

DOMESTIC VIOLENCE: A National Curriculum for Family Preservation Practitioners

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DEDICATION

This Curriculum is dedicated to the thousands of survivors of domestic violence who have taught us that one of the best ways to keep children safe is to keep their mothers safe.

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Special thanks to Dr. Anne Ganley. Her expertise, especially in the area of developing training programs, and working with both perpetrators and victims of domestic violence, greatly informed this Curriculum. In addition, she is a talented and committed trainer who, along with Ms. Schechter, demonstrated how to make this Curriculum work.

The generous contributions of expertise and resources provided by the Families First program of the Michigan Department of Social Services, the Michigan Domestic Violence Prevention and Treatment Board, the HOMEBUILDER'S program of the Behavioral Sciences Institute (B.S.I.), Seattle, Washington, and the Washington State Coalition Against Domestic Violence were crucial to the development of this Curriculum. The willingness of these organizations to co-sponsor the pilot-test programs and to provide thoughtful review and evaluation of the Curriculum is much appreciated.

There are many individuals within the organizations listed above whose dedication and commitment to helping battered mothers and their children contributed greatly to this project. In particular I would like to thank Susan Kelly, Director of Families First, Jan Findlater, Vice Chair of the Michigan Domestic Violence Prevention and Treatment Board, Charlotte Booth, Executive Director of Behavioral Sciences Institute (B.S.I.), and Shelley Leavitt, Director of Research and Training at B.S.I., for the time and expertise they devoted to the development of the Curriculum, including reviewing several drafts, hosting Curriculum consultation meetings, and participating in the pilot-test programs.

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PREFACE

HOW THIS CURRICULUM WAS DEVELOPED

By Janet Carter

This Curriculum was produced by the Family Violence Prevention Fund in collaboration with the Families First program of the Michigan Department of Social Services, the Michigan Domestic Violence Prevention and Treatment Board, the HOMEBUILDER'S program of the Behavioral Sciences Institute, Seattle, Washington, and the Washington State Coalition Against Domestic Violence.

The development of the Curriculum took place in four phases. During the first phase an assessment was conducted of the kind of information on domestic violence that would be useful in the context of a family preservation intervention. This was accomplished through meetings with family preservation practitioners in several states. Two Curriculum Consultation meetings were held; one in Washington with the staff of Behavioral Sciences Institute, and one in Michigan with the staff of Families First, the Michigan Domestic Violence Prevention and Treatment Board, and other domestic violence service providers. These meetings provided us with the foundation of knowledge upon which this assessment took place.

The second phase of development involved preparing a first draft of the Curriculum and asking family preservation and domestic violence experts to review it. The Curriculum draft was then revised based on the comments of reviewers.

During the third phase the program presented in the Curriculum was pilot-tested twice; first with the staff of HOMEBUILDER'S in Seattle, and then with the staff of Families First in Detroit, Michigan. Each of the pilot-test programs drew excellent reviews from participants and provided information that was extremely useful in revising the Curriculum content and format.

The Curriculum was revised and finalized during the final phase. It is available from the Family Violence Prevention Fund at cost.

In May of 1995, the Family Violence Prevention Fund will co-sponsor a National Training of Trainers seminar with the Families First program of the Michigan Department of Social Services and the Michigan Domestic Violence Prevention and Treatment Board. The seminar, funded by the Edna McConnell Clark Foundation, is for the purpose of developing multi-disciplinary training teams familiar with the program presented in the Curriculum, who can then be available to provide training on domestic violence to family preservation practitioners.

A list of individuals with experience in providing training on domestic violence to family preservation practitioners will be available from the Family Violence Prevention Fund following the seminar.

crucial for the fields of domestic violence and family preservation to work collaboratively. Yet, domestic violence and family preservation programs may not even be aware of each other's existence. In some communities, historical tensions between the two fields have prevented collaboration from occurring.

The family preservation and domestic violence movements began at different times and for different historical reasons. The family preservation movement, although part of the effort to protect children, grew out of concern that the child welfare system was not working well and was resulting in too many children being removed from their permanent homes. The approach developed out of this concern was for specially trained workers to provide short term intensive crisis intervention programs for families where children are "at imminent risk" of being taken from their families due to abuse or neglect. Cases where children have been identified as "at risk" are referred to family preservation programs by child protective services. A family preservation practitioner responds immediately and works intensively with that family for six to eight weeks, for up to 20 hours a week. The goal is to help families learn to live safely together so that the children do not have to be unnecessarily removed.

The domestic violence movement grew out of a need to provide immediate protection for women who were being physically abused by their intimate partners. In the early days of the movement there was nowhere for a woman who was being beaten to go for protection. Domestic violence was not considered a crime by the justice system or the community. Both institutional and community responses to this violence were nonexistent. Women began organizing in communities around the country to provide community-based responses that included providing a safe place for women and their children to go. These responses were based on an advocacy and empowerment model of intervention, and included systems change advocacy aimed at developing effective institutional responses to domestic violence.

Today, family preservation programs are often seen by domestic violence advocates as part of child protective services. Too often, the response by child protective services to domestic violence results in the battered mother being blamed for failure to protect the children from the perpetrator's abuse. To many domestic violence advocates, the term "family preservation" connotes an attempt to keep two parent families together regardless of the presence of domestic violence in the family.

On the other hand, some child welfare workers view the response of domestic violence programs to child abuse as prioritizing the safety of the mother over that of the child. In addition, while domestic violence programs are primarily found in a network of community-based advocacy organizations, child protection services have been institutionalized as a state mandated response, resulting in mandated reporting criteria and other institutional procedures that domestic violence programs do not share, thereby adding to the tension.

While there are several different types of intensive family preservation programs in the country, the majority share the treatment philosophy articulated by HOMEBUILDER'S in Seattle, Washington. In their words...

"Intensive Family Preservation Services oppose keeping any family member in a situation that is abusive or otherwise dangerous. When practitioners are unable to collaborate with family members to assure safety, they support family members in separating from each other or they may recommend placement.

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CHAPTER ONE

How To Use This Curriculum

INTRODUCTION

This Curriculum is intended to guide the development of a comprehensive educational program on domestic violence for family preservation practitioners.

The program's goal is to teach family preservation practitioners skills in identification, assessment, and intervention that will improve their response to domestic violence. The Curriculum can be used to train new workers or to conduct on-going training programs for more experienced practitioners.

The Curriculum includes:

1. a suggested program agenda
2. content outlines for the instructors
3. exercises designed to enable participants to practice skills in domestic violence identification, assessment, and intervention
4. preparatory reading for participants to review prior to their attendance at the program
5. handouts for participants
6. bibliography on domestic violence

Each chapter of the Curriculum includes presentation outlines, followed by exercises designed to give participants the opportunity to practice new skills in identification, assessment, and intervention. Some exercises require the use of the handouts provided in the handout section. Participant handouts are reproduced in the text as well as in the handout section to facilitate access to them by the instructor.

THE DEFINITION OF DOMESTIC VIOLENCE AS USED IN THIS CURRICULUM

The program presented in this manual deals with domestic violence, defined here as a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Although we recognize that emotional abuse alone can have a devastating impact on the victim, the definition of domestic violence in this text includes those cases where a physical or sexual assault, or a threat of such assault, is taking place, or has taken place.

This definition does not technically include child abuse or neglect, although as discussed above, in domestic violence cases child abuse may also be present. Abuse of the elderly is not included in this definition either, unless it is perpetrated by the elder's intimate partner.

For the purposes of this manual, the pronoun "he" will be used when referring to perpetrators of domestic violence, while "she" will be used in reference to the adult victims. Domestic violence is a socially constructed, gender-specific behavior that is learned and reinforced by society's major institutions. Underlying this learning is the historically created and maintained belief in a man's right to control his female partner. As a result, the overwhelming majority of perpetrators in heterosexual domestic violence cases are male, while the victims are female. The Department of Justice reports that 95% of reported domestic violence is against women victims, although male to male, female to female, or female to male violence does exist.

PROGRAM AGENDA

The material in this Curriculum requires three days to present. Given the prevalence of domestic violence among families referred to family preservation programs, ample time to cover this material is essential to effective intervention.

The following is a suggested agenda for the three day program. The length of each presentation includes twenty minutes of breaks for every four hours of presentation.

DAY ONE

- 9:00 – 9:30 Introductions
- 9:30 – 12:00 Developing a Framework to Understand Domestic Violence (Chapter III)
- 12:00 – 1:00 Lunch
- 1:00 – 4:00 Identification of Domestic Violence (Chapter IV)
- 4:00 – 4:30 Working with the Victim (Chapter V)

DAY TWO

- 9:00 – 12:00 Working with the Victim (Cont...)
- 12:00 – 1:00 LUNCH
- 1:00 – 2:10 Working with the Victim (Cont...)
- 2:10 – 4:30 Working with the Perpetrator (Chapter VI)

DAY THREE

9:00	–	10:45	Working with the Perpetrator (Cont...)
10:45	–	12:30	Working with the Children (Chapter VII)
12:30	–	1:30	LUNCH
1:30	–	3:45	Using Legal and Community Resources (Chapter VIII)
3:45	–	4:00	Practice Applications: A Review
4:00	–	4:15	Evaluation

ALLOTTED TIME AND SEQUENCE OF MODULES

If scheduling constraints do not permit a three day training on consecutive days, alternative scheduling can be used (i.e. a two day training followed by a one day session, or a series of three, one day trainings separated in time).

When altering the three day format, the sequence of the first day and a half should not be altered. In other words, it is important that the section on developing a Framework for Understanding Domestic Violence be followed by the section on Identification of Domestic Violence. The section on Working with the Victim should be conducted following the Framework and Identification sections. The sections on Working with the Perpetrator, Working with the Children, and Legal and Community Resources can be taught as independent modules and can be in any order.

FIVE STEPS TO PROGRAM PLANNING

Step One: Developing an Interdisciplinary Training Team

The program presented in this Curriculum is meant to be taught by a team consisting of representatives from both the fields of domestic violence and family preservation. It is critical to the success of the program that this team include trainers who among them possess extensive experience in three primary areas. These are 1) working with families in a family preservation context, 2) working with victims of domestic violence, and 3) working with domestic violence perpetrators.

It is essential that family preservation programs wishing to conduct this training for their staff hire a consultant specializing in the area of domestic violence. This individual could serve as a member of the training team, as well as provide consultation on how to begin collaborative work with local domestic violence programs.

The domestic violence program in your area should be contacted and asked to recommend someone who could serve in this capacity. Ideally the person should be from the local program and thus best able to recommend workable collaborative mechanisms. If the domestic violence program is not able to take on this project, they may be able to provide referrals to other specialists in the community who have the expertise and a history of working collaboratively with the domestic violence program.

If you do not have a local domestic violence program, or if your training will be statewide, the domestic violence coalition in your state should be contacted for a recommendation. Included in the Appendix is a list of state domestic violence coalitions and their phone numbers.

Prior to conducting the training, the training team should meet several times to "cross-train" one another. It is important for each instructor to understand the philosophies and practices of both the family preservation and the domestic violence programs before beginning the training. These meetings will also provide the opportunity to develop collaborative efforts designed to improve the family preservation response to domestic violence.

Step Two: Become Familiar with the Program Content

All members of the training team should review the material prior to the training and discuss any points of disagreement with other training team members. It is important that instructors work out their differences prior to conducting the course. A meeting of the training team should be scheduled to discuss the material, and to determine who will teach each section.

Step Three: Distribute Preparatory Reading to Participants

A copy of Chapter Two should be distributed to participants approximately two weeks prior to attending the program. This chapter gives participants a general overview of the material to be covered during the course, and minimizes the disparity in levels of knowledge regarding domestic violence that participants bring to the program. Participants should be asked to read the chapter prior to attending the program since several exercises conducted during the training assume basic knowledge of the topic.

Step Four: Produce Participant Packets

A packet should be distributed to participants at the beginning of the program, and should include:

1. the program agenda
2. copies of all the handouts included in the handout section

3. a copy of the bibliography from this Curriculum
4. domestic violence resource and referral information for adult victims, perpetrators, and children, that can be reproduced and distributed to family preservation families
5. specific information on legal protections and resources available to battered women and their children within the state
6. an evaluation form to be completed at the end of the program

Participants should be instructed to bring a copy of Chapter Two with them, and to add it to their training packet.

There are eight handouts that have been designed to also serve as overhead transparencies. These are Handouts III-5, III-6, IV-2, IV-11, V-1, V-2, V-11, and VI-6. Transparencies should be prepared prior to the program.

Step Five: Program Evaluation

Participants should be asked to complete an evaluation form following the training. Included in the Appendix is a form to be used for this purpose.

It is important to set realistic implementation goals for your training program, and then to measure whether the program was successful in achieving them. This can be accomplished by scheduling follow-up sessions with participants several months after the program to discuss in what ways they have been able to apply the training to their work with families. These sessions will also help identify additional training needs regarding domestic violence.



CHAPTER TWO

Understanding Domestic Violence: Preparatory Reading for Participants

INTRODUCTION

Domestic violence is a widespread societal problem with consequences reaching far beyond the family. It is conduct that has devastating effects for individual victims, their children, and their communities. In addition to these immediate effects, there is growing evidence that violence within the family becomes the breeding ground for other social problems such as substance abuse, juvenile delinquency, and violent crimes of all types. The presence of domestic violence is particularly relevant to issues that arise during a family preservation intervention.

In order to most effectively and efficiently respond to individuals experiencing domestic violence, family preservation practitioners must not only understand the nature and etiology of domestic violence, but also understand how violence against intimates affects the victims, perpetrators, children, and community as a whole. This chapter provides the framework for that understanding of domestic violence by reviewing the definitions, causes, and issues related to victims, children, and perpetrators of domestic violence. Understanding the what, why, and who of domestic violence enables practitioners to intervene in a manner that ensures the safety of all family members, thus enabling effective parenting to take place in a safe and secure environment.

I. BEHAVIORAL DEFINITION OF DOMESTIC VIOLENCE

Domestic violence goes by many names: wife abuse, marital assault, woman battery, spouse abuse, wife beating, conjugal violence, intimate violence, battering, partner abuse, and so forth. In addition to different terms or labels, there are varying definitions of domestic violence. A clinical or behavioral definition of the problem is often different from and more comprehensive than its legal definitions. These different terms and definitions can lead to inconsistencies in the identification and assessment of domestic violence, and in intervention and research into domestic violence.

For the purpose of this training manual, a behavioral rather than a legal definition of domestic violence is used. In this behavioral definition, domestic violence is defined:

1. by the relationship context of the violence
2. by the function the abuse serves
3. by the specific behaviors of the perpetrator

The terms that will be used interchangeably in this manual to refer to the problem are domestic violence, abuse, and battering.

DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

A. Relationship Context¹

Domestic violence occurs in adult or adolescent intimate relationships where the perpetrator and the victim are currently or have been previously dating, cohabiting, married or divorced. They may be heterosexual, gay, or lesbian. They may have children in common or not. The relationships may be of a long or short duration.

The intimate context of the abuse influences how both the perpetrator and victim relate to and are affected by the violence. Behaviorally, battering may look to an outside observer like stranger-to-stranger violence (e.g., simple assault, aggravated assault, homicide, sexual assault, harassment, kidnapping, hostage-taking, stalking, property damage, arson, menacing). Victims of domestic violence are traumatized in many of the same ways as victims of violence perpetrated by strangers. However, in domestic violence cases the trauma is a repeated rather than a singular event, and the effects of the trauma are accentuated due to the intimate nature of the relationship between victim and perpetrator. Unlike the attacker in stranger violence, the domestic violence perpetrator has ongoing access to the victim, knows the victim's daily routine, and can continue to exercise considerable physical and emotional control over the victim's daily life. His

¹For the purposes of this curriculum, masculine pronouns will be used when referring to perpetrators of domestic violence, while feminine pronouns will be used in reference to adult victims. This should not detract from the understanding that, in some instances, the perpetrator may be female while the victim is male. However, the language used in this curriculum reflects the fact that the majority of heterosexual domestic violence victims are female. The U.S. Department of Justice estimates that 95% of reported assaults on spouses or ex-spouses are committed by men against women (Douglas, 1991).

relationship with the victim gives him social, if not legal, permission to use such abuse. Unlike victims of stranger violence, victims of domestic violence must also deal with the many barriers to separation from the perpetrator created by the complexity and strength of an intimate relationship.

While domestic violence has certain similarities to the other forms of family violence — child abuse, child-to-parent violence, sibling violence, and abuse of the elderly — it has certain unique characteristics which make it a distinct category. In domestic violence, the perpetrator and victim are in an adult or adolescent intimate relationship, where both are supposedly peers with equal rights and responsibilities within the relationship. Neither has a legitimate role for disciplining or controlling the other. Domestic violence is a distortion of that relationship of equals.

Domestic violence, as defined in this manual, does not technically include child abuse or neglect since the nature of the relationship between parental perpetrator and child victim is different from adult or adolescent perpetrators and their intimate adult or adolescent victims. However, in some domestic violence cases, children may also be targeted as victims, and thus there may be child abuse and/or neglect as well as spouse abuse in a particular family. In other cases, the children may not be the targeted victims, but may be physically injured or emotionally and developmentally damaged as a result of witnessing the spouse abuse or by being used by the perpetrator as pawns against the adult victim (see section V). In such families, both the adult intimate and the children are victims of the spouse abuse.

Abuse of the elderly is also not included in this definition of domestic violence unless it is perpetrated by the elder's intimate partner. Neither is abuse of parents by children nor sibling violence included. While these types of family violence result in the same kind of physical injuries and some of the same psychological damage found in domestic violence cases, the dynamics are different, require different interventions, and are beyond the scope of this training.

B. Function of Domestic Violence: Pattern of Control

Domestic violence is purposeful and instrumental behavior. The perpetrator's pattern of abusive acts is directed at achieving compliance from or control over the victim. It is directed at circumscribing the life of the victim so that independent thought and action are curtailed and so that the victim will become devoted to fulfilling the needs and requirements of the perpetrator (Hart, 1991). The pattern is not impulsive or "out of control" behavior (see section II). Tactics that work to control the victim are selectively chosen by the perpetrator (Ganley, 1981; Serum, 1982; Pence and Paymar, 1993).

