DOMESTIC VIOLENCE**

Most people have some beliefs that domestic violence is more common or socially approved in some cultures or ethnic/racial groups. If we make this assumption, we are likely to believe that it is useless to work with some abusers or that some abusers are more dangerous so you have to come down really hard on them.

It is very important to recognize that all cultures have certain aspects (beliefs, meanings, values and traditions) that serve to open the door to oppressive relationships as well as certain aspects (beliefs, meanings, values and traditions) that model and encourage functional and respectful relationships.

It is important to learn about the specific cultural memberships of the men with whom you work and to identify those aspects of culture that can provide a vision for positive relationships with their children and their partners.

Research indicates that levels of domestic violence are correlated with poverty but not with culture.

Many of the abusive men who come to the attention of the child protection system have low incomes, low educational achievement and are unemployed and underemployed. These stressors can serve as barriers to change and they make the case for what is called “holistic practice” in which we address these issues in case plans with these men through appropriate referrals.

Oppression, racism, privilege, exposure to violence, trauma, immigration, etc., can complicate the change process. It is important to be aware of these issues and to address them in thinking how to achieve rapport and in case planning with abusive men



## HANDOUT IV3

### FOCUSING ON FATHERHOOD

- I know you want to be a good father and that you don't want to see your children hurt ... but I am very concerned that the violence they are living with them hurts them very much.
- They will carry this forever.
- Kids always know when there's violence in their home.
- You are an example for them in all you do.
- When you hurt your partner, you hurt your children.
- Your actions speak more clearly than your words.
- Even if you're not their father, you're such an important male figure in their lives.
- Your kids need to see the best of you.
- I know you want to be a good father. Please try this (BIP). It can help you change.
- You can change things for them. You are so important.
- If you don't change, they'll feel you turned your back on them.
- It's not just about your partner – it's about your kids.
- If you don't show respect for their mother, you hurt them and weaken your family. Teach them how to show respect.
- If you disrespect her or undermine her discipline, you destroy the kid's capacity to respect the important adults in their lives. That's so harmful!
- How do you want your children to remember you?
- I'm sure you want your children to respect you. You don't want them to fear you.
- What can you do to get there?

## **HANDOUT IV4**

### **SOMETHING MY FATHER WOULD DO DISCUSSION GUIDE**

In the first segment, what prompted Duane's first recognition of his abusive behavior?

What prompted his desire to change his abusive behavior?  
As a father, what vision does he have for his relationship with his children?

In the second segment, what are the factors that led to Scott's recognition of his abusive behavior?

As he makes changes in his life, how does his behavior in his family change? Give examples of more positive nurturing behaviors that become part of how he relates to his family.

In the third segment, how does Mone's view of what it means to be a good husband and father promote his healthy behaviors and relationships?

In general, talk about how these three men were impacted by their father's violence and the factors that have helped them move forward in their own lives to develop more positive and non-abusive relationships in their current families.

## **HANDOUT V1**

### **THE IMPORTANCE OF ASSESSING DANGEROUSNESS AND LETHALITY**

- This task is of primary importance because the levels of dangerousness vary widely among abusive men and these differences should be taken into account in case practice.
  
- Many men have low frequency and low levels of violent behavior, and many can stop violent behavior and develop healthy parenting skills.
  
- Others are very violent, present a serious danger and are very resistant to change.
  
- A better understanding of an abuser's level of dangerousness allows for a more strategic approach to assessing risk, safety planning and creating case plans.
  
- The assessment of dangerousness is also essential for safety planning for CPS personnel.

## **HANDOUT V2**

### **ELEMENTS OF A CASE PLAN**

- Attending a certified batterer's intervention program
- Participating in individual psychotherapy (forensic model)
- Attending substance abuse treatment as appropriate
- Participating in psychological (clinical evaluations) only to evaluate mental health concerns
- Random testing for alcohol and/or other drug use
- Confidentiality waivers between all clinicians and permission for child protection and judicial personnel to obtain criminal, mental health, and medical records
- Required supervised visitation or that visitation take place at a supervised visitation center
- Compliance with all protective orders
- Halting physical and psychological abuse and intimidation with partners
- Attending parenting classes
- Demonstrating capacity to cooperate in joint custody agreements
- Learning about the effects of exposure to violence on children and taking steps to remedy these effects and heal relationships with children when appropriate
- Halting psychological abuse and intimidation of child protection personnel
- Holistic services