C. Pattern of Behaviors Used by Perpetrator

Domestic violence is not an isolated, individual event, but rather a pattern of repeated behaviors. Unlike stranger-to-stranger violence, in domestic violence the assaults are repeated against the same victim by the same perpetrator. These assaults occur in different forms: physical, sexual, psychological. The pattern may include economic control as well. While physical assault may occur infrequently, other parts of the pattern may occur daily. One battering episode builds on past episodes and sets the stage for future episodes. All tactics of the pattern interact with each other and have profound effects on the victims.

There is a wide range of coercive behaviors with a wide range of consequences, some physically injurious and some not; however, all are psychologically damaging. Some parts of the pattern are clearly chargeable as crimes in most states (e.g., physical assault, sexual assault, menacing, arson, kidnapping, harassment), while other battering episodes are not illegal (e.g., name-calling, interrogating children, denying access to the family automobile, control of financial resources). While the family preservation practitioner may attempt to make sense of one incident that resulted in an injury, the victim is dealing with that one episode in the context of a pattern of both obvious and subtle episodes of coercion.

1. PHYSICAL ASSAULT

Physical abuse includes spitting, scratching, biting, grabbing, shaking, shoving, pushing, restraining, throwing, twisting, slapping (open or closed hand), punching, choking, burning, and using weapons (household objects, knives, guns) against the victim. Some assaults result in physical injury and some do not. Sometimes a seemingly less serious type of physical abuse (e.g., a shove or push) can result in the most serious injury. The perpetrator may push the victim against a couch, a wall, down a flight of stairs, out of a moving car — all resulting in varying degrees of trauma.

2. SEXUAL ASSAULT

Like physical abuse, sexual battering includes a wide range of behaviors: from pressured sex when the victim does not want sex, to coerced sex by manipulation or threat of physical force, or violent sex. Victims may be coerced or forced into a kind of sex they do not want (e.g., sex with third parties, physically painful sex, sexual activity they find offensive) or at a time they do not want it (e.g., when exhausted, in front of children, after a physical assault, when they are asleep, when they are not interested). In pressured sex, the perpetrator's tactics are more subtle: sulking or complaining when the victim says no. Sometimes victims will resist and then are punished, and sometimes they comply in hopes that the sexual abuse will end quickly. For many battered women this sexual violation is profound and may be difficult to discuss. Some battered women may be unsure whether this sexual abuse is really abuse, while for others it is clearly the ultimate betrayal.

3. PSYCHOLOGICAL ASSAULT

There are several different types of psychological assault. Because perpetrators will use various combinations of these tactics an individual victim will not necessarily have experienced all of them.

a. Threats of violence and physical harm

The perpetrator's threats of harm may be against the victim or others important to the victim, or they may be threats of suicide by the perpetrator. The threats may be made directly by words (e.g., "I'm going to kill you," "No one is going to have you if I can't have you," "Your mother is going to pay," "I cannot live without you") or by actions (e.g., stalking, displaying of weapons, hostage-taking, suicide attempts). Sometimes the perpetrator coerces the victim into doing something illegal and then threatens to expose her, or he makes false accusations against her (e.g., reports her to CPS, welfare, immigration).

b. Attacks against property or pets and other acts of intimidation

Attacks against property and pets are not random property destruction, but are part of the perpetrator's attempts to control the victim. It is the wall the victim is standing near that the perpetrator hits, or the door that she is hiding behind that gets torn off the hinges, or the victim's favorite china that is smashed or her pet cat that is strangled in front of her. It is the table that she is sitting near that gets pounded or some favorite object of the perpetrator that gets smashed as he says, "Look what you made me do." The covert message to the victim is always, "You can be next." The intimidation can also be carried out without damage to property (e.g., yelling and screaming in a person's face, standing over the victim during a fight, reckless driving when victim or children are present). These acts are carried out to instill fear in the victim.

c. Emotional abuse

Emotional abuse as a tactic of control consists of a variety of verbal attacks and humiliations and occurs in the context of the threat or existence of physical harm. Emotional abuse consists of **repeated** verbal attacks against the partner's sense of self as an individual, parent, family member, friend, worker, or community member. The verbal attacks are sometimes fabricated with particular sensitivity to the victim's vulnerabilities (e.g., verbally abusing a victim about her history as an incest victim or about her language abilities, her skills as a parent, or her religious beliefs). Sometimes the perpetrator will undercut her sense of reality (e.g., specifically directing her to do one thing, and, when she complies, claiming that he never asked her to do it). Sometimes the emotional abuse consists of coercing her into doing very degrading things: ordering her to go to his mistress's home to retrieve her children, to get on her knees and use a toothbrush to clean up the food he smeared on the kitchen floor, or to violate her own moral standards. Sometimes the emotional abuse consists of humiliating her by verbally attacking her in front of family, friends, or strangers.

These tactics are similar to those used against prisoners of war or hostages and they are done for the same purpose: to gain and maintain the power and control of the perpetrator over the victim. When used by a perpetrator who is an intimate rather than a stranger or enemy, these tactics are even more confusing and ultimately more damaging.

The emotional abuse in domestic violence cases is not merely a matter of someone getting angry and calling his partner a few names or cursing. Not all verbal attacks or insults between intimates are necessarily acts of domestic violence. In order for a verbal insult to be considered domestic violence, it must be part of a pattern of coercive behaviors in which the perpetrator is using or threatening to use physical force. The verbal attacks and other tactics of control are intertwined with the threat of harm to maintain the perpetrator's dominance in the relationship through fear. While repeated verbal insults and abuse are damaging to both the partner and the relationship over time, they alone do not establish the same climate of fear as does verbal abuse combined with the threat of physical harm. Emotionally abusive relationships may be damaging, but they are not lethal. Therefore, interventions for relationships with no threat of violence do not always have to focus on the victim's safety.

Not all “bad” relationships are domestic violence cases; therefore careful identification and assessment interviews need to be carried out in less obvious cases. If the victim feels abused or controlled or afraid of her partner without clear descriptions of physical harm, then it is important to accept the client's view and to respond to concerns about her safety and psychological well-being.

d. Isolation

Perpetrators try to control victims' time, activities, and contact with others. They gain psychological control over victims by a combination of isolating and disinformation tactics. Isolating tactics may become more overtly abusive as time passes. At first, perpetrators cut off their victims from other supportive relationships by claims of loving them so much that they want to be with them all the time. In response to these statements, a victim initially spends ever-increasing amounts of time with the perpetrator. Subtle ways of isolating the victim are replaced with more overt means of verbal abuse (e.g., complaints about “interfering” family or “dykey” looking friends, or the victim's spending too much time with others). Sometimes the perpetrator uses physical assaults to separate the victim from family or friends. Through incremental isolation, the perpetrator can increase his psychological control of the victim to such a degree that he seems to determine her reality.

In addition to the isolating tactics, there are disinformation tactics. These include distorting what is real through lies, contradictory information, or withholding information. For example, perpetrators may lie to victims about their legal rights or the outcomes of family preservation interventions. Victims believe what perpetrators say because they are isolated from other sources of information. Consequently, it is crucial that victims be given accurate and complete information through several sources in order to refute the disinformation.

e. Use of children

Some of the abusive acts are directed against or involve the children, but in fact the perpetrator may be using these tactics to control or punish the adult victim (e.g., physical attacks against the children, sexual use of the children, forcing children to watch the abuse of the victim or engaging them in this abuse). Perpetrators use children to maintain control over their partners by requiring children to spy on the victim, requiring that at least one child always be in the victim's company, threatening to take children away, involving the victim in long legal fights over custody, or kidnapping children as a way to force the victim's compliance. Children are drawn into the assaults and sometimes are injured simply because they were present during the violent assault (e.g., the victim was holding infant when pushed against the wall) or because the child attempted to intervene. Visitations may be used by the perpetrator to monitor or control the victim. These visitations become nightmares for the children as they are interrogated about the victim's daily life, sexually abused, or physically abused (see section V for additional examples and discussion of impact on children). Children are used as one more tactic of control.

4. ECONOMIC CONTROL

Some perpetrators control victims by controlling their access to all of the family resources: time, transportation, food, clothing, shelter, and money. In some domestic violence cases it does not matter whether the victim or the perpetrator is the primary financial provider or whether both contribute; the perpetrator controls how the finances are spent. He may actively resist her becoming financially self-sufficient as a way to maintain his power and control over her. He may expect her to be the family "bookkeeper," with her keeping all records and writing all checks, or he may keep financial information away from her. In both scenarios, he alone makes the decisions about how resources are used. Victims are put in the position of having to get "permission" to spend money on basic family needs. When victims leave battering relationships, some perpetrators will use economics as a way to maintain control (e.g., instituting legal procedures costly to the victim, destroying assets in which she has a share, refusing to work "on the books" where there would be legal access to his income). All of these tactics may be used regardless of the economic class of the family.

D. Relationship Between Violence and Other Tactics of Control

It is perpetrators' use of physical and sexual force or threat to harm person or property that gives power to their psychologically abusive acts. Psychological battering becomes an effective weapon in controlling victims because they know through experience that perpetrators will at times back up the threats or taunts with physical assaults. Sometimes a perpetrator uses physical force infrequently or has only used it in the past. The physical assault may have happened only once or consisted of a shoving incident without injury. Perhaps the violence was against someone other than the victim (e.g., a previous intimate partner, in war, on the street). The reality that the perpetrator has used violence in the past against that victim or another to get what he wants gives the perpetrator additional power by establishing fear in the victim.

Perpetrators will use that fear to coercively control victims through other, non-physical tactics. Sometimes a perpetrator is able to gain compliance from the victim by simply saying, "Remember what happened the last time you tried to get a job?" referring to a time in the past when the perpetrator assaulted the victim. Because of that past use of physical force, there is an implied threat in the statement and the victim becomes reluctant to pursue a job against the perpetrator's singular wishes. Sometimes he will refer to his violence against others ("You know, I was a trained killer in the military" or "You're acting like Susie and you know what happened to her"). These may also be direct threats to kill or maim the victim or others. This threat of physical harm forms the foundation for all the other abusive acts.

Psychological control of the victim through intermittent use of physical assault along with psychological abuse is typical of domestic violence and is the same set of control tactics used against hostages or prisoners of war (Graham and Rawlings, 1991; Ganley, 1981). Sometimes physical abuse, threats of harm, and isolation tactics are interwoven with seemingly loving gestures (e.g., sending flowers after an assault, making romantic promises, tearfully promising it will never happen again). The perpetrator is able to control the victim through this combination of physical and psychological tactics since the perpetrator connects the threat of physical harm so closely with the psychological tactics. The message is always there that if the victim does not respond to this "loving"

gesture or verbal abuse, then the perpetrator will escalate and use whichever tactic, including force, is necessary to get what he wants.

E. Are Both Partners Abusive?

Some mistakenly argue that often both the perpetrator and the victim are abusive: one physically and one verbally. It is the "it takes two to tango" theory. While some victims may resort to verbal insults, perpetrators use both physical and verbal assaults. Verbal aggression is not the same as a fist in the face.

Research is contradictory about whether or not both perpetrators and victims are equally verbally aggressive. One study indicates that domestic violence perpetrators are more verbally abusive than either their victims, other persons in distressed/nonviolent relationships, or persons in non-distressed intimate relationships (Margolin et al., 1987). Another study found that both victims and perpetrators were verbally aggressive (Jacobsen, Gottman, Watty, Rushe, Babcock, Holtzman-Munroe, 1994). What perpetrators report as abusive behavior by the victim are often acts of resistance by victims to abuse. Victims engage in strategies for survival during which they sometimes resist the demands of the perpetrators (see section III). Perpetrators respond with escalating tactics of control and violence.

Some argue that there is "mutual battering" when both individuals are using physical force against each other. In cases where two people are using force, we need to determine who may be primary aggressor and who may be the victim in order to intervene appropriately. This assessment should be based on descriptions of the event in question, but also on the history of prior violence and threats in the relationship. Careful assessment may reveal that one person is the primary physical aggressor while the victim's violence is in self-defense (e.g., she stabbed him as he was choking her), or occurred when the perpetrator's violence was more severe (e.g., his punching/choking versus her scratching) (Saunders, 1986). Sometimes the issue of who is the perpetrator and who is the victim can be clarified by asking which partner is terrified by the other's behavior.

F. Impact of Domestic Violence: Serious Injury and/or Death

Domestic violence can result in serious injury and/or death as well as in chronic health problems. Forty-two percent of murdered women are killed by their intimate male partner.²

The lethality of domestic violence is tragically clear when the perpetrators kill their partners as well as children or other family members, then kill themselves. The lethality of the perpetrators' violence often increases when they believe that their victims have left or are about to leave the relationship (Campbell, 1992). Thus, some victims may be at great-

²Analysis conducted by the Center for the Study and Prevention of Violence, Institute for Behavioral Science, University of Colorado. The data used to calculate this percentage came from the FBI's 1988-1991 Uniform Crime Reports.

est risk at the point when they attempt to escape the abuse by severing the relationship. For this reason, it is crucial that victims outline a safety plan during this dangerous period (see section III). The research indicates that while it is impossible to accurately predict homicides, the most reliable predictor of future violence is the history of violence.

Typically, lethality assessment focuses on whether the perpetrator will severely injure or kill the victim, someone else or himself. Unfortunately, that is not the only way injury or death may occur. Sometimes the victim becomes suicidal, seeking a way out of an impossible situation. Sometimes the children may use force against others or themselves. In a desperate attempt to protect herself or her children, a victim may use physical force against the abuser. Research on battered women who kill clearly indicates there are no differences between the battered women who kill and those who do not. The only predictors of which women will resort to this means of protection rest in characteristics of their perpetrators (perpetrator's substance abuse, severity of violence) rather than in the women themselves (Browne, 1987).

Measuring the impact of domestic assaults in terms of permanent and health-shattering injuries and illness is another way to understand their lethal nature. For every homicide victim of domestic violence, there are multiple victims struggling with major health problems who did not die when shot, stabbed, clubbed, burned, choked, beaten, or thrown. And there are many other victims whose problems are left unidentified or improperly treated as a result of being trapped in these relationships.

Without intervention, the overall pattern of domestic violence continues. While there is some evidence that physical assault decreases with age, there is no evidence that the perpetrator's abusive behavior simply stops on its own. Even with intervention many perpetrators will continue to be abusive. Moreover, there is evidence that over time damage to victims and children worsens (Stark, Flitcraft, and Frazier, 1979; M.A. Dutton, 1992; Jaffe, Wolfe, and Wilson, 1990; Peled, Jaffe, and Edelson, 1994.)

II. CAUSES OF DOMESTIC VIOLENCE

A. Domestic Violence is Learning-Based Behavior

Domestic violence is behavior learned through observation and reinforcement. It is not caused by genetics or illness (Bandura, 1973; Dutton, 1988). Violent behaviors, as well as the rules and regulations of when, where, against whom, and by whom they are to be used, are learned through observation (e.g., the male child witnessing abuse of his mother by his father or seeing images of violence against women in the media) or through experiences (e.g., perpetrators not held responsible, arrested, prosecuted, or sentenced appropriately for abusiveness due to a culturally sanctioned belief that men are supposed to control their partners).

Domestic violence is observed and reinforced not only in the family, but in society. It gets overtly, covertly, and inadvertently reinforced by society's major institutions: familial, social, legal, religious, educational, mental health, medical, entertainment/media (Bandura, 1973; Dutton, 1988; Ganley, 1989). In these institutions, there are customs that facilitate the use of violence as legitimate means of controlling family members at certain

times (e.g., religious institutions stating that a woman should submit to the will of her husband, laws that do not consider violence against intimates a crime, health systems that collude with the perpetrator by blaming victims for "provoking" the violence). These practices inadvertently reinforce the use of violence to control intimates by failing to hold the perpetrator responsible and by failing to protect the victim(s). (For a more complete listing see Dobash and Dobash, 1979.)

Domestic violence is repeated because it works. The pattern of domestic violence allows the perpetrator to gain control of the victim through fear and intimidation. Gaining the victim's compliance, even temporarily, reinforces the perpetrator's use of these tactics of control. But more importantly, the perpetrator is able to reinforce his abusive behavior because of the socially sanctioned belief that men have the right to control women in relationships and the right to use force to ensure that control.

B. Domestic Violence Is Not Caused By Illness

A small percentage of violence against adult intimates is illness-based behavior rather than domestic violence. With informal assessments by community agencies, the violence may be incorrectly labeled domestic violence when it is actually caused by organic or psychotic impairments and is not part of a learned pattern of coercive control. Individuals with diseases such as Alzheimer's, Huntington's chorea, or psychosis may strike out at an intimate partner. Police are called, and in states that have mandatory arrest with probable cause, the case may be incorrectly identified as domestic violence. While it is true that the individual did use physical force against an adult partner, the physical violence may not be part of a pattern of coercive control.

Through a formal assessment, it is relatively easy to distinguish illness-based violence from learning-based violence. With illness-based violence, there is usually no selection of a particular victim (whoever is present when the short circuit occurs will get attacked: e.g., health care provider, family member, friend, stranger). With learning-based violence, perpetrators use targeted violence with the intent to maintain control over a specific victim.

With illness-based violence, there is usually a constellation of clear symptoms that indicate a disease process. For example, with an organic brain disease there are changes in speech, gait, physical coordination, etc. With psychosis there may be multiple symptoms of the psychotic process (e.g., "I attacked her because she is a CIA agent sent by the pope to spy on me using the TV monitor"). Poor recall of the event alone is not an indicator of illness-based violence (see section IV for discussion of perpetrator minimization and denial). When there is poor recall, further assessment is required to determine if there are other symptoms of a disease process. With illness-based violence the acts are strongly associated with the progression of a disease (e.g., patient showed no prior acts of violence or abusive behavior in the 20-year marriage until other symptoms of the organic process appeared). With learning-based violence there is no indication of a disease process.

Sometimes assessment reveals that an individual may have an illness as well as a learned pattern of domestic violence, as in a case where an Alzheimer's patient had a history of domestic violence prior to the onset of the disease. Assessment of these multi-issue persons is necessary in planning the most appropriate intervention.

There has been no research to evaluate what percentage of cases identified as domestic violence may be illness-based. In a clinical sample at the Veteran's Administration Hospital in Seattle, WA. of those identified by community agencies

(police and courts) as domestic violence cases, less than 5 percent turn out to be a result of an organic process. While more research is needed on this issue, in the vast majority of families where physical force is being used against intimate partners, the pattern of violence will be the result of the perpetrator's learning rather than an illness.

Knowing that there are cases where the violence against a partner is caused by disease does not alter the fact that violence has occurred, but it does alter the recommendations for intervention. The perpetrator of illness-based violence would not benefit from specialized domestic violence programs. Illness-based violence can be most effectively managed by appropriate medical or mental-health interventions and case management (e.g., instituting day treatment, appropriate medications, respite care, institutionalization when necessary).

C. Domestic Violence Is Not Caused By Alcohol or Most Other Drugs

Alcohol and other drugs such as marijuana, depressants, anti-depressants, or anti-anxiety drugs do not cause non-violent persons to become violent. Many people use or abuse those drugs without ever battering their partners. Research indicates that the pattern of coercive behaviors that comprise domestic violence is not caused by those particular chemicals (Critchlow, 1986), although alcohol and other drugs may be used as an excuse for the battering. On the other hand, there seems to be contradictory evidence whether certain drugs (PCP, speed, cocaine or its derivative, "crack") chemically react within the brain to cause violent behavior or whether they induce paranoia or psychosis, which is then accompanied by violent behavior. Further research is needed to explore the cause-and-effect relationship between those drugs and violence.

Some people who consume these drugs are violent with or without the chemical in their bodies. An addict's violence may be part of a lifestyle wherein everything, including family life, is orchestrated around the acquisition and consumption of drugs. Other addicts are so focused on their addiction that they withdraw from relationships and do not engage in any controlling behavior toward family members.

Research studies have found a high correlation between aggression and the consumption of various substances, but there is no data proving a cause-and-effect relationship. Clinicians point to those substance abusers who become less abusive or controlling toward partners rather than more so as evidence that there is not a simple cause and effect between the chemical and violent behavior.

There have been a variety of explanations for the high correlations. Some say that alcohol and drugs provide a disinhibiting effect wherein individuals have permission to do things that they otherwise would not do. Others point to the increased irritability or hostility of the user which may lead to violence.

While research is not definitive, clinical experience cautions against viewing domestic violence as primarily caused by alcoholism or drug addiction. Such a view can misdirect interventions to the substance abuse rather than to the domestic violence. For those who are addicted to alcohol and drugs, stopping violent behavior is difficult without also stopping substance abuse. However, it is not sufficient to treat the chemically affected perpetrator solely for either substance abuse or domestic violence. Intervention must be directed at both problems either through (a) concurrent interventions; (b) inpatient substance-abuse treatment with a mandatory follow-up program for domestic

violence; or (c) an involuntary mental-health commitment with rehabilitation directed at both the addiction and the violence.

While the presence of alcohol or drugs should not be considered an excuse for violence, it is relevant to the assessment of lethality and safety planning. The use of, or addiction to, substances may increase the lethality of certain episodes of domestic violence and needs to be carefully considered when addressing safety issues (Browne, 1987).

D. Domestic Violence Is Not “Out of Control” Behavior

Perpetrators follow their own internal rules and regulations about their abusive behaviors. Some will batter only in particular ways, hitting certain parts of the body, while others will use violence toward the victim even though they may be in conflict with their boss, other family members, or the family preservation practitioner. Some will hit only in private while others will strike the victim in public; some will break only the victim's possessions and not their own; and others will not engage in any property destruction. The patterns vary from abuser to abuser. Perpetrators are making choices about what they will or will not do to the victim, even when they are claiming that they “lost it” or were “out of control.” Such decision-making indicates they are actually in control of their abusive behaviors (Ganley, 1981; Adams, 1988).

E. Domestic Violence Is Not Caused By Stress

There are many different sources of stress in our lives (e.g., stress from the job, stress from not having a job, marital and relationship conflicts, illness, death, discrimination, poverty, racism), and people respond to stress in a wide variety of ways, including problem-solving, substance abuse, eating, laughing, withdrawal, and violence (Bandura, 1973). Stress does not “cause” people to act in certain ways. They react to the stresses of their lives in ways they have observed as working in the past or anticipate will work in the present. Furthermore, a stress-reduction theory of violence does not explain why individuals stressed by employment, racism, or illness direct their violence at their intimate partners rather than the sources of their stress. Moreover, many episodes of domestic violence occur when the perpetrator is not emotionally charged or stressed.

It is important to hold people responsible for the choices they make regarding stress reduction, especially when those choices involve violence or other illegal behaviors. Just as we would not excuse a robbery or a mugging by a stranger simply because the perpetrator was stressed, we can no longer excuse the perpetrator of domestic violence because of stress.

F. Domestic Violence Is Not Caused By Anger

When evaluating the role of anger in domestic violence, one must consider its role as part of a pattern and not just in isolated, individual events. There is a great deal of variability within one perpetrator's pattern as well as between perpetrators. Some battering episodes occur when the perpetrator is not emotionally charged or angry, and some occur when the perpetrator is very emotionally aroused. In some episodes, he uses the

tactics of control calmly, while in others displays of anger are often tactics to intimidate the victim. Expressions of anger can be quickly altered when the abuser thinks it is necessary. Perpetrators choose to use violence or other tactics of control such as displays of anger to get what they want or that to which they feel entitled.

Current research indicates that there is a wide variety of arousal or anger patterns among identified perpetrators as well as among those who are identified as not abusive (Gottman et al., 1995; Jacobson et al., 1994). These studies suggest that there may be different types of batterers. Abusers in one cluster actually reduced their heart rates during observed marital conflicts, suggesting a calm preparation for fighting rather than an out-of-control or angry response. Such research challenges the notion that domestic violence is merely an anger problem and raises questions about the efficacy of anger-management programs for batterers.

G. Domestic Violence Is Not Caused By The Victim's Behavior or By Relationship Problems

Looking at the relationship or the victim's behavior as an explanation for domestic violence takes the focus off the perpetrator's responsibility, and unintentionally supports his minimization, denials, blaming, and rationalizations of violent behavior. This inadvertently reinforces the perpetrator's abuse and thus contributes to the escalation of the pattern of domestic violence. People can be in distressed relationships and experience negative feelings about the other's behavior without being forced to respond with violence or other criminal activities. While some victims may have problems (e.g., substance abuse, poor communication skills, parenting difficulties), violence is not a reasonable, or a legal, response.

Many perpetrators repeat their pattern of control in all their intimate relationships, regardless of significant differences in the personalities of their intimate partners or in the characteristics of those relationships. This further supports the position that while domestic violence takes place within a relationship, it is not caused by the relationship.

Domestic violence in adolescent relationships illustrates further that abuse is not the result of a victim's behavior. Often the adolescent abuser only superficially knows his victim, having dated only a few days or weeks before the abuse begins. Such an abuser is acting out an image of how to conduct an intimate relationship based on recommendations of his peers, music videos, or models set by family members.

Adult and adolescent perpetrators bring into their intimate relationships certain expectations of who is in charge and what the acceptable mechanisms are for enforcing that dominance. Those attitudes and beliefs, rather than the victims' behavior, determine whether or not perpetrators are domestically violent.

H. Domestic Violence Is A Socially-Constructed, Gender-Specific Behavior

Male violence against women in intimate relationships is a social problem condoned and supported by the customs and traditions of a particular society. The majority of perpetrators in domestic violence cases are male, while the majority of victims are female. (Dobash et al., 1992), even though male-to-male, female-to-female, and

female-to-male violence does occur in intimate relationships (Hamberger and Potente, 1994; Renzette, 1994).

The U.S. Department of Justice estimates that 95 percent of assaults on spouses or ex-spouses are committed by men against women (Douglas, 1991).

While heterosexual women sometimes use physical force against partners, it is often self-defensive violence (Saunders, 1986). Furthermore, studies indicate that while both men and women sometimes use some of the same behaviors, the effects of male violence are far more serious than female aggression as measured by the frequency and severity of injuries (Berk et al., 1983; Jacobson et al., 1994). Male perpetrators of homicide are more likely to stalk the victim, kill the victim and/or other family members, and/or commit suicide than are female perpetrators (Wilson and Daley, 1992). Women are unlikely to commit homicide except in self-defense (Wilson and Daley, 1992). Although there is a gender pattern to domestic violence that must be understood to develop long-term prevention programs, the community must take the problem seriously regardless of who is doing it to whom.

III. THE VICTIM OF DOMESTIC VIOLENCE

A. Victims of Domestic Violence Can Be Found in All Age, Racial, Socioeconomic, Educational, Occupational, Religious, and Personality Groups

Victims of domestic violence are a very heterogeneous population whose primary commonality is that they are being abused by someone with whom they are, or have been, intimate. They do not fit into any specific age cohort, racial group or personality profile.

Too often, victimization is seen as a problem for one group and not another. For example, in talking about domestic violence, teen victims are often overlooked. With further documentation of dating violence (Levy, 1991), there is a call for more attention to this issue by professionals in contact with adolescents just beginning to have intimate relationships. All age groups have the potential to be victimized by a perpetrator of domestic violence.

Sometimes ignoring domestic violence takes another form, such as racial stereotypes which communicate that wife-beating is just a way of life or "culturally acceptable" in "that" group. There is little comprehensive research on prevalence and acceptability of domestic violence in various racial or ethnic groups (Hampton, 1987). What research has been done raises more questions than answers, partly because the studies use varying definitions of domestic violence with differing results (Campbell, 1992; Erchak and Rosenfeld, 1994; Straus and Gelles, 1990). What some literature does show is that rather than ignoring domestic violence in various cultures, the community needs to respond to it by developing interventions that are culturally specific (Agtuca, 1992; Zambrano, 1985; Kim, et.al., 1991; White, 1985; Family Violence Prevention Fund, et.al, 1991).

Early studies (Snell, Rosenwald, and Robey, 1964) on victims of domestic violence attempted to focus on characteristics of the victim that would provide a causative explanation for the violence. Later studies indicate that no causative explanation has been found between characteristics of victims and their victimization (Hotaling and Sugarman, 1986). Domestic violence is the result of the abuser's behaviors rather than personal characteristics of the victim. Consequently, just as with victims of other trauma (e.g., car accidents, floods, muggings), there is no particular type of person who is battered.

B. Victims May or May Not Have Been Abused as Children, Or In Previous Relationships

Just as some people looked to personality or demographic characteristics of the victim to explain their victimization, it has been suggested that domestic violence victims have been victims of childhood abuse and/or of previous violent relationships, and that somehow this previous victimization contributed to their current situation. Yet there is no evidence that previous victimization either as adults or as children results in women seeking out or causing current victimization (Walker, 1984). Some victims of domestic violence have been victimized in the past and some have not. While it may be helpful to an individual victim to understand her history of victimization and her coping mechanisms in dealing with past and current abuse, it is not helpful to make inaccurate victim-blaming interpretations of this history.

C. Some Victims Become Very Isolated As A Result of the Perpetrator's Control Over Their Activities, Friends, Contacts with Family Members, Etc.

Some of the victim's behaviors when interacting with the family preservation practitioner (e.g., her reluctance to commit to a particular intervention plan that requires multiple appointments, her lack of confidence in her own abilities, her fear of the perpetrator) can be understood in light of the control the perpetrator has managed to enforce through isolating the victim. Without outside contact and information, it becomes more difficult for the victim to avoid the perpetrator's psychological control. Some victims come to believe the perpetrator when they are told that if they leave, they will not be able to survive alone; others resist such distortions.

Even when the victim maintains contact with friends or extended family, often those relationships are mediated through the perpetrator's control and the victim does not experience the support and advocacy she needs. The perpetrator may interrogate the victim about every detail of her interactions with other people and repeatedly make negative remarks about these interactions. Positive feedback or support from these relationships is often undermined by the perpetrator's intrusions on them.

D. Some Victims Repeatedly Stay, Leave, or Return To Abusive Relationships

One of the most commonly asked questions about domestic violence is why victims stay in violent relationships. The reality is that many victims do not stay and many others

come and go (Dobash and Dobash, 1979). Leaving a violent relationship is a process that takes place over time.

The primary reason given by victims for staying with their abusers is fear of violence and the lack of real options to be safe with their children. This fear of violence is realistic. Research shows that domestic violence tends to escalate when victims leave their relationship (Campbell, 1992; Gillespie, 1989).

Some perpetrators repeatedly threaten to kill or seriously injure their victims should they attempt to leave the relationship. The victim may have already attempted to leave in the past, only to be tracked down by the perpetrator and seriously injured. Many perpetrators do not let victims simply leave relationships. They will use violence and other tactics of control to maintain the relationship. It is a myth that victims stay with perpetrators because they like to be abused. Even in cases where the victims were abused as children, they do not seek out violence nor do they wish to be battered.

There are many reasons for staying in a violent relationship, and they vary for each victim. They may include:

- fear of violence and the perpetrator
- lack of shelters and victim-advocacy programs to provide transitional support
- lack of affordable housing that would provide safety for the victim and children
- lack of real alternatives for employment and financial assistance, especially for victims with children
- lack of affordable legal assistance necessary to obtain a divorce, custody order, or a restraining order or protection order
- being immobilized by psychological and physical trauma (victims of trauma may not be able to mobilize all that it takes to separate and establish a new life for themselves and their children, particularly during the period immediately following the trauma or if they have suffered multiple traumas)
- believing in cultural/family/religious values that encourage the maintenance of the family unit at all costs
- continuing to hope and believe the perpetrator's promises to change and to stop being violent because of the perpetrator's positive qualities
- being told by the perpetrator, counselors, the courts, police, ministers, family members, and friends that the violence is the victim's fault, and that she could stop the abuse simply by complying with the perpetrator's demands; in these cases, the victim learns that the systems with the power to intervene will not act, and she is forced to comply with the perpetrator in hopes of stopping the abuse

E. Domestic Violence Victims Employ Many Survival Strategies

What at first may appear to the family preservation practitioner to be “crazy” or inappropriate behavior on the part of the victim (e.g., being too fearful to ask her partner to use safe-sex precautions, being afraid to use legal remedies or seek battered women’s advocacy services, or wanting to return to the perpetrator in spite of severe violence) may in fact be normal reactions to a “crazy” and very frightening situation (M.A. Dutton, 1992).

A victim uses many different strategies to cope with and resist abuse. Such strategies include: agreeing with the perpetrator’s denial and minimization of the violence in public, accepting the perpetrator’s promises that it will never happen again, saying that she “still loves him,” being unwilling to terminate the relationship, and doing what he asks. These strategies may appear to be the result of passivity or submission, when in reality she has learned that these are sometimes successful temporary means of stopping the violence.

Many victims who appear reluctant to carry out actions that the family preservation practitioner believes would protect them and their children from further violence actually have the same goal as the practitioner: namely, to stop the violence. The victims simply have different strategies than the practitioner.

Sometimes the victim will begin to terminate the relationship by seeking assistance from the court system or social-service agencies, only to see that those systems are not effective in stopping the violence. For example, a protective order may not deter the perpetrator in communities where the police refuse to enforce the order. Where outside protection fails, the victim is forced to rely on strategies that she perceives to have worked in the past.

Because of these unsuccessful attempts at seeking outside assistance, the victim may be reluctant to assume that her safety and confidentiality will be respected by a family preservation practitioner. In such cases, unless the family preservation practitioner initiates the topic, the victim may not even raise the issue. Other victims will readily name but minimize the abuse as a way to cope until they determine whether there really are the community supports necessary for protection. In such cases, the victim may re-engage the prior survival strategies of complying with the perpetrator.

Successful interventions must be based on an understanding of the victim’s behavior as normal responses to violence perpetrated by an intimate. Rather than viewing them as masochistic, passive, crazy or inappropriate, or as an indication that the violence did not “really” occur, they should be viewed as survival strategies that may contribute to the victim’s safety and the safety of her children.

IV. THE PERPETRATOR OF DOMESTIC VIOLENCE

There is no simple, predictive profile that can be used to determine whether or not someone is a perpetrator of domestic violence. Perpetrators are identified only by gathering information about their behavior. However, there are some common characteristics of perpetrators that are helpful to understand for identification, assessment, and intervention.

A. Perpetrators of Domestic Violence Can Be Found In All Age, Racial, Socioeconomic, Educational, Occupational and Religious Groups

Except for gender, as previously discussed, perpetrators seem to be a very heterogeneous population whose primary commonality is their use of violence. They do not fit into any specific personality category or other grouping.

In recent years, there has been growing interest in studying characteristics of perpetrators, especially to determine who may or may not benefit from rehabilitation programs (Gondolf, 1988; Tolman and Bennett, 1990; Saunders, 1992, 1993; O'Leary, Virian, and Malone, 1992; Hamberger and Hastings, 1988; Dutton, 1988). Much of the research looks at specific samples: those issued protection orders by a model court project (Isaac et al., 1994) or those in court-ordered treatment programs (Hamberger, 1988). While some differences are emerging, it is difficult to assess whether they are due to the sampling methods or are significant variables for understanding who the perpetrators are. The research is preliminary and therefore inconclusive, but it does indicate there is a great deal of diversity among perpetrators.

Sometimes a family preservation program or community agency will deal with one group more than another (e.g., a particular socioeconomic class or race). This experience with a limited sample of perpetrators may lead to some inaccurate generalizations about perpetrators (or victims).