## **HANDOUT V3**

### **FACTORS RELATED TO DANGEROUSNESS AND LETHALITY**

- The use of and access to weapons, including the use of martial arts and similar training during violent incidents
- A history of violent crimes and previous violations of protective orders
- A history of motor vehicle violations involving alcohol intoxication and other arrests related to substance abuse
- A history of severe violence with spouses or children
- A history of having attended an abuser intervention program previously that was not followed by subsequent cessation of violence
- A history of suicidality or suicidal ideation (as recorded in mental health records)

## **HANDOUT V4**

### **INFORMATION THAT CAN BE OBTAINED FROM PARTNERS, CHILDREN AND OTHER FAMILY MEMBERS**

- The partner's report of the history of violence in the relationship and her fear of further violence
- Severe and irrational jealousy
- Threats to injure or punish her, the children or her family if she leaves, as well as threats of suicide, are strong indicators of dangerousness, even in the absence of previous physical abuse, or when physical abuse has been minimal
- Severe and persistent monitoring or stalking
- Severe isolation
- Situations where the abuser fears he may lose his partner
- Recent instability
- Substance abuse

## HANDOUT V5

### DANGEROUSNESS ASSESSMENT CASE

**Background.** Keith Donnelly (age 34) has been living with Linda Healy (age 36) for 7 years. They have a child, Johnny, age 6, and Linda has a child from a prior relationship, Mary, age 15. Keith is a mechanic and Linda is a nurse's aide.

**DCYF involvement.** In May of 2004, a child abuse report was filed by the police. A domestic disturbance call was made due to noise, and when the officers arrived, Keith was drunk. He became very belligerent with the officers and got into a fist fight with them. He was arrested. Furniture was broken in the house and there were holes in the walls. Johnny was present and appeared very upset, so a child abuse/neglect report was filed. Linda was not very cooperative with DCYF. She stated that Keith drank too much that night. She was not questioned about domestic violence. The family seemed to be doing well. Keith said that he was going to AA to help him back off on his drinking. The children's medical care and school progress were both reported to be good. The case was determined founded problem resolved at the end of the 3-month assessment as there were no additional incidents and father was engaged in AA. He had a clean record except for a violation for driving under the influence when he was 28 and two arrests for drunk and disorderly behavior fighting in bars when he was 30 and 31.

Eventually the criminal case was continued without a finding and later it was dismissed.

In September of 2005, another child/abuse neglect report was filed by Mary's school alleging physical abuse by her stepfather. Mary disclosed to a counselor that Keith had grabbed her and pushed her against a wall during an argument. Mary also said that she was afraid of Keith because he yelled at her all the time and threatened to hit her and ground her for the whole year. She also stated that she had seen Keith hit her mother 4 times.

When the DCYF worker called, she spoke to Linda, who agreed to meet her at home. The worker read the old case file before the home visit. The house looked fine with the furniture and walls intact. After explaining her role, she told Linda about the nature of the report and her concerns about Mary. Linda looked very torn. The worker said, "Why don't you tell me about your concerns about your daughter?" Linda said that Mary and Keith have never gotten along and now that she's an adolescent, she doesn't want Keith to be on her all the time. She added that Keith goes crazy and tries to control her too much. She's talked to him about it and asked him to back off, but Mary can also be a handful. The worker then told Linda that kids can be affected very strongly if they are physically abused or if they have seen their mothers get hurt. She explained how some

kids get very quiet and scared or withdrawn, and others get very rebellious, angry or aggressive. She asked Linda if she had seen any changes in Mary's or Johnny's behavior. She described age appropriate effects of witnessing violence and of being abused. "Even if you work really hard at protecting your children, it adds up and impacts them. It tends to affect them even if you do a great job." The worker then said, "I am also worried about you." Linda looked at her silently. The worker said that when DCYF was involved before, no one asked Linda about herself or whether she had ever been hurt. Linda looked surprised, but stayed quiet. "Do you have any worries about your own safety?" Linda quickly said that she could take care of herself. The worker asked Linda if she had a plan in case she thought something was going to happen. They discussed this and what resources were available to Linda through the DVS and the crisis center.