Certain racial groups in the United States are sometimes viewed as being more violent than others, despite a lack of systematic study of this issue (Hawkins, 1986; Straus and Gelles, 1990). The question of cultural differences among perpetrators is often raised regarding cases that involve persons of color or Third World immigrants. In reality, most cultures, including white culture in the United States, have until recently been unwilling to take a stand against domestic violence. Without careful research, it is premature to say whether some racial groups perpetrate more domestic violence than others.

Perpetrators use various cultural justifications for their conduct, whether they are white North Americans or are from other ethnic or cultural groups. It is important not to become lost in those rationalizations. In addition, both victims and perpetrators have varying expectations and experiences with interventions (Williams, 1994) depending on their cultural identity. While it is important to be sensitive to those cultural issues in designing interventions, it is also important to avoid letting cultural variations become a justification for the perpetrator's violence.

B. Domestic Violence Perpetrators Avoid Taking Responsibility for Their Conduct By Minimizing, Denying, Lying About or Justifying Their Abusive Tactics

Perpetrators minimize their abusive conduct or its impact on the victim and others by making the abuse appear less frequent and less severe than it really is. "I only hit her once," "I just pushed her to the floor," "The children never saw the abuse," "She bruises easily," "I'm not one of those wife-beaters. I have never punched her." In talking to others about the problem, they will often use euphemisms for their violence — "We're not

getting along so well," "We had a little fight last night" — to describe incidents in which the victim required serious medical attention.

Sometimes perpetrators acknowledge what they do, but justify it by blaming the victim or something other than themselves. They externalize responsibility for their behavior to others or blame it on factors supposedly outside of their control. Perpetrators primarily blame the victims for the abuse: "She wouldn't listen to me," "She's an alcoholic," "She's crazy," "I can't handle her," "My wife is the abuser," "This pregnancy has made her wild," "She's suffering from post-partum depression," "She's clumsy," "She never pays attention to me."

Sometimes they blame other factors: "I have PTSD (post-traumatic stress disorder)/hypoglycemia/attention-deficit disorder/mood swings/alcoholism," "The social worker didn't like me and got his facts wrong," "The Child Protective Services worker believes anything my kids say," "I got one of those women's lib cops who wouldn't listen to my side." Sometimes they do not lie about their behavior because they believe they have the right to do what they do. In blaming the victims or others, these perpetrators fail to mention their own violent and abusive behavior and avoid taking responsibility for it.


Sometimes perpetrators lie about their abuse to avoid the external consequences of their behavior and to maintain control of their partners. They will lie to victims, family, friends, police, judges, and anyone who has contact with them. They lie because they do not want to deal with the consequences (e.g., arrests, prosecution, jail, loss of visitation rights, loss of custody).

Sometimes perpetrators use denial and minimization not only to avoid external consequences, but also to protect themselves from the personal discomfort of recognizing they are abusing those they supposedly love. This denial is a means of deceiving themselves rather than others. Just as there are alcoholics who are in denial about their drinking, there are perpetrators in denial about their battering. The culture gives mixed messages about the acceptability of domestic violence. Some perpetrators do not like or accept what they are doing, so they distort it to make it more acceptable to themselves.

Regardless of why a perpetrator is distorting the truth, this distortion presents obstacles to assessment of and intervention with perpetrators. If perpetrators lie to others about the abuse, they will not put effort into changing their behavior. If they are in denial, they will not change a problem they do not think they have. Family preservation practitioners should be aware of these responses when talking with perpetrators directly. Collusion with the perpetrator by the family preservation practitioner will only increase the perpetrator's minimization and denial.

C. Some Domestic Violence Perpetrators Control the Victim Through the Family Preservation Program

The perpetrator uses multiple tactics of control against the victim. Sometimes he also enlists others in that control, either through disinformation or through intimidation directed toward them. These tactics are employed to coerce the victim to stop talking about the abuse to the practitioner, to get the victim to reunite with the perpetrator, to drop her objections to joint custody, or to do whatever else the perpetrator wants.

 The following are examples of controlling behavior that the family preservation practitioner may witness:

- physical assaults or threats of violence against the victim or the family preservation practitioner, threats of suicide, threats to take the children, harassment
- stalking the victim to and from appointments or work
- accompanying the victim to all appointments; sending the victim “looks” during sessions; refusing to let the victim be interviewed separately
- bringing along family or friends to intimidate the victim or the family preservation practitioner
- making long speeches to the practitioner about all the victim’s behaviors that made the perpetrator act violently
- crying and other displays of emotion or statements of profound devotion or remorse to the victim, alternated with threats or psychological abuse
- not following through with his responsibilities to the family preservation program or to other programs
- canceling the victim’s appointments with the family preservation practitioner or sabotaging her efforts to attend appointments by not providing child care or transportation
- denying the victim access to records that may support her position, or attempting to control her records
- using the legal system against the victim by requesting mutual orders of protection; making false charges of harassment/abuse against the victim; prolonging divorce proceedings; and a variety of other abuses of the system
- continually testing limits of visitation/support agreements (e.g., arriving late or not showing up at appointed times)
- threatening and/or implementing custody fights
- using any evidence of damage resulting from the abuse as evidence that the victim is an unfit parent (e.g., victim’s counseling records, victim’s treatment for depression or other medical conditions)

Sometimes in his attempts to control the victim, the perpetrator will attempt to control the family preservation practitioner with the same tactics of power and control used against the victim.

 Examples include:

- intimidating the practitioner with a variety of threats or acts
- portraying himself as the good client and constantly praising the family preservation practitioner

- harassing the practitioner by false reports to superiors (e.g., alleging breaches of confidentiality, inappropriate treatment, rude behavior) and threats of legal action
- splitting family preservation teams by creating divisiveness among professionals (e.g., alleging one practitioner doesn't like the perpetrator and takes the victim's side)

D. The Perpetrator's Control Also Extends To The Children As Well.

Perpetrators tend to be highly controlling of children (see section V). Some perpetrators think of their children merely as extensions of themselves and are often unable to separate their needs or issues as adults from the needs and issues of their children. For example, a perpetrator may insist that his child's visitation schedule meet the perpetrator's emotional needs rather than the best interests of the child. Domestic violence perpetrators are often unwilling or unable to consider the best interests of the child(ren).

E. Domestic Violence Perpetrators Act Excessively Jealous and Possessive In Order To Isolate Their Victims

The perpetrator may be very possessive of the victim's time and attention. He may often accuse the victim of sexual infidelity and other supposed infidelities, such as spending too much time with the children, the extended family and friends or at work. His jealousy is usually one more tactic in a pattern of coercive control. The perpetrator isolates the victim, interrupting social/support networks by claiming jealousy. This isolation serves the perpetrator by preventing discovery of the abuse and by preventing others from holding him responsible.

F. Domestic Violence Perpetrators May Have Good Qualities In Addition To Their Abusive Conduct

Some domestic violence perpetrators may be good providers, hard workers, good conversationalists, witty, charming, and intelligent, yet they may still batter their victims. Sometimes the family preservation practitioner as well as the victim are misled by these positive qualities. They assume that the violence did not really happen or is an aberration, since only "monsters" could commit such acts — a "good" person would most certainly stop the abuse. But even seemingly normal and nice people may batter and may be very dangerous. Battering stops only when perpetrators are held responsible both for their abuse and for making the changes necessary to stop the violence. Battering stops when perpetrators choose to stop.

V. THE CHILDREN

Children living with domestic violence in the home are often the forgotten victims of domestic violence.


A. Overlap Between Domestic Violence and Child Abuse

Researchers estimate that the extent of overlap between domestic violence and child physical or sexual abuse ranges from 30 to 50 percent (Jaffe, Wolfe, and Wilson, 1990; Straus and Gelles, 1990). Pescott and Letko report 43 percent of women in a shelter had children who were victims of abuse by the domestic violence perpetrator. Roy reports 45 percent of the children of battered women are physically abused (both studies in Roy, 1977). Girls are 5 to 6 times more likely to be sexually abused by domestically violent fathers than by non-battering fathers (Bowker, Arbetel, and McFerron, 1988). Some shelters report that the first reason many battered women give for fleeing the home is that the perpetrator was also attacking the children (New Beginnings, 1990). Victims report multiple concerns about the effects of spousal abuse on children (Hilton, 1992).

B. Perpetrators Traumatize Children In The Process of Battering Their Adult Intimate

Perpetrators of domestic violence traumatize and terrorize children in four ways:

- intentionally injuring the children as a way of threatening and controlling the abused parent (e.g., the child is used as a weapon against the victim, thrown at the victim or abused as a way to coerce the victim to do certain things)
- unintentionally injuring the children during the attack on the abused parent when the child gets caught in the fray, or when the child attempts to intervene (e.g., infant injured when mother is thrown while holding the infant; a small child is injured when trying to stop the perpetrator's attack against the victim)
- creating an environment where children witness the abuse itself or its effects — research reveals that children who witness domestic violence are affected in the same way as children who are physically and sexually abused (Goodman and Rosenberg, 1987); in spite of what perpetrators or victims say, children have often either directly witnessed the physical and psychological assaults or have indirectly witnessed them by overhearing the episodes or by seeing the aftermath of the injuries and property damage
- using children to coercively control the abused parent either while living with or separated from the victim, with intent to continue the control over the adult victim, with little regard for the damage to the children (Walker and Edwall, 1987)

 Examples of the perpetrator's behavior that traumatizes and terrorizes children include but are not limited to:

- asserting that the children's "bad" behavior is the reason for the assault on the adult partner
- isolating the children along with the abused parent (e.g., not allowing the children to enter peer activities or friendships)
- engaging the children in the abuse of the other parent (e.g., making the children participate in physical, emotional, or sexual assaults against the adult)
- forcing children to watch the violence
- threatening violence against children, pets, or other loved objects (attacks against pets or loved objects are particularly traumatic for young children who often do not make a distinction between themselves and the pet or object; thus the perpetrator's attack against the pet is experienced by the child as an attack against the child)
- interrogating the children about the abused parent's activities
- forcing the abused parent to always be accompanied by the children
- taking a child away after each violent episode to ensure that the adult victim will not flee the perpetrator
- holding the children hostage or abducting them in an effort to punish the victim or to gain her compliance
- using lengthy custody battles as a way to continue abusing the other parent
- engaging in long tirades aimed at the children about the abused parent's behaviors that caused the separation
- demanding unlimited visitation or access by telephone (e.g., insisting that adolescent sons stay alternate nights with the perpetrator after the separation, ignoring the children's needs for time with each other or with their friends)

C. Domestic Violence Can Physically, Emotionally and Cognitively Damage Children

Current research indicates that domestic violence affects children in a variety of ways, and that the effects are both short and long term (Jaffe, Wolfe, and Wilson, 1990). Children may be physically, emotionally, and cognitively damaged as a result of domestic violence. The nature and extent of the damage will vary depending primarily on three factors:

- the type and history of abusive control used by the perpetrator
- the age, gender, and developmental stage of the child
- situational factors, such as other social supports

Consequences of the perpetrator's abuse vary according to the age and develop-

mental stage of the child (Jaffe, Wolfe, and Wilson, 1990). During infancy, the crucial developmental task is developing emotional attachments to others. Being able to make attachments provides a foundation for healthy development. Domestic violence not only interrupts the infant's attachment to the perpetrator, but can also interrupt the child's attachment to the mother. The perpetrator may directly interfere with the victim's care of the young child. The violence may not permit bonding between the child and either parent. This results in the child having difficulty in forming future relationships, and blocks the development of other age-appropriate skills and abilities.

The primary developmental tasks of children between the ages of 5 and 10 are role development and cognitive development. The perpetrator's violence and pattern of control impedes or derails both of these tasks. For example, a child may have difficulty learning basic concepts in school because of his or her anxieties about what is happening at home.

The central developmental task of teenagers is autonomy. This occurs partly as teens separate from parents and establish peer relationships. Often, what is learned in family relationships is replicated in peer relationships. Consequently, for teens who are coping with the perpetrator's abuse against the other parent, there is no positive model for learning the skills necessary for establishing mutuality in healthy adult relationships (e.g., listening, support, non-violent problem-solving, compromise). The teenager will sometimes side with the abusive parent, viewing that parent as the one who is most powerful.

The negative effects of the perpetrator's abuse in interrupting childhood development can be seen immediately in cognitive, psychological, and physical symptoms (Jaffe, et. al., 1990) such as:

- fear
- eating/sleeping disorders
- mood-related disorders such as depression and emotional neediness
- overcompliance/clinginess/withdrawal
- aggressive acting-out/destructive rages
- detachment/avoidance/a fantasy family life
- somatic complaints
- finger biting/restlessness/shaking/stuttering
- school problems
- suicidal ideation

Children's experience of domestic violence also results in changes in perceptions and problem-solving ability, such as incorrectly seeing themselves as the cause of the perpetrator's violence against the intimate partner, or using either passive behaviors (e.g., withdrawal, compliance) or aggressive behaviors (e.g., verbal and/or physical striking-out) rather than assertive problem-solving skills.

There are also long-term effects as these children become adults. Since important developmental tasks are interrupted, they carry these deficits into adulthood. They may never catch up in certain academic tasks or in interpersonal skills. These deficits affect their abilities to maintain jobs and relationships. Male children in particular are affected and are at greater risk of battering intimates in their adult relationships (Hotaling and

Sugarman, 1986). And sometimes the children do not wait to become adults before using violence themselves (e.g., against the victim, the perpetrator, their peers, other adults).

However, many children are not harmed irreparably by experiencing domestic violence in their families. A caring, supportive network can lessen the negative effects to the child and children can rebuild their sense of self as caring, competent beings. Once they are safe, they can return to normal developmental tasks.

D. The Most Effective Way To Protect The Children May Be To Protect The Non-Abusing Parent

In the face of overwhelming odds, victims of domestic violence do many things to protect their children from the perpetrator (e.g., intervening in the perpetrator's violence directed at the children, sending the children to others when they are in danger, teaching the children safety plans, reminding the children that they are not responsible for the domestic violence, being very loving and engaged with the children). Sometimes the victim appears to be acting in ways that do not effectively protect the children from the perpetrator's violence because they are relatively powerless to do so.

One of the goals of intervention for victims with children is for victims to get the support and advocacy necessary to effectively protect their children. Often, the most effective way for the family preservation practitioner to protect the children is to protect and support the non-abusing parent. Removing that child from the care of a loving parent who is being abused herself is not the answer. Nor is putting the child into a treatment program without also ensuring that he/she has a safe home. Holding the perpetrator, not the victim, responsible for the abuse and protecting the abused parent from further violence is critical in protecting both the victim and the children.

VI. THE COMMUNITY

Domestic violence ripples out into the community as the perpetrator's violence also results in the death or injury of those attempting to assist the victim, or of innocent bystanders. Examples of the tragic consequences of domestic violence to the community can be seen on a daily basis in newspapers across the country as they recount the latest homicide of an ex-spouse, current partner, the victim's children, innocent bystanders, and those who attempt to intervene. Although rarely identified by the media as "domestic violence" homicides, these cases almost always have a history of abusive and controlling behavior by the perpetrator against the adult intimate.

- in California, a domestic violence perpetrator kills the victim, his daughters, and several of the victim's co-workers, as well as a police officer
- in New York, a nightclub is burned down by the boyfriend of an employee, resulting in numerous deaths of patrons inside
- in Colorado, a lawyer is shot in court by a domestic violence defendant

- in Washington, a lawyer is killed by the husband of a client he was defending in a custody case where domestic violence was alleged
- in Washington, a battered woman, her unborn child, two women friends are shot and killed in Superior court by the husband before closing arguments in an annulment hearing

The financial cost of domestic violence to the community in terms of medical care, absenteeism, and the response of the justice system is phenomenal. The cost in lost lives and resources is a constant reminder that domestic violence is not a family affair, nor is it merely a private affair. Domestic violence is a community affair demanding a community response.

VII. GUIDING PRINCIPLES AND APPLICATIONS FOR PRACTICE

Domestic violence cases present unique challenges for family preservation practitioners. Intervention in these cases must be based on a thorough understanding of both domestic violence and the role of the societal and familial contexts in reinforcing it. Stopping domestic violence requires a change in how practitioners work with individual families and requires coordination and collaboration with many parts of the community (e.g., child welfare, domestic violence programs, court systems). No one part of a community can do it alone. To be effective a coordinated community response must share not only a common understanding of domestic violence, but also a common philosophy for responding to it.

A. Three Guiding Principles

There are three principles that provide the foundation of an effective community response to domestic violence. These principles are the outgrowth of our understanding of the nature and etiology of domestic violence. Taken as a group they provide a standard against which current and future policies, procedures, and practices can be evaluated. These guiding principles are as follows:

1. **to increase the victim's and children's safety**
2. **to respect the authority and autonomy of the adult victim to direct her own life**
3. **to hold the perpetrator, not the victim, responsible for his abusive behavior and for stopping his abuse**

Given that domestic violence is a pattern of coercive control with consequences that are sometimes lethal, the primary focus of the family preservation response must be on the first two principles: (1) increasing the safety of the victims and their children while (2) respecting the authority and autonomy of the adult victim to direct her own life.

The family preservation practitioner may find it easier to carry out the first principle of victim safety than the second principle of victim autonomy. Family preservation practi-

tioners are familiar with supporting the safety of children and other family members. What is sometimes more difficult to implement is the second principle: respecting the authority and autonomy of the victim to direct her own life.

Unlike child abuse cases where victims are vulnerable children, the victim of domestic violence is an adult who has the right to make decisions based on knowledge of her own life. Furthermore, since the core of domestic violence is the perpetrator's control of the victim, it is crucial that the practitioner not take away the victim's self-determination. To take away the victim's decision-making rights is to re-victimize her, even when it is intended "for her own good." Effective intervention with the victim depends on the practitioner listening to the full reality of the victim and understanding that ultimately she must make her own choices. As discussed in Chapter V, respecting the autonomy of the adult victim is an on-going process.

At times the first two principles may seem to be at odds with each other. For example, the practitioner with an emphasis on safety may want to "protect" the victim by mandating that she do certain things (e.g., stating that she must take legal action). Or the practitioner with an emphasis on the principle of self-determination may fail to take the time to assist the victim in developing a safety plan because the practitioner believes that it is the woman's responsibility to protect herself. There are ambiguities and tensions in carrying out effective responses which are in keeping with both the safety and autonomy principles. It is important that practitioners strive to develop approaches that emphasize both principles, rather than one. Whenever there is an unresolvable conflict among principles, the safety of the victim and children has priority.

The third guiding principle of holding the perpetrator, not the victim, responsible for both the abuse and for stopping it is important to follow whether the practitioner's contact is with a victim or perpetrator. Practitioners can avoid overt or covert victim blaming by remembering that it is only the perpetrator who can ensure that the violence stops. While victims will attempt to protect themselves and their children from the violence by a wide variety of strategies (from compliance to fighting back), ultimately it is the perpetrator who determines whether or not an episode will take place. In the family preservation context holding the perpetrator responsible means accurately naming the problem of domestic violence and letting the victim know that she does not deserve this abuse and that she and her children have the right to be safe in their home. If the perpetrator will not stop the violence, then the community needs to take decisive action to protect victims.

B. Practice Applications

The following are ten specific applications of the guiding principles to family preservation services. These have been identified as being crucial to achieving the primary goal of safety for all family members. Each of these are discussed during the program presented in the Curriculum.

1. Whenever there is an unresolvable conflict among the guiding principles, victim safety has priority.
2. No battered woman should ever be encouraged to stay in a situation that is abusive or dangerous.
3. Where there is domestic violence, the family unit to be preserved should be that of the child(ren) and the non-abusing parent(s).

4. The practitioner should inquire about the existence of domestic violence with every adult female client. This inquiry should be done in confidential sessions alone with the woman.
5. If the victim tells the practitioner about domestic violence, this information should be kept confidential and should not be shared with the perpetrator unless the victim so requests, and then only after the consequences of such disclosure are discussed with the victim, and a safety plan is developed with her.
6. If only the victim reveals information about domestic violence and does not want it discussed with the perpetrator, then the practitioner should work only with the victim and not the perpetrator on the issue of domestic violence.
7. If the perpetrator reveals information to the practitioner about domestic violence, this should be discussed with the victim, and a safety plan should be developed with her (this information should never be discussed while the perpetrator is present).
8. A safety plan should be developed for each adult victim and the child(ren).
9. Interventions that require discussion of the domestic violence with both parties present, such as couples counseling and mediation, should not be utilized or recommended by the practitioner, as they can increase the danger to the victim.
10. Family preservation programs should work collaboratively with domestic violence programs, batterer intervention programs, and the justice system to protect victims and to hold the perpetrator accountable for the violence.

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CHAPTER THREE

Developing A Framework to Understand Domestic Violence

I. UNDERSTANDING THE IMPACT OF VICTIMIZATION

LEARNING OBJECTIVES

1. to understand common reactions to victimization
2. to help family preservation practitioners understand their own reactions to victimization
3. to identify helpful responses to victimization
4. to understand the many ways in which children experience domestic violence
5. to understand the variety of reactions children might have to domestic violence

A. Exercise: How Victimization Affects Us

LENGTH OF EXERCISE: 20 MINUTES

INSTRUCTIONS FOR TRAINER

1. Write the definition of victim on a large piece of paper and hang it in a visible place for the duration of the workshop.

Victim: Someone who is killed, injured, or otherwise harmed by another

2. Review the definition of victim with participants.
3. Ask participants to remember a time when they felt that they were victimized. Tell them to think of an experience they would be willing to share with one other person in the room. They will not have to tell the story to the whole group.


Participants should not choose to think about an experience that was so traumatic or painful that they will be unable to participate in the workshop. If participants do not want to think about a violent or sexual victimization, ask them to think about a time when someone held power over them (e.g., a parent, teacher, or boss), and abused this power by hurting them. Emphasize that if participants can remember a life-threatening experience from their adult years they will better understand domestic violence.

4. Write the questions below on the board ahead of time. Then ask each person to write down his/her answers. Tell the group that no one will be forced to participate in the exercise and that participants should only choose to reveal an experience they are comfortable sharing.

■ **WRITE THESE QUESTIONS ON THE BOARD**

- What happened when you were victimized?
- What did you do when it happened?
- How did you feel?
- What did you think about?
- Who did you tell about the experience? Who did you choose not to tell?
- Has the experience had any aftereffects? Did you change your life in any way?

5. Ask participants to pair up and exchange experiences. One partner listens for five minutes while the other talks, and then they switch roles. After ten minutes, ask the pairs to come back to the whole group.
6. Ask participants to share the feelings and reactions they had. Participants will not be asked to recount their victimization experience, only their feelings and reactions. Ask participants to call out their feelings. Write them on the board. There should be a lengthy list.

-  7. Examples include:

<i>pain</i>	<i>denial</i>	<i>withdrawal</i>	<i>powerless</i>
<i>fear</i>	<i>humiliation</i>	<i>confusion</i>	<i>disbelief</i>
<i>depression</i>	<i>guilt</i>	<i>ambivalence</i>	<i>forgetting</i>
<i>degradation</i>	<i>shock</i>	<i>trapped</i>	<i>anger</i>
<i>shame</i>	<i>betrayal</i>	<i>anxious</i>	<i>minimizing</i>

HANDOUT III – I

POSSIBLE EMOTIONAL RESPONSES BY VICTIM AND PRACTITIONER

EMOTIONAL RESPONSE	ISSUES	
	VICTIM	PRACTITIONER
FEAR	Of being injured or killed Of being rejected by those close to her or by institutional personnel	Of getting involved Of what might happen to you That what happened to victim could happen to you
DENIAL	Of seriousness or existence of the problem Of own victimization	Of seriousness or existence of the problem That it could happen to you
OVERWHELMED	By lack or total inadequacy of options and resources By feelings of terror, rage, and helplessness By urgency of need to drastically change her entire life (e.g., move, find new schools, new job)	By lack or total inadequacy of options and resources for victims By hearing too many painful, scary stories By anxiety over victim's safety
HELPLESSNESS	From having sought help before without results From constant confrontation with institutional indifference or hostility	From feeling nothing can be done for victim From anxiety about your own helplessness
ANGER	At practitioner, institution, men, family, or everyone That is immediate, delayed, or expressed non-verbally	At victim, system, your own helplessness At your own vulnerability At indifference of institutions
GUILT	For having gotten hurt, she must have done something wrong Over leaving/hurting/letting down family	For being angry, indifferent, or rejecting toward client Over lack of options or victim's inability to use them
LACK OF TRUST	In practitioner, who's seen as part of the system, and victim has had previous bad experiences with system Due to social isolation and limited support systems	Because other clients have not fulfilled your expectations If you think the victim's behavior was not in her best interests
DEPRESSION	From feeling worthless: "I have tried but nothing changes," "I've ruined others' lives"	When victim does something you think is harmful If you feel like you did not help
AMBIVALENCE	About leaving About making drastic lifestyle changes About talking and seeking help	About whether or not victim should leave family About getting involved with helping victims

Alpert, M. and S. Schechter. 1979. Adapted from "Sensitizing Workers to the Needs of Victims." *Victimology* 4: 4.

8. Use the list on the board to review the feelings a victim might have and how these feelings might be expressed. Suggest that participants review Handout III-I on their own time for examples of common reactions to victimization.
9. Remind participants that these are normal emotional reactions and coping responses. Everyone in the room has had them. Depression, fear, denial, guilt, and anger are all normal coping responses to victimization crises.
10. Emphasize that victimization experiences should be treated as a crisis for the person. The victim is in crisis, and is not mentally ill. Our goals are to restore the victim's control over her life and to provide safety and support to help her overcome the effects of the violence. The goal is not to change the victim's personality.
11. Point out that victims have many strengths that this exercise does not capture. It is important for practitioners to remember those strengths — and to look for them — as they work with victims.

B. Exercise: Helpful Responses to Victimization

LENGTH OF EXERCISE: 10 MINUTES

INSTRUCTIONS FOR TRAINER

1. Ask the group at large to name responses from other people that were unhelpful to them (e.g., blaming and advice-giving) when they were victimized. Write these responses on the board.
2. Ask the group to share responses that were helpful to them when they were victimized (i.e., "What helpful things did other people do?"). Write these on the board.
3. Point out that an inappropriate or inadequate individual or institutional response is experienced as a second victimization crisis for the survivor. It makes the original victimization much more difficult and painful to resolve. It slows or stops the victim's ability to rebuild her life and to feel better.

 Examples of a second victimization include:

- > disbelief ("Are you sure this happened?")
- > victim-blaming statements ("Did you enjoy it?")
- > culturally insensitive comments ("Does your culture approve of violence?")

4. Remind participants that when they feel stuck in their work with a victim, it can help to ask themselves, "What did I need when I was in a similar situation? What did I not need?" The most useful thing, however, is to turn back to the victim and ask, "What do you need?"

C. Exercise: The Effects of Domestic Violence on Children

LENGTH OF EXERCISE: 30 MINUTES

INSTRUCTIONS FOR TRAINER¹

1. Explain that the group will discuss the various ways that children are drawn into domestic violence, and how children of different ages are affected by exposure to violence against their mother.
2. Divide the participants into five groups of the same size. Each group will represent a different age range and/or gender of children. These are:
 - 0 – 1 year
 - 2 – 4 years
 - 5 – 12 years
 - teen boy
 - teen girl
3. Tell each group to answer the questions

■ WRITE THESE QUESTIONS ON THE BOARD

- How would a child of that age be exposed to or be drawn into violence toward his/her mother?
- What are the ways a child of that age would be affected by violence?
- In what ways do perpetrators use children to control the adult victim?

¹Exercise adapted from material from "Emerge," Boston, MA, undated.

4. Instruct each group to choose a recorder who will be responsible for reporting answers to the larger group once they are finished.
5. After 15 minutes, reconvene the groups to report their findings. Start by listing the answers of the 0-1-year-old group on a flip chart, then proceed sequentially through the other groups. Supply answers that each group omits and elaborate on the key effects.

ADDITIONAL ITEMS FOR AGE GROUP 0 – 1 MIGHT INCLUDE:

WAYS OF BEING DRAWN IN

seeing it
 hearing it
 being woken up from sleep by it
 being injured by it
 being ripped out of mother's arms by
 the perpetrator
 having toys broken
 being born prematurely
 being hit while in the mother's arms
 being thrown

EFFECTS OF ABUSE

physical injuries
 death
 fright
 being traumatized
 sleep disturbances
 eating disturbances
 being colicky or sick
 being nervous, jumpy, crying a lot
 insecurity from being cared for by a
 traumatized mother
 not being responsive or cuddly

ADDITIONAL ITEMS FOR AGE GROUP 2 – 4 YEARS MIGHT INCLUDE:

WAYS OF BEING DRAWN IN

seeing it
 hearing it
 trying to stop altercation
 becoming abused themselves
 being used as a physical weapon against
 victim
 being interrogated by perpetrator about
 victim's activities
 being held hostage by perpetrator

EFFECTS OF ABUSE

acting out violently
 withdrawal
 problems relating to other children
 delayed toileting
 eating problems
 being nervous, jumpy
 sleep problems
 insecurity
 fear
 depression

ADDITIONAL ITEMS FOR AGE GROUP 5 – 12 YEARS MIGHT INCLUDE:

WAYS OF BEING DRAWN IN

seeing and hearing it
picking one parent to defend
physically intervening
calling the police
running to neighbors to help mother
being used as a spy by father against mother
being forced to participate in attack on mother
being physically or sexually abused as a way to control mother
being restricted from contact with others

EFFECTS OF ABUSE

fear
insecurity, low self-esteem
withdrawal
depression
running away
early interest in alcohol or drugs
school problems
becoming an over-achiever
bed-wetting
sexual activity
becoming caretaker of adults
becoming violent
developing problems to divert parents from fighting
becoming embarrassed by his/her family

TEEN YEARS (EFFECTS ON BOTH BOYS AND GIRLS)

WAYS OF BEING DRAWN IN

killing or trying to kill perpetrator
trying to stop abuse
hitting parent or siblings
becoming physically abused
being used as a spy
being used as a confidante
being coerced by perpetrator to be abusive to mother

SPECIFIC EFFECTS ON TEEN GIRLS

learning that male violence is normal
learning that women don't get respect
possibly accepting violence in their own relationships
embarrassed about being female
becoming pregnant

EFFECTS OF ABUSE

school problems
social problems
shame and embarrassment about his/her family
sexual activity
tendency to get serious in relationships too early in order to escape home
truancy
becoming super-achiever at school
depression
suicide
alcohol and/or drug abuse
confusion about gender roles

SPECIFIC EFFECTS ON TEEN BOYS

learning that males are violent
learning to disrespect women
using violence in his own relationships
confusion or insecurities about being a man
attacking mother, father, or siblings

6. Referring to the material in Chapter Two, Section V, "The Children," summarize the research on the impact of domestic violence on children. Explore the potential physical dangers these children face as well as their psychological risks of developing traumatic stress and other problems. Refer participants to Handouts III-2 and III-3, reproduced below, to illustrate the effects of domestic violence on children.
7. Effects listed above are actually ways that children survive and/or protect themselves in homes where there is violence between their parents. Children should not be labelled as bad because they are showing some of the behaviors listed. These behaviors should be seen as effects of trauma and the child should be cared for with this in mind.
8. This exercise, or a variation of it, is also effective when used with domestic violence perpetrators. It helps them break through statements like, "This is between me and my wife, and it doesn't affect the kids." It can also help parents empathize with their children and help perpetrators remember how they were affected by family violence as children.
9. The family preservation practitioner can also ask the adult victim about the effects of domestic violence on the children. In several recent studies, the majority of mothers who left the perpetrator left out of concern for the children (Schechter and Edelson, 1994).

HANDOUT III – 2

POSSIBLE SYMPTOMS IN CHILDREN WHO WITNESS THEIR MOTHER'S ABUSE

- sleeplessness, fears of going to sleep, nightmares, dreams of danger
- headaches, stomachaches
- anxiety about being hurt or killed, hypervigilance about danger
- fighting with others, hurting other children or animals
- temper tantrums
- withdrawal from other people and activities
- listlessness, depression, little energy for life
- feelings of loneliness and isolation
- substance abuse
- suicide attempts or engaging in dangerous behavior
- fears of going to school or of separating from mother, truancy
- stealing
- frozen watchfulness or excessive fear
- acting perfect, overachieving, behaving like small adults
- worrying, difficulties in concentrating and paying attention
- bed-wetting or regression to earlier developmental stages
- eating problems
- medical problems like asthma, arthritis, ulcers
- denial of any problem or dissociation
- identification with the aggressor

Jones, A., and Schechter, S., 1992. *When Love Goes Wrong: What to Do When You Can't Do Anything Right*. New York: HarperCollins.

HANDOUT III – 3

EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

The following are stories told by mothers whose children witnessed domestic violence.

ANNETTE

The kids were carrying a dreadful secret. If they talked, they would lose their dad, and they would be responsible for “breaking up” the family. If they didn’t talk, they felt like they were taking part in my abuse. The kids were torn to pieces by the time we left him. And even that didn’t end it. Every time he had visitation, he’d grill them about me, and he was always trying to make them choose between him and me. He’d coach them on things he wanted them to say to me, and then they’d have to decide: “Should I say it or not?” He tried to turn them into weapons in his war on me.

JOCELYN

One morning after my husband left for work, my sons were in their room and as I cleaned the kitchen, I realized that they were role-playing one of our fights. My youngest called his brother a “rotten cunt” and I wanted to die. Over the years the imitation continued. The older one wanted to beat up his dad for me and tried on a few occasions. But the younger one walked around the house calling me a fat pig. Eventually he started to hit me. That was too much. It opened my eyes. I wouldn’t tolerate this behavior from an eight-year-old, so why was I tolerating it from my husband? I realized that my kids were growing up with a totally distorted image of what a family is, what a normal mom is, what a normal dad is, what love is. They’d already learned to disrespect victims, to disrespect me.

CHERYL

One day my husband laid into me because I was delayed at the church and I wasn’t home with dinner on the table when he came in from work. He cursed me out and carried on, and afterwards my son said to me, “I’d be mad too if I came home and my wife wasn’t there.” He was only nine years old. I hated the way he thought about women and the way he talked to me, and I realized that, if we stayed there, he was going to wind up thinking and acting just like his father.

Jones, A., and Schechter, S., 1992. *When Love Goes Wrong: What to Do When You Can’t Do Anything Right*. New York: HarperCollins.

II. DEFINITIONS AND CAUSES OF DOMESTIC VIOLENCE

LEARNING OBJECTIVES

1. to develop a common definition of domestic violence
2. to understand the causes of domestic violence in order to develop appropriate interventions
3. to build a framework for intervention in domestic violence

A. Definition of Domestic Violence

LENGTH OF PRESENTATION: 15 MINUTES

HANDOUT III – 4

DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partner.

DOMESTIC VIOLENCE IS:

- a pattern of behaviors including a variety of tactics — some physically injurious and some not, some criminal and some not — carried out in multiple, sometimes daily episodes
- a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion
- a combination of physical force and terror used by the perpetrator that causes physical and psychological harm to the victim and children
- a pattern of purposeful behavior, directed at achieving compliance from or control over the victim
- behaviors perpetrated by adults or adolescents against their intimate partner in current or former dating, married or cohabiting relationships of heterosexuals, gays and lesbians

Prepared by Anne L. Ganley, Ph.D. for the Family Violence Prevention Fund

PRESENTATION OUTLINE

1. Refer to Handout III-4, and review the definition of domestic violence. Use the material in Chapter Two, Section I to clarify any questions the participants may have.
2. Ask participants to list aloud examples of physical, emotional, sexual, and economic abuse, and abuse through using the children. Write their responses on a chart similar to the following. Participants may use examples from their clients or from their own family or friendship network.
3. Examples include:

PHYSICAL ABUSE

hitting
slapping
kicking
burning
threatening with a knife, gun or other
weapon
destroying loved objects or pets
mutilating

SEXUAL ABUSE

raping
forcing victim to have unwanted sex
threatening to sexually abuse
sexually mutilating
forcing victim to perform scenes from
pornographic material
forcing sex in front of children with third
party

EMOTIONAL ABUSE

humiliating
name-calling
harassing

isolating

withdrawing

threatening to kill

accusing of affairs, infidelity

threatening to snatch children

breaking household objects

depriving of sleep

ECONOMIC ABUSE

lying about money

withholding money from victim, even for
basic necessities

stealing the victim's money

withholding all information about the
finances

ruining her credit

CONTROL THROUGH CHILDREN

forcing children to spy on their mother

forcing children to assault mother

forcing children to witness degradation
of mother

using children as go-betweens

physically assaulting children or threat-
ening children in order to control victim

4. Refer to material in Chapter Two to clarify the following points.
 - Battering is a pattern of coercion with the intent to maintain power and control over the victim. The perpetrator's physical abuse gives power to his non-physical abuse.