Then the worker said, "I am going to have to talk to Keith. Do you have any concerns about that?" Linda looked worried. She said that Keith is all right as long as he doesn't drink and that he doesn't drink too much or too often, but that he flies off the handle more easily when he's been drinking. Things are a lot quieter when he's not drinking. The worker asked her how he changes and how often he drinks. Linda said he gets bad-tempered and irritable. He watches TV and gets really mad if anyone bothers him. How much does he drink? Linda thought that he drinks once or twice a month and that he'll drink a six pack and a half beginning in the early afternoon. "Are you concerned that he might be very angry at you or Mary after I talk to him?" Linda said that Keith reacts real badly when people try to push him around. "He doesn't care who it is. Everybody's careful with him. You learn that."

## **EXERCISE 1: DANGEROUSNESS ASSESSMENT**

Please discuss each question by having each group member take a turn stating his or her opinion. You can attempt to reach a consensus answer, but it is sufficient to record the range of opinions in the group. There is no right or wrong answer.

1. Based on the information in the scenario, what is the man's level of dangerousness?

LOW

MODERATE

HIGH

Why? Explain your rationale.

Do you see risks for the CPS worker? Explain.

2. What other type of information would be useful in assessing his dangerousness? Who would you get it from? (Or what issues would you want to inquire about to better assess his dangerousness?) Please make a list.

**INFORMATION WANTED**

**SOURCE**

## **HANDOUT VI1**

### **A GOOD CASE PLANNING PROCESS**

A good case planning process grows out of a shared agreement about the nature of the problems to be resolved and of the types of services and resources that can most effectively lead to change. A good case planning process is:

- Honest, direct, and respectful
- Focused on the abusive man's accountability for change
- Inclusive of bottom lines as they relate to the safety of children and the adult victim
- Inclusive of the abusive man's thoughts and opinions
- Hopeful in that services and resources are provided that can provide real assistance

## **HANDOUT VI2 ELEMENTS OF A CASE PLAN**

- Attending a certified batterer intervention program (BIP)
- Participating in individual psychotherapy
- Attending substance abuse treatment as appropriate
- Participating in psychological (clinical evaluations) ... not to determine if he is abusive, but to explore such question as ability to function in a BIP or explore his ability to parent.
- Random testing for alcohol and/or other drug use
- Confidentiality waivers between all providers and permission for child protection and judicial personnel to obtain criminal, mental health and medical records
- Compliance with orders for supervised visitation
- Compliance with all protective orders
- Halting physical and psychological abuse and intimidation with partners
- Attending parenting classes (not with partner)
- Demonstrating capacity to cooperate in joint custody agreements
- Learning about the effects of the exposure to violence on children and taking steps to remedy these effects and heal relationships with children when appropriate
- Halting psychological abuse and intimidation of CPS personnel
- Holistic services

## **HANDOUT VI3**

### **BATTERERS INTERVENTION PROGRAMS (BIPs)**

When available, BIPs are the referral of choice for abusive men. BIPs focus on the safety of victims and children, behavior change for abusers, and a multi-agency coordinated system of accountability. These groups help men who are violent in their relationships reframe abusive conduct as inappropriate and oppressive and teach alternative behavioral responses. Although typically connected to the criminal justice system, new referrals to BIPs come from a variety of sources: from the courts, probation department, parole department, DCYF, and outreach programs in the community that enlist voluntary participants. Men in BIPs are held accountable for refraining from further abuse of partners or children and may be terminated from the group and reported to probation if they do not comply.

BIPs are psychoeducational, rather than clinical or therapeutic programs. The focus is on reframing violent and abusive conduct as inappropriate and harmful behaviors, and on skill development, in a setting with limited confidentiality for the client and strong expectations that change will ensue. Attending a BIP minimizes risks for victims and children. Due to the more positive outcome obtained by these groups, BIPs are the preferred service for abusers. Abusers with a major mental illness, Post-Traumatic Stress Disorder or substance abuse problems whose symptoms are not severe or who are stabilized through psychopharmacological treatment frequently participate in a BIP as well as in individual psychotherapy. Participating in other forms of treatment at the same time as the BIP is usually referred to as concurrent treatment, and it is an appropriate intervention for many abusers. They are not an alternative to BIP.