- Battering is not only about the number of times the perpetrator hits the victim. As illustrated by the above chart, perpetrators control their victims in multiple ways in addition to using physical violence.
- Although women may also hit their partners, the best way to answer the question, "Who is the victim?" is to ask yourself:
 - Who is afraid?
 - Who is controlled?
 - Who experiences repeated serious and harmful assaults?

When we answer these questions, we find that women are the victims at much higher rates than men.

B. The Causes of Domestic Violence

LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

1. Ask participants to name common explanations they have heard about why domestic violence occurs.
2. Explanations may include the following:
 - drugs and alcohol
 - mental or physical illness
 - poor impulse-control and anger leading to violence
 - stress
 - the woman provoking her partner to violence because of her bothersome behaviors (e.g., nagging)
 - poor communication skills leading to violence
 - bad temper
3. Refer participants to Handout III-5, and put same in overhead projector. In a lecture/discussion format briefly present information on causes from Chapter Two, Section II, using Handout III-5 as a guide.

HANDOUT III – 5

CAUSES OF DOMESTIC VIOLENCE

LEARNED BEHAVIOR:

- learned through observation
- learned through experience and reinforcement
- learned in culture
- learned in the family
- learned in communities: schools, peer groups, etc.

NOT CAUSED BY:

- illness
- genetics
- alcohol and drugs
- out-of-control behavior
- anger
- stress
- behavior of the victim or problems in the relationship

Prepared by Anne L. Ganley, Ph.D. for the Family Violence Prevention Fund

4. Domestic violence like other human behavior is learned through observation of others and through the reinforcement of the perpetrator's own use of abusive behaviors.
5. Domestic violence is learned from the immediate and extended family as a child grows.
6. Domestic violence is learned from the individual's exposure to social values and beliefs put forth by the media, education, religion, and other societal institutions.
7. Domestic violence is reinforced by the perpetrator's contact with peers and authorities (e.g., police, judges, media, religious leaders).
8. Domestic violence is reinforced because without intervention the perpetrator gains power and control over the victim. Domestic violence works in the short-term to get the perpetrator what he feels entitled to.

9. Domestic violence is not caused by those factors listed on the last half of Handout III-5.
10. Domestic violence occurs because of the historically created and maintained belief in a man's right to control his female partner and children. This belief is institutionalized in current community practices.
11. Draw a chart similar to the one below to illustrate this fact. This chart also helps us to understand why the primary victims of domestic violence are women.

HISTORICAL CHART: WHY DOMESTIC VIOLENCE OCCURS	
<p>HISTORICALLY</p> <p>Husband and wife were viewed as one.</p> <p>Husband had authority over his wife and children, including:</p> <ul style="list-style-type: none"> ➤ the right to chastise ➤ the control of property and children ➤ the right to divorce 	<p>CURRENT INSTITUTIONAL PRACTICES</p> <p>Although it is no longer legal to chastise your wife, institutions allow domestic violence to continue and reinforce the sense that the woman belongs to her husband. This happens when:</p> <ul style="list-style-type: none"> ➤ police don't arrest perpetrator ➤ judges don't impose consequences for battering ➤ doctors don't ask about abuse ➤ clergy tell the woman to go home and try harder ➤ employers pay women lower wages than men

12. These institutional practices reinforce battering by allowing it to continue and communicating that domestic violence is acceptable. Even though domestic violence is no longer legal, it continues to be reinforced through these institutional mechanisms.

C. Domestic Violence As an Abuse of Power: Guiding Principles for Intervention

LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

1. Tell participants this section has two parts. The first part looks at the losses suffered by the victim. The second part looks at what the perpetrator gains from domestic violence and why we label it an abuse of power.
2. Ask participants to brainstorm responses to the following questions based on what they have experienced with their victimized clients.


■ **WRITE THESE QUESTIONS ON THE BOARD.**

- What are the effects of domestic violence on the victim?
- What are the losses for her?

- ☞ 3. Examples may include (the following examples come from statements made by victims):

- the violence frightens me
- the abuse controls my life
- I withdraw and get depressed
- I have lost my confidence
- I am nervous, get headaches, and have high blood pressure
- I have lost my home because I had to move
- my kids change schools again and again
- I never have a moment's peace
- I am always terrified
- I lost my job
- I think he might kill my family

4. Point out that battering creates multiple physical, emotional, spiritual, and economic losses for the victim. We should conceptualize the problem for the victim as loss.
5. Ask participants to brainstorm answers to the question, "What does the perpetrator gain by his behavior?" Remind them that, for now, we are not asking, "Why does he do this?" or "What does he lose by doing this?" We will discuss the perpetrator's losses in Chapter Six of this curriculum. Now we are asking, "What does he gain?"

-  6. Examples of responses:
- he got his way
 - he got control
 - he didn't have to do anything at home
 - he got taken care of
 - he felt powerful because I was frightened
 - he felt superior to me
 - he got the house and the kids
 - he got pity from others
7. Perpetrators of domestic violence benefit from their behavior, even if they dislike it. Frequently the perpetrator experiences few, if any, negative consequences for his behavior, and, as a result, the negative consequences are less obvious to him than the rewards.
8. The perpetrator's violence is an abuse of power. In order to use domestic violence, the perpetrator has internalized two culturally reinforced messages:
- He believes in his right to use violence to get his way.
 - He believes in his right to control his partner. "She's mine, isn't she?" This comes out of a set of institutional relationships of unequal power, including marriage, that allow the abuse of those with less power. Most perpetrators do not batter indiscriminately; they batter their women.
9. When one person uses coercion and violence to get his way, the partner of that person can no longer be equal. When one person uses violence and threats, then he is dominating and controlling his partner. Ask participants to think of "bullies" they have known and how participants either tried to avoid them or gave into them to avoid trouble.
10. Two people who are equal to each other can negotiate, agree, and disagree with each other. They can have all kinds of conflict; conflict does not cause abuse. The willingness to use violence and threats makes the relationship one of domination and fear.
11. If we accept that domestic violence is an abuse of power and a pattern of coercive control, then the guiding principles of our intervention are clear.
12. Refer participants to Handout III-6, and put same in overhead projectors

HANDOUT III – 6

GUIDING PRINCIPLES FOR INTERVENTION IN DOMESTIC VIOLENCE CASES

1. to increase the victim's and children's safety
2. to respect the authority and autonomy of the adult victim to direct her own life
3. to hold the perpetrator, not the victim, responsible for his abusive behavior and for stopping his abuse

Family Violence Prevention Fund

III. CHARACTERISTICS OF DOMESTIC VIOLENCE VICTIMS AND PERPETRATORS

LEARNING OBJECTIVES

1. to understand that domestic violence victims are not predisposed by their own personality characteristics or backgrounds to become victims
2. to clarify how the term "perpetrator" is used
3. to provide a brief overview of perpetrator characteristics

A. Who is the Victim?

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Refer participants to Handout III-7, reproduced below, and ask for their comments and questions.

HANDOUT III – 7

WHO IS THE VICTIM?

After reviewing 52 case-comparison studies, evaluating 97 potential risk-markers for abuse, Hotaling and Sugarman conclude:

- “There is no evidence that the status a woman occupies, the roles she performs, the behavior she engages in, her demographic profile or her personality characteristics consistently influence her chances of intimate victimization. These findings do not augur well for theoretical models of victimization that focus upon characteristics of the victim” (p. 118).
- “Results of this review also indicate that victims of male violence are no more likely than nonvictims to have symptoms of psychopathology, to be more hostile, or to abuse alcohol” (p. 118).
- “It appears that personality and symptomological differences are a consequence of battering, rather than a cause of it. Lowered self-esteem (Telch and Lindquist 1984) and increased apprehensiveness (Hartik 1978), reporting of psychosomatic symptoms (Shields and Hanneke 1983), and increased use of prescription drugs (Stark et al. 1980) are more indicative of a reaction to chronic victimization than a predisposition to being violated (Walker 1984)” (p. 118).
- “This review of victim characteristics makes it clear that the most influential victim precipitant is being female. The victimization of women may be better understood as the outcome of male behavior” (p. 118).

Hotaling, G., and D. Sugarman. 1986. “An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge.” *Violence and Victims* 1:2.

B. Who is the Perpetrator?¹

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Refer participants to Chapter Two, Section IV, for written information on common characteristics of the perpetrator.

¹Section B written by Anne L. Ganley, Ph.D.

2. A perpetrator is one who uses physical force and the threat of harm, combined with other tactics of control, against his adult or adolescent intimate.

The terms "perpetrators," "batterers," "abusers," "offenders," and "men who batter" are often used to identify who is doing the abuse in domestic violence cases. While the practitioner would not directly refer to an individual using such terms in the initial stages of contact with the family, the terms are helpful shorthand among practitioners to identify who is using the tactics of control against whom. The terms are descriptive of a particular pattern of behavior in which the individual engages and are not meant to convey a personality type or to imply an immutable condition. The term "perpetrator" was chosen for this curriculum, although "batterer" or "abuser" are sometimes used.

At certain stages in rehabilitation, some perpetrators benefit from using these terms to self-identify, maintaining their focus on positive change much in the same way certain alcoholics benefit from taking on the identity of being a "recovering alcoholic." In this training, the terms are used to delineate perpetrator from victim and to distinguish approaches used with perpetrators from those used with victims or children.

3. In family preservation cases, the perpetrator may be the spouse or co-habiting partner or previous partner, or the adolescent who is not only acting out in the family, but also using tactics of control in dating relationships. The perpetrator may or may not be available for family preservation sessions, or may be in and out of the family preservation program. Regardless of the amount of face-to-face contact with the perpetrator, the family preservation practitioner always has to deal with the impact of the perpetrator on the victim and children.

4. Perpetrators come from a variety of race or ethnic groupings, socioeconomic classes, educational levels, occupations, religious affiliations, and ages.

There is some conflicting research about the personality profiles of perpetrators; some studies claim particular personality profiles of perpetrators, while others describe many different types of perpetrators. While the studies are not conclusive, it appears that a wide variety of individuals can be perpetrators.

Family preservation practitioners will see all types of perpetrators: those early in their history as perpetrators, others with long histories of being abusive, some highly motivated to make changes in themselves, others totally unwilling to make any changes, some who are very dangerous, some who are not, some who benefit from rehabilitation, and some who do not.

In a four- to eight-week program, it is very difficult to determine the type of perpetrator with which the practitioner is working, so practitioners must be prepared to use a wide variety of strategies, always monitoring for their effectiveness in increasing the safety and autonomy of the victim, and always being willing to change those strategies that have no positive effect or that may actually increase the danger to the victim.

5. The perpetrator is usually, but not always, male.

If we are going to be of assistance to perpetrators, we must be willing to acknowledge statistical reality (see Chapter Two, Section II.H.) that most spouse abuse is perpetrated by males against females. By acknowledging the reality that perpetrators are more likely to be men than women, we will begin to recognize how families or communities reinforce abusive behavior in men. Then we will begin to identify strategies that elicit

change in individual perpetrators, support their remaining abuse-free, and, eventually, change community norms about power and control in intimate relationships.

Although there are some situations in which the perpetrator is female, for the purpose of this training the pronoun “he” is used to refer to perpetrators, and “she” is used to refer to victims. It is important to take domestic violence seriously, regardless of who is doing it to whom.

6. Perpetrators may have positive as well as negative qualities. Family preservation practitioners can make errors when presuming that perpetrators are always “bad or dysfunctional or sick.” Such a one-dimensional view can lead the family preservation practitioner to ignore the violence when meeting a perpetrator who is charming, a good provider, or a good conversationalist, or is similar in style to the practitioner. Expecting a one dimensional person can cause the family preservation practitioner to ignore the batterer’s positive qualities and then fail to understand why the victim may have ambivalent feelings about the perpetrator. As with any family preservation intervention, it is important to keep in mind the perpetrator’s strengths as well as the reality that he is abusive.

REFERENCES

Chapter Three

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CHAPTER FOUR

Identifying Domestic Violence

I. IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES

LEARNING OBJECTIVES

- to understand the rationale for identifying domestic violence as an issue for families.
- to identify sources of information useful in the identification of domestic violence
- to acquire the skills necessary to identify whether domestic violence is occurring, using various sources of information
- to learn how to determine who is the perpetrator and who is the victim by applying the behavioral definition of domestic violence

A. Rationale for Identifying Domestic Violence in Family Preservation Families

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

- I. Family preservation practitioners avoid using labels (e.g., dysfunctional, resistant, manipulative) which are seen as inhibiting change. Consequently, some practitioners may object to the use of the term perpetrator (a.k.a., abuser or batterer). While the rationale for the terms is provided in Chapter Three, the issue of labels may resurface again in this section. It is important to stress that to prevent harm and to promote safety, there needs to be a way to identify who is in physical danger and who may be acting in ways that cause the danger. If this is a problem for any of the participants, ask them to identify terms that would be comfortable for them: men who batter, the abusive partner, etc. It is important to acknowledge this tension regarding terminology, and then to move along the discussion to avoid spending too much time on the point.

2. Domestic violence is a threat to the safety and well-being of both the children and the victim in the family. Therefore, identifying, assessing, and intervening in domestic violence is essential to meeting the primary goal of family preservation: safety of all family members.
3. Given the nature of domestic violence as a pattern of power and control used by one family member against others, the presence of domestic violence will become an obstacle to the family in reaching any of its stated goals. For example, if a family member identifies developing a closer relationship with the child or getting a job as her/his goal, and a domestic violence perpetrator interferes with that goal through tactics of control, then that goal cannot be reached without also responding to the domestic violence.
4. Ask participants to list some typical goals sought by family preservation clients. Then ask them to illustrate how unidentified domestic violence would compromise the families' ability to attain those goals.
5. The victim's and perpetrator's initial issues, needs, and goals are not the same, so it is important to know who is being victimized and who is the perpetrator. As previously stated, part of the identification process includes determining who is harming whom in order to provide appropriate assistance to the victim and intervention for the perpetrator.
6. Once domestic violence has been identified, the family preservation practitioner needs to learn more about the abuse in order to complete the assessment and to plan the intervention. The practitioner will want to gather information both to assess the lethality of the situation, and to know how best to address the problem of domestic violence with all family members in light of the goals of victim safety, victim autonomy, and perpetrator responsibility for stopping the abusive behavior.

B. Sources of Information for Identifying Domestic Violence

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

Refer participants to Handout IV-1, reproduced below.

HANDOUT IV – I

SOURCES OF INFORMATION FOR IDENTIFYING DOMESTIC VIOLENCE

A. Identifying domestic violence requires gathering information about the following

- the use or threat of physical force against intimate partner
- the pattern of coercive behaviors (see list in Handout IV-2)
- who is the victim and who is the perpetrator

B. Sources of Information

1. REPORTS FROM AGENCIES AND INDIVIDUALS
 - referral reports, evaluations, concurrent contact reports, etc.
 - child-welfare agencies, police or courts, counselors, domestic violence programs, schools, etc.
2. FAMILY MEMBERS' SELF-REPORTS
 - victim, perpetrator, or child may sometimes volunteer information when seeking assistance for the issue or during discussions of other issues
3. DIRECT OBSERVATIONS BY PRACTITIONER
 - acts of physical abuse, threats of violence or harm to partner
 - observation of psychological abuse as a tactic of control
4. OBSERVATIONS OF THE EFFECTS OF DOMESTIC VIOLENCE
 - injuries, stress-related illnesses, damage to physical property, etc.
 - behavior indicating fear of or control by partner
 - children's behavior indicating fear of one parent or protectiveness of the other parent
 - symptoms or evidence of child abuse (high overlap between child abuse and domestic violence)
 - depression, anxiety, suicide attempts, substance abuse, fleeing, and/or repeated help-seeking by victim
5. ROUTINE, DIRECT INQUIRY FOR PURPOSE OF IDENTIFYING DOMESTIC VIOLENCE
 - given prevalence of domestic violence and impact on family preservation process, important to directly inquire about domestic violence with all families

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

1. Reports from agencies and individuals

Domestic violence may be documented in written or verbal reports from other agencies or individuals having contact with the family. This documentation may take place prior to or concurrent with the referral to the family preservation practitioner. The documentation may be provided by the child-welfare agency, a police-agency report, domestic violence program, the children's school, etc. In such documented cases, the family preservation practitioner may already know who the victim(s) is (are), and who the perpetrator is. Sometimes the referral information is incomplete, with only the victim or perpetrator being identified, and further inquiry is necessary to complete the identification process.

2. Family member's self-report

Any member of the family (the victim, the perpetrator, or the child) may report domestic violence to the practitioner. While it is often assumed that family members never report domestic violence, many do. Sometimes the listening practitioner may fail to respond to the volunteered information, either because the practitioner does not recognize the information as domestic violence or because the practitioner is unsure how to proceed with the self-reported domestic violence.

The self-report may occur in an individual meeting with one family member or in the context of a family session. It may be reported because the individual is seeking assistance for the problem or it may be mentioned when talking about other issues.

3. Direct observations

During contact with the family, the practitioner may observe the perpetrator using tactics of control against the victim. These may include, but not be limited to, physically assaulting the victim (e.g., pushing, shoving, slapping, striking, using weapons), or threatening harm or intimidating the victims (e.g., attacking others, attacking property or animals, displaying weapons, making verbal threats, driving recklessly).

In such instances, the practitioner will want to know not only how to directly stop that particular incident of domestic abuse, but also how to assist the family in dealing with the issue of domestic violence in an ongoing way in light of the goals of victim safety, victim autonomy, and perpetrator responsibility for the violence.

4. Observations of the effects of domestic violence

Sometimes the family preservation practitioner observes the effects of domestic violence (injuries or other physical evidence, or other behaviors on the part of the victim or children that indicate domestic violence) rather than the actual conduct itself.

Domestic violence cannot be substantiated solely by observation of the effects. Such indicators may be related to factors in the family other than abuse (e.g., someone being quiet or deferential because of cultural factors or personality characteristics). Direct inquiry is needed to clearly identify whether or not violence is occurring (and if it is, who is doing it to whom). However, observations of the effects of abuse are important in noting the possibility that unreported violence is happening and that further inquiry is needed.

Observations of the effects may include:

- the woman being excessively quiet and deferential around her partner, evading the practitioner's questions, appearing frightened, or trying to protect her partner (spouse) from those in authority
- either partner preferring the practitioner not speak to the other person alone

- the family preservation practitioner feeling afraid of a family member
- the children being suddenly quiet or angelic when their father comes home
- the children showing symptoms of physical or sexual abuse, or a history of sexual or physical abuse of the children
- either partner taking the children without the other parent's permission
- the woman suddenly having to end conversations or appointments because her husband is expecting her, starting to miss appointments, or dropping out of the program
- the woman describing an incident of abuse that happened long ago (insisting it no longer happens) or describing an assault against someone else and asking the practitioner questions about it
- the woman having repeated injuries or injuries that are difficult to account for as accidental (e.g., suffering from strokes caused by blows to the head or damage to the neck due to strangulation), or having a history of visits to health-care facilities for vague complaints or acute anxiety with no reported injuries
- the woman having previous or present psychiatric hospitalizations for anxiety, depression, or suicide attempts
- the woman expressing fear of being harmed or harming partner
- the woman having a history of suicide attempts or homicidal assaults

(Schechter S., 1987. Adapted from *Guidelines for Mental Health Practitioners in Domestic Violence Cases*. Washington, D.C.: National Coalition Against Domestic Violence.)

5. Routine, direct inquiry for the purpose of identifying domestic violence

Sometimes there are no particular indicators of domestic violence and no previous documentation or reports, but family members do self-disclose domestic violence in response to the practitioner's routine, matter-of-fact, direct inquiry about abusive behaviors. Given the need for family preservation practitioners to know whether or not domestic violence is occurring, it is important to directly inquire about domestic violence as a routine part of getting to know the family.

There is legitimate concern that conducting routine inquiry without having skills in assessing and responding to victim safety may further endanger battered women and their children. Certainly, routine inquiry can be done in such a way that the safety and empowerment of the victim are ignored. Care must be taken in both identifying the issue and responding to it. (See Section II, B of this chapter, entitled "Steps in Conducting Routine, Direct Inquiry About Domestic Violence.") Unfortunately, failing to identify or inquire about abuse does not increase the safety of battered women and their children. Learning how to conduct routine, direct inquiry, and how to appropriately respond to domestic violence, benefits families where domestic violence was not previously identified.

C. Exercise: Identifying Domestic Violence Through A Variety of Sources

LENGTH OF EXERCISE: 45 MINUTES

This exercise is designed solely to teach practitioners to recognize domestic violence. It will not teach practitioners how to do routine inquiry about domestic violence (see section II) or how to respond once the abuse has been identified (see Chapters Five and Six).

INSTRUCTIONS FOR TRAINER

1. Divide participants into triads. Make sure there is enough space in the room so the triads can sit face to face and discuss the cases provided by the instructor. Refer to Handout III-4, entitled, "Definition of Domestic Violence" and Handout IV-2, entitled "Abusive Behaviors," reproduced below. Put Handout IV-2 in overhead projector.

HANDOUT IV – 2

ABUSIVE BEHAVIORS

Domestic violence includes the following behaviors:

1. **Physical assaults**
2. **Sexual assaults**
 - pressured sex
 - coerced sex
 - forced sex
3. **Psychological assaults**
 - threats of violence against victim, others, or self
 - attacks against property/pets; other intimidating acts
 - emotional abuse, humiliation, degradation
 - isolation of victim
 - use of children
 - acts of violence against self or people other than the victim
4. **Economic coercion**

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2. Refer each triad to Handouts IV-3 through IV-6, reproduced below. These handouts provide hypothetical cases where information on domestic violence comes from a variety of sources, including reports by agencies, self-reports by family members, observation of abusive acts, observation of the effects of abuse, and routine inquiry initiated by the family preservation practitioner.

HANDOUT IV – 3

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #1

Martha, age 27, and four children (John, 8; Brandon, 6; Christina, 4; and Jane, 9 months) are referred by CPS. Martha was given full custody of the children following her divorce from Bill four years ago. John recently ran away from home. He was gone three days and was located in the former neighborhood of his father. John would like to live with his father, but Bill is currently in a drug-rehabilitation program. Furthermore, Bill was reported to CPS five years ago for abusing John and he has not followed through with required parenting classes or the supervised visits outlined in the parenting plan. When interviewed by John's caseworker a month ago, Bill stated he had no interest in raising John now that he has a new family with twin infant sons.

Martha is feeling overwhelmed. Her fourth child, Jane, is by her current boyfriend, Wayne. The baby has a birth defect requiring multiple hospitalizations and medical appointments. The referring caseworker stated that John's acting-out behavior increased dramatically following the family's stay in a battered women's shelter four months ago. Martha had gone to the shelter with the children after an "altercation" with Wayne. Wayne has a good job with a local store and has provided a home for the family in the past year. Martha doubts her relationship with Wayne will last, but claims that she desperately wants to keep the children together as a family and does not want to place John in a foster home.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 4

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #2

Helena has been a single parent for the past four years since her husband's death from cancer. She has three sons — Tamal, 14; David, 13; and Matthew, 12 — and two daughters: Tina, 16, and Delores, 11. Helena describes her marriage as chaotic and extremely abusive. She said that prior to her husband's illness, she had been hospitalized twice for injuries from his assaults. She was in the process of divorce when he received his diagnosis of lung cancer. He died at home within six months, with her and the children providing all of his care in those final months.

Working two jobs to support the children has left Helena little time to provide the supervision she believes the children require. She reports that there is constant bickering among the children as well as an increase in school problems for all. Both Tamal and Tina do after-school work for pay and resent having any responsibilities for supervising the younger children. Helena is particularly concerned about Tamal, whose girlfriend Joy recently showed up at the home with a black eye. When Helena questioned her son, he said that Joy sometimes got "mouthy" and he had to keep her in line. In addition, Helena is worried about Delores, who has started skipping school and smoking cigarettes.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 5

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #3

Shana, 20, and **Harry**, 31, have two children: **Peter**, 9 months, and **Donald**, 21 months. They married after the birth of Peter. Harry says that he was very unsure about marrying Shana. In fact, he had little contact with Shana during her pregnancy with Donald and during the first six months of Donald's life.

Shana is developmentally disabled. Due to her disability and Harry's absence, she was assigned a caseworker to determine whether or not she could care for her first child. Harry reestablished contact with Shana and Donald. When Shana became pregnant for the second time, Harry once again disappeared for a few months, but returned for Peter's birth. He started making an effort to be both an active husband and father. In spite of the initial concerns before Donald's birth, Shana has become a caring and competent parent, with the support of a caseworker and specialized parenting classes.

However, the relationship between Shana and Harry has become increasingly strained, with Harry threatening to leave. Neighbors have complained about the yelling and screaming during arguments. When interviewed separately, both Shana and Harry deny that either has used physical force in their fights. Harry complains that Shana does not know how to be a "real" wife and Shana complains that Harry spends all his time watching TV or talking to his mother on the telephone.

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HANDOUT IV – 6

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #4

Susie, 46, and **Scott**, 44, have been married five years. They have three children who live with them: Susie's 11-year-old son **Ben**, and Susie's two grandchildren (**Rachel** and **Karen**), who were placed with their grandmother due to their sexual abuse by their father. Rachel and Karen's mother (Susie's 22-year-old daughter **Mary**) is unable to care for them at this time.

Susie has two other adult daughters who live in the area with their families and who help with Rachel and Karen. Scott has two children in their twenties who live in another state and a 12-year-old son whom he has not seen since he was 3 due to a court order. Scott is self-employed doing yardwork and Susie works two medical data-processing jobs. She is very nervous about leaving the younger children under the supervision of her husband, because of an incident five years ago when he punished Ben for wetting his bed by making him wrap the urine-soaked sheets around himself and stay seated in the bed for the day. Susie said she reported this to CPS and Scott was required to go to counseling. He has not touched Ben since, but he complains constantly about her taking custody of her granddaughters a year ago.

There have been an increasing number of arguments between Susie and Scott. Susie said the last argument occurred because of a sponge she left in the sink. Susie also tearfully reported that Scott got drunk and then one by one broke the antique figurines given to her by her mother. During that last argument, Scott came at her in a drunken rage and she fired her handgun over his head. The neighbors called the police when the screaming began and they arrived just as Susie fired the gun. She was arrested and taken to jail, then bailed out by one of her adult daughters the next morning. She reports that she was ordered by the court to attend an anger-management class. The caseworker is threatening to take custody of the grandchildren away from her.

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3. Tell participants to read each scenario and spend approximately five minutes on each case answering the questions provided on the handouts. These questions are:

Based on the behavioral definition of domestic violence, is there domestic violence in this family?

- Yes? No? Unsure?
- Which information in the scenario led to your conclusion?
- What additional information would you ask to assist in identification?

If domestic violence is identified for a particular scenario:

- Who is (are) the victim(s)?
- Who is the perpetrator?
- What information determined your answer?
- If unable to determine who is who, what further information would you need to assist in identification?

4. Ask participants to write their comments on the handouts as they discuss each scenario with their teams.
5. When triads have completed the task, debrief each scenario separately in the group at large. For each scenario, ask the participants to indicate by show of hands how many think there is domestic violence, how many do not think so, and how many are unsure. Debrief with the group their rationales for their conclusions. Use this debriefing to clarify any confusion in their understanding of the definition of domestic violence.
6. For those scenarios where domestic violence is identified, ask participants to indicate who was the victim and who was the perpetrator in that scenario, and to discuss what information led to their conclusions. In the debriefing, stress the danger of making assumptions based solely on indicators or incomplete information. Also stress the danger of ignoring information that clearly identifies domestic violence.
7. For those participants who are unsure either about the existence of domestic violence or who the victim or perpetrator is, list additional information they would seek to make such identifications.

II. CONDUCTING ROUTINE, DIRECT INQUIRY FOR THE PURPOSE OF IDENTIFYING DOMESTIC VIOLENCE

LEARNING OBJECTIVES:

- to develop skills for conducting routine, direct inquiry with families where domestic violence has been identified, is only suspected, or is unknown

- to develop strategies and tools to use in opening up the issue of domestic violence with the family member who is being interviewed
- to learn direct-inquiry skills that enable the practitioner, along with the family member, to identify the family members' (not the practitioner's) motivations for dealing with the domestic violence in their lives

NOTE TO TRAINER: In teaching direct-inquiry skills, it is important to cover the material included in the presentation outline prior to the exercise in order that participants have a positive experience in the role play. Since family preservation emphasizes active listening, some practitioners feel uncomfortable directly inquiring about domestic violence and other sensitive topics. The presentation builds self-confidence regarding these skills.

A. Purpose of Routine Inquiry Regarding Domestic Violence With All Families

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. Given the high percentage of domestic violence cases in the general population, as well as the overlap of domestic violence with the issues facing family preservation families (e.g., child abuse, substance abuse), all families should be assessed routinely for the possibility of domestic violence.
2. The purpose of a routine inquiry is to gather the information necessary for determining whether or not domestic violence is occurring. When domestic violence is identified, the inquiry process also assists in identifying who the victim is and who the perpetrator is. Once the problem is identified, then family preservation assistance can be offered.

Direct, matter-of-fact questions will not alienate families where there is no domestic violence; particularly when family members are routinely asked about domestic violence in the relationship building phases of the family preservation process.

Family members who are experiencing domestic violence, but who do not want to discuss or reveal it, will find various ways to keep the information from the practitioner. The response of family members to routine inquiry should be accepted "as is" and the practitioner should move on to other topics when domestic violence is denied. (See Chapter Six for discussion of what to do if the response is hostile.) Routine, direct

inquiry is not an investigation, an intervention, or a punishment.

3. The techniques used in routine, direct inquiry about domestic violence are useful with all families: whether domestic violence is not suspected, is merely suspected, or has already been substantiated. Skillful routine inquiry allows practitioners to raise this significant issue with family members without putting them on the defensive. In previously substantiated cases, the approach described in the next section allows each family member to give the practitioner a description of the abuse in his/her own words. For those families ready to deal with the problem, the routine inquiry provides an opportunity to begin the discussion process with the practitioner. For those families where there is domestic violence, but no member wants to deal with it, a routine inquiry protocol conveys to all family members that the family preservation practitioner is willing to be a resource on this issue whenever any family member wants assistance about domestic violence.
4. Learning routine inquiry skills also increases the practitioner's skills in responding to those victims (and perpetrators) who have already been telling the practitioner about the violence, but who may have been ignored because the practitioner felt unsure about how to respond to the problem. Protocols for routine inquiry assist the entire community in moving away from the conspiracy of silence, and in reaching out to the entire family. In doing so, we can attain the goals of victim safety and empowerment.

B. Steps in Conducting Routine, Direct Inquiry About Domestic Violence

LENGTH OF PRESENTATION: 30 MINUTES

PRESENTATION OUTLINE

Distribute and review Handout IV-7, reproduced below, entitled "Steps in Conducting Routine, Direct Inquiry about Domestic Violence."

HANDOUT IV – 7

STEPS IN CONDUCTING ROUTINE DIRECT INQUIRY ABOUT DOMESTIC VIOLENCE

- I. Victim safety and confidentiality is the priority when conducting routine direct inquiry.
 - a. It is not safe for victims to talk about domestic violence in front of the perpetrator, as it may lead to retaliation by the perpetrator. Consequently, the practitioner should only raise the issue of domestic violence in individual sessions with family members. A standard part of developing a relationship with the family should be some individual time with each family member. It is only during that individual time that the routine, direct inquiry about possible domestic violence should be done.
 - b. The routine inquiry about domestic violence should be done first with the woman. Once that inquiry is complete, then she should be told that given the prevalence of domestic violence all family members are asked these questions. If the perpetrator is available to the practitioner, the woman should be asked if inquiry about the domestic violence with her partner will present a problem for her. Explain how the inquiry is conducted and that her comments will not be revealed to her partner during the routine inquiry and never without her specific permission. Then explore the potential consequences of the inquiry (“How is he likely to respond to such questioning?” “How would he respond to you?” “Is there any reason why I should not ask about this issue with him?” “Would you be in danger if the subject is raised in this way?”). If a victim does not want the practitioner to ask even routine questions about the problem, then the practitioner should not do so. If the partner's domestic violence is already public knowledge, the victim should be asked about the consequences of the practitioner not raising the issue (“He knows that I already have a written report about the last beating. Would there be any consequences to you if I do not raise the issue with him directly?”).
 - c. Sometimes family members (victims, perpetrators, or children) do not feel safe discussing domestic violence even in individual, confidential sessions. The victim may fear retaliation from the perpetrator if she discusses the abuse. The perpetrator may fear the consequences of others knowing about his abusive conduct. While it is important to invite family members into discussing these issues, they should not be coerced. Disclosure can make things worse.
 - d. Whenever domestic violence is reported by the victim, all information provided by the victim must remain confidential. Revealing even seemingly insignificant information (e.g., information not related to the domestic violence) provided by her may endanger her. Information from these separate sessions should not be revealed to the perpetrator without the victim's specific permission, and only after the consequences of such disclosure have been explored with the victim and a safety plan has been developed with her

Continued ...

HANDOUT IV – 7 ...

(“How do you think he would react to knowing that you discussed ‘x’ problem with me — e.g., the abortion, the fear of the children, your concerns about his drinking? Would you be in danger if he knew you talked about these issues with me?”). The victim should be told when and how the topic of domestic violence is raised with the perpetrator.

- e. Even if the victim’s permission has been given for doing the routine inquiry with the perpetrator, the practitioner should never raise the issue by saying, “This is what your partner told me.” Such a confrontation only raises the perpetrator’s defensiveness and can put the victim in jeopardy. It is best to do skillful inquiry that results in the perpetrator’s self-disclosing the behaviors. Then the practitioner can use the perpetrator’s self-reports as a basis of discussion with him rather than any comments from the victim.
- f. Sometimes one family member (victim, child, or perpetrator) reports domestic violence and the other does not.
 - 1. If the victim reveals domestic violence in her interviews and the perpetrator does not, then the practitioner can work on this issue with the victim, but not with the perpetrator unless she requests that the practitioner talk with the perpetrator about this. Her confidentiality must be maintained.
 - 2. If the child reports the information, then the practitioner should discuss this with the adult victim.
 - 3. If the practitioner has heard about the violence first from the perpetrator, or all members of the family reveal the abuse, then the victim should be told about the conversation with the perpetrator. Keeping the perpetrator’s information about domestic violence between the practitioner and the perpetrator only colludes with the perpetrator’s control over the victim. Breaking the perpetrator’s secrecy is important to decrease his control of the victim through disinformation and isolation. However, maintaining the victim’s confidentiality is crucial to her safety.
- g. While it is preferable to gather information about potential domestic violence during individual sessions, it is not always possible. If a family member should disclose domestic violence in front of another family member, the information should be noted as a legitimate concern of all. The practitioner could say to the person reporting it, “I can understand your concern/fear and we can think and talk some more about how best to respond when we meet again.” Then redirect that topic to individual sessions. If the family member reveals something that indicates immediate danger to a person, then any necessary emergency interventions should be carried out immediately. However, even when raised in a family session, the domestic violence should be assessed further in separate, confidential sessions with the victim.
- h. Obviously, before undertaking routine, direct inquiry, the practitioner must be skilled in the assessment and intervention of domestic violence in order to be prepared to work with the family members once they self-disclose.