It is most important to be clear that the measure of success for an abusive man attending a BIP is changing behavior, not simply completing a program.

# **HANDOUT VI4**

## **CONCURRENT OR ALTERNATIVE SERVICES**

### **INDIVIDUAL PSYCHOTHERAPY, PSYCHOPHARMACOLOGY, SUBSTANCE ABUSE TREATMENT AND CLINICAL EVALUATION**

#### **Individual Psychotherapy**

In some instances individual psychotherapy and/or psychopharmacological interventions are appropriate alternatives to a BIP. These situations may include:

- If an abuser has a major mental illness or Post-Traumatic Stress Disorder with symptoms so severe that he cannot participate in a group. This is the case when a person becomes obsessively and severely disruptive in the group, becomes highly disturbed by the group process and cannot make sense of the group experience.
- If an abuser has a severe substance abuse addiction and is not in recovery.

Individual psychotherapy may also be a necessary alternative when no BIP is locally available. In each of these situations, it is important to speak to Domestic Violence Specialists in your offices for advice about therapists who are knowledgeable about domestic violence and working with abusers.

Psychotherapists who engage in clinical interventions with abusers, with or without their spouses, should be familiar with the dynamics of battering relationships, and with safety planning for victims of violence and safe behavior planning for perpetrators.

In instances where individual psychotherapy is recommended as a concurrent or alternative treatment the psychotherapy should follow a forensic model and CPS workers should require the following minimal conditions:

- The abuser gives written permission for the clinician and CPS to obtain and share information about the abuser for the duration of the treatment.
- Information provided to CPS may include, but not be limited to, the attendance record, information about compliance with safety plans (including abusive conduct reported in psychotherapy), and compliance with orders of protection and with concurrent treatment such as substance abuse or psychopharmacological interventions.
- There is an agreement that the therapy will maintain a substantial focus on stopping violence, developing and maintaining compliance with a safe behavior plan, and learning alternatives to abusive behaviors.
- The clinician must have permission to notify CPS if the abuser is not following his safe behavior plan or complying with other conditions of treatment. This means that the therapist adopts a monitoring role that is commonplace in forensic clinical

interventions: the clinician is a potential “whistle blower,” accepts this role and uses this stance in the therapeutic process. The clinician agrees to communicate regularly with CPS and to notify CPS if psychotherapy is not having a positive effect or if there are signs of increasing dangerousness.

- Depending on the abuser’s capacity and progress, psychotherapy in these circumstances should also address the impact of violence on spouses and children and include reparative work with them, if it can be done safely.

If the abuser or the therapist refuses these conditions, individual psychotherapy should not be considered to meet case plan requirements pertaining to domestic violence, since essential safety measures have been omitted.

## **Substance Abuse Treatment**

While substance abuse treatment is not an appropriate substitute for an abuser intervention program, it is often an important and necessary adjunct and many abusers engage in substance abuse treatment at the same time they participate in a BIP.

Many men who are in early recovery from substance abuse participate productively in BIPs. Many of these men attend concurrent treatment and participate in self-help groups. This includes men who are in long-term monitored substance abuse treatment programs who are also appropriate for BIPs.

Again, when these services are employed, the forensic model should be used and the abuser must agree to the open sharing of information described above.

## **Clinical Evaluations**

Clinical evaluations are not needed to determine if someone is abusive in the home. This determination can be made by child protective workers and is based on documented evidence of controlling and coercive behaviors in the case record. Clinical evaluation can be useful in several situations, however, -- such as when a person’s ability to function within a BIP is in question, or when CPS wishes to assess the effect of severe psychological abuse and intimidating behaviors, or to explore an abuser’s ability to parent. Standard psychological practices such as confidentiality must be modified in psychological evaluations of abusers, so that information can be shared with appropriate parties and safety can be maintained. Clinicians undertaking these cases should always have a thorough understanding of the dynamics of abusive relationships and of safety and behavior change planning.

Very importantly, these evaluations must follow a forensic model. The abuser himself cannot be seen as the sole source of information. The evaluation must be supported by information from a variety of sources including the CPS case record, police reports, partner contact, etc.