Continued ...

HANDOUT IV – 7 ...

2. Attention must be paid to the types of comments made as well as to the manner in which statements are made and questions are asked.

As with other family preservation contacts with family members, the practitioner's approach to this inquiry should be matter-of-fact and direct, conveying concern for all family members. The practitioner should be open to hearing what the individual says, and should not express anger, fear, or disgust. At this initial inquiry, self-disclosure by the family member will be inhibited by any strong reactions on the part of the practitioner. The tone of this conversation should convey that it is perfectly routine and normal that the practitioner and the family member are discussing this topic and that talking about these issues is in the best interest of all family members. The more calm, matter-of-fact, and competent the practitioner is in making inquiries into the topic, the more willing all family members will be to engage with the practitioner on this issue.

3. The practitioner should give care to the type of questions asked and statements made by doing the following.

- a. Set the context for the inquiry by offering some opening comments, such as "In order to be of assistance to you, I would like to get to know you and how your family relates. I have some general areas to ask about. One of the areas I would like to know about is how you handle disagreements and conflicts in this family. Conflicts are a natural part of family life, but dealing with conflicts can be difficult." "Since domestic violence is a problem in many families, I now ask these questions of every family I meet so I can be of assistance to them."

- b. Seek descriptions of behaviors (what takes place), rather than evaluations of those behaviors.

Individuals are more able to disclose difficult material when they are asked to behaviorally describe what happens, rather than when asked to evaluate what has occurred. In asking about conflicts, the practitioner wants to know how each person acts, rather than just the topics of arguments or how they feel about conflicts or their partner. They may ask questions such as: "How do you fight? How do you show anger? How does your partner show anger to you? Have you ever been injured during an argument? Have you ever been hurt or injured your partner? Are you afraid of being harmed or of harming someone else?"

- c. Ask general questions or make general statements at first, and then follow up with specifics for clarification.

Family members may say things like, "Sometimes I just walk away or scream or go drinking." It is helpful to follow up that "sometimes" with inquiries into what they do at other times.

Sometimes a statement combined with a multiple-choice question will help. "All partners fight. When you get into it with your partner, do you (or does that person) shove, push, grab, or hit your partner (you)?" This multiple-choice question prompts family members to directly discuss the use of physical force.

Continued ...

HANDOUT IV – 7 ...

For the family where there is domestic violence, this interview strategy allows the person to acknowledge one type of physical abuse, usually the least serious, while also making a disclaimer like, "I am not a battered wife (or a wife beater)." For families where there is no use of physical force, they will usually respond, "I do not do any of that," and will come back with a behavioral description of what they do.

- d. Ask family members to tell the story of the most recent fight or the worst fight. This can reveal a lot of information. Listen for any descriptions of someone using physical force against person or property or threats of violence or harm.
- e. As victims or perpetrators start to disclose the violence and describe actual incidents, listen for the negative impact of the violence on the speaker. Oftentimes the impact of the abuse becomes a motivator for that individual to work with the practitioner about the domestic violence. Victims talk about injuries, or fear, or concerns about children. Perpetrators talk about being upset about seeing injuries of victim, or responses of children, or involvement of community officials. The impact of the behavior can be mirrored back to the speaker with a simple naming of the abusive behavior as a problem worth addressing (e.g., "You seem concerned about what is happening. That kind of abusiveness is harmful to all. I am willing to work with you on this concern."). This process opens the door through which the victim or perpetrator start to discuss the violence in the relationship.

These approaches encourage a great deal of self-disclosure on the part of both victims and perpetrators, as well as other family members who are affected by the abuse. Of course, there are those who will lie or even deny domestic violence, and are not ready to work on this issue. Routine inquiry does not guarantee 100 percent disclosure by all affected families, but more families will be identified with the approach than without it.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

C. Exercise: Routine-Inquiry Role-Play

LENGTH OF EXERCISE: 60 MINUTES

INSTRUCTIONS FOR TRAINER

1. Divide the group into triads and refer each group to the three scenarios, included here as Handouts IV-8 through IV-10, reproduced below. Make sure triads are given enough physical space to permit participants to focus solely on their triad.

HANDOUT IV – 8

ROUTINE- INQUIRY ROLE PLAYS

Family #1

YOU ARE PATRICIA, the 33-year-old mother of four children (ages 12 years to 4 months), and in your second relationship. Your first husband died in a freak accident after the birth of your third child. You were shattered by his death and grieved over the loss of a happy marriage. Your depression resulted in some withdrawal from the children, especially the third child.

A YEAR AGO you met your second husband, and after a six-week whirlwind romance that included many “family” activities and intense attention to you and the children, you and Paul married. You quickly discovered you were pregnant. You delivered your fourth child two months premature.

PAUL BECAME increasingly more demanding of your time and seemed to resent the attention you gave to the children. This led to intense arguments with Paul screaming and throwing small objects. Twice he struck you with full force, resulting once in a broken nose and once in a black eye. Each of these arguments would end in Paul sobbing, telling you that he loves you, and begging you not to leave.

YOU AND THE FAMILY were referred to family preservation because your third child had become increasingly depressed and made what appeared to be a suicide attempt by taking pills at school and then reporting it to the school nurse. The family preservation practitioner has been very helpful in increasing family communication through special family meetings. You and Paul have faithfully completed all the exercises and Paul has insisted that each child practice their communication skills.

ONCE, HOWEVER, YOU BECAME CONCERNED because Paul kept the children up until 1 a.m., drilling them on “I messages” until the third child started throwing up. You have not told the family preservation practitioner about Paul’s abuse of you. In fact, you are fearful of it getting out because he threatened the children to keep quiet about “Mommy and Daddy’s fights.” He has never struck any of the children, although he is very strict. Your fear has increased since you received a call from a female stranger claiming to be Paul’s first wife, saying that she had to warn you that Paul is very dangerous. You had no idea Paul had been married before.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 9

ROUTINE- INQUIRY ROLE PLAYS

Family #2

YOU ARE JOHN, a social worker from the nearby mental-health center. You and your current wife have been married 13 years and are raising her three sons (ages 14, 15, and 16) from a previous marriage, as well as two daughters, aged 8 and 9. You and the family were referred to family preservation because of severe problems with the 14-year-old. You believe your wife Joanna is an alcoholic.

YOUR FIRST MARRIAGE ENDED in divorce because of your violence, and you subsequently lost contact with a child from that marriage. You are severely depressed about healthcare downsizing. For the first time you are facing a possible layoff. You and Joanna have been fighting about money, the children, your drinking, and her drinking. In one argument six months ago, “she broke her arm” when you pushed her down a short flight of stairs. This is not the first time you have used physical force. You and Joanna agreed not to mention your fighting to the family preservation practitioner since the focus of the sessions is supposed to be the 14-year-old.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 10

ROUTINE- INQUIRY ROLE PLAYS

Family #3

YOU ARE 13-YEAR-OLD SHELLY, who has been running away from home and skipping school. This has led to repeated heated arguments with your parents. Your brothers and sisters have totally shunned you and you have the feeling they would like you to disappear. You would like to be in a foster home to escape the constant bickering, especially since you met Neil, your 16-year-old boyfriend. You are hoping to be in a foster home in his hometown.

NEIL LIVES IN THE NEXT TOWN and you met him at a concert. All your friends think it is so romantic. You finally have someone who loves you. Sometimes he seems mean and has pushed you against a wall during an argument, but then you “probably provoked him by asking him to give you his ring.” He insists that you be available for sex at any time and has even come into your house late at night and made you do it with your parents sleeping next door. You are hoping that if you are in the same town as he is, he won’t need you to prove yourself all the time.

THE FAMILY PRESERVATION PRACTITIONER has been working with the family for a week and you don’t see the point.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

2. For each role-play, ask one participant to play the family-preservation practitioner, one to play the family member, and one to be an observer. As the triad role-plays the three different cases, each participant will have the opportunity to take the role of a practitioner, a client, and an observer. Each role-play focuses on that portion of the interview where the family preservation practitioner makes a routine, direct inquiry about domestic violence.
3. Ask the participant playing the family member to read the role description to him/herself, and to stick to the basic facts (especially those related to the questions of whether there is violence and, if so, who the perpetrator or victim is). The participant is free to embellish the role in other ways, but must stay with the basic facts about domestic violence.
4. Ask the participant who is playing the family member to brief the participant who is in the practitioner's role with some information from the scenario (e.g., client age, presenting issue, number of children) before beginning the role play, but not provide the facts regarding domestic violence.
5. Tell participants they have seven minutes for the role-play and signal them when to begin. At the end of the seven minutes, tell the group to stop and remain silent. Ask participants to answer the questions (on Handout IV-11) individually in brief written notes and to keep the notes for later group discussion. They should not discuss their notes with other participants at this time.
6. Display the questions that each participant should answer on the overhead projector, using Handout IV-11, reproduced below.

HANDOUT IV-11

QUESTIONS FOR ROUTINE INQUIRY ROLE

1. For the observer and practitioner:

Is there domestic violence in this family? Yes? No? Unsure?

What information did you base your conclusion on?

If there is domestic violence:

Who is the victim(s)?

Who is the perpetrator(s)?

What might the family members' motivation be to deal with the issue in the context of the family preservation work?

2. For the observer and family member:

What questions or comments did the practitioner raise that were helpful in drawing out the information needed to make the determination?

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7. Give the triads three minutes to make notes on these questions which they will refer to when they debrief each role play in the larger group.
8. Once the individual notes have been completed, use the same procedure for Family #2 and then for Family #3.
9. At the close of the three role-plays, allow the triads to debrief the role-plays amongst themselves for five minutes only. This allows triads to unwind from role-plays, but does not permit complete processing of the experience.
10. Bring the triads back into the large group for a structured discussion of the experience.
11. For each scenario, ask those in the role of the family member to stand. The instructor should read aloud each case separately to the group. Ask those standing to resume their seats.
12. Ask those in the roles of the family preservation practitioner and observers to raise their hands. Then ask them the following questions:
 - a. How many of you thought there was domestic violence in this family (i.e., "Yes")? Record answer on board.
 - b. How many thought there was not (i.e., "No")? Record answer.
 - c. How many did not know by the end of the role-play (i.e., "Unsure")? Record answer.
13. Allow group to make brief comments about how they made their determinations.
14. Once all three role-plays are complete, ask the group as a whole to list which questions or statements made by family preservation practitioners were helpful in eliciting the information necessary for making the determinations.

NOTE TO TRAINER: This exercise is about successful interview strategies. Participants learn a great deal from the emphasis on what they do right, and do not need to have delineated what was done incorrectly in this exercise. In future supervision and consultation sessions, incorrect responses can be discussed.

15. Ask the group what might be the motivation of the family member (whether the victim, perpetrator, or a child) to deal with the issue of domestic violence in the context of their family preservation work. List on the board the possible family member's motivations for addressing the issue. Do this same discussion for each of the three cases if time permits.

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CHAPTER FIVE

Working with the Victim of Domestic Violence

I. GOALS OF INTERVENTION WITH THE ADULT VICTIM

LEARNING OBJECTIVE

To clarify the primary goals for work with domestic violence victims

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

Refer participants to Handout V-1 (reproduced below), and display same in overhead projector.

HANDOUT V – 1

GOALS OF INTERVENTION WITH THE ADULT VICTIM IN A FOUR-TO EIGHT-WEEK INTENSIVE FAMILY PRESERVATION PROGRAM

Although every family preservation client sets her own goals and some clients may not want to work on addressing the violence during the intervention, it is still important for the practitioner to be clear about desirable outcomes in domestic violence cases.

These include:

1. The victim leaves the program with a safety plan for herself and her children.
2. The victim's control over her own life is restored.
3. The victim is helped to build or restore a support network to help protect herself and her children.
4. The victim receives information and educational materials about domestic violence.
5. The victim hears that she has a right to be safe, autonomous, and free from abuse.
6. The victim experiences a non-blaming environment in which she can discuss the history of abuse, deal with her feelings, and find support and validation.

Family Violence Prevention Fund

II. UNDERSTANDING THE BEHAVIOR OF ABUSED WOMEN


LEARNING OBJECTIVES

1. to identify the multiple strategies women use to cope with and survive domestic violence
2. to understand the reasons why some victims stay with or return to their partners
3. to identify the ways that domestic violence may affect parenting
4. to understand the help seeking behaviors of abused women.

A. Common Coping Reactions to Domestic Violence

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Victims actively attempt to stop the violence and abuse. Their strategies encompass a wide range of behaviors, including pleasing and placating the perpetrator, fighting back, fleeing, seeking help, reasoning with the perpetrator, or numbing themselves.
2. Victims are not helpless; they are surviving as best they can. Many of their survival skills are extremely creative. Some, like substance abuse or criminal activity, can create additional problems for them.
3. Ask the group to brainstorm ways in which they have seen victims cope with domestic violence.
4.  Examples may include:
 - feeling shock and disbelief
 - hoping the relationship will improve
 - fighting back and defying the perpetrator
 - pleasing and placating the perpetrator, complying with his demands
 - not telling anyone about the violence for fear of making things worse
 - not leaving for fear of making things worse
 - leaving to try to make things better
 - avoiding the perpetrator, working separate shifts
 - protecting kids by sending them away


- searching for help, getting a restraining order, going to a shelter, trying to find help for the perpetrator
 - dropping her search for help as a way to protect herself
 - being “devious” as a way to survive, lying to the perpetrator and others
 - encouraging the perpetrator to drink so he’ll pass out and not hurt anyone
 - reasoning with the perpetrator and expressing disapproval of his behavior
 - trying to improve the relationship
 - creating an internal space that the perpetrator cannot touch through fantasies, etc.
 - having sex to placate the perpetrator and protect the children from violence
 - drinking and using drugs to numb her own pain
 - lying about the perpetrator’s criminal activity or child abuse so that he will not hurt the victim or the children
5. It is important for practitioners to understand that there is no one correct way for a victim to deal with her perpetrator. The victim keeps trying various strategies, often changing them, abandoning old ones, and adding new ones to calm the perpetrator or to get the violence to stop. The outcome is dependent on the behavior of the perpetrator.

B. Staying, Leaving, and Returning

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. R. Emerson Dobash and Russell Dobash found the question, “Why do battered women stay with their abusers?” to be an incorrect formulation of the issues (Dobash and Dobash, 1979). In their research the authors found that most women don’t stay. Rather, they come and go. It works like this:
 - The first time women are hit they don’t leave. Logically they define the violence as an aberration (e.g., “This has never happened before, so it won’t happen again”). The women dislike and disapprove of the violence, but at this point they do not define it as a part of the relationship.
 - If the violence continues, the women often leave for a few days. They leave in order to:
 - a. get redress


- b. teach the perpetrator a lesson (e.g., "If you hurt me, you might lose me").
 - At this stage the lesson seems to take. The perpetrator pursues her, promises never to hurt her again, apologizes, or tries to reform. The woman returns home because she has achieved her goal: Her partner has promised to change. She may leave and return several times, hoping for improvement in the relationship.
 - Later she may leave and return without any hope of change. She may return for several reasons:
 - a. she cannot find housing
 - b. she is afraid of poverty or of raising children alone
 - Each stage of the woman's behavior (staying, leaving, and returning) is logical. Anyone in her circumstances might do the same thing. On average, women leave and return five to seven times before they can make a final break with an abusive partner.
2. The practitioner's goal should be to support the victim and to help her plan for her safety, no matter what choice (staying, returning, or leaving) she makes. The practitioner should understand that the victim's ambivalence about her relationship is normal. We all feel conflicting feelings when we consider leaving an important relationship. The practitioner's job is to listen to the victim and help her clarify her feelings.
 3. The practitioner should never regard it as a failure if the woman stays or returns. Success should be measured by the woman's growing sense of autonomy, dignity, and safety. If the woman has left once and returns, she has learned that leaving is an option for the future.
 4. Practitioners also should never pressure the woman to leave. Separation is the most dangerous time for many women (the majority of domestic violence homicides occur after separation), and the practitioner must respect the victim's right to make decisions for herself.
 5. Since leaving, staying, and returning are difficult, the intervention of a caring and supportive outsider who has new resources and ideas is critical.
 6. Ask the group to brainstorm the following question: Why is it difficult to leave permanently?
-  7. Examples may include:
- > loss of resources and status as wife
 - > cultural beliefs about marriage, families, and children
 - > stigma of divorce
 - > lowering of self-confidence with the woman believing that she can't make it on her own
 - > fear of reprisal or of more violence
 - > fear of having no place to go

- lack of economic resources
 - ambivalence about the relationship (but not about the violence), and still caring about her partner
 - being told by many people that it is best to stay
8. The community often puts a victim in an impossible dilemma: We pressure her to keep trying to make her relationship better and at the same time label her as masochistic for staying in her relationship. A supportive, validating family preservation practitioner can play a crucial role in helping the victim find a safe haven for herself and her children.

C. Impact of Domestic Violence on Parenting

LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

1. Ask the group to brainstorm the ways domestic violence might have an impact on the victim's parenting.
-  2. Examples may include:
 - inability to attend to children due to injury
 - depression, making it difficult to cook or clean
 - anger that's taken out on kids
 - undermining of her authority by perpetrator, causing children to be disrespectful toward her
 - feelings of shame as a parent because she cannot protect her children
3. Point out that some victims are neglecting their children because of the abuse and feel ashamed and guilty about this. Others are so depressed that it is hard for them to think about their children. Most victims, however, are valiantly taking care of their children in spite of the domestic violence.
4. It is very important for practitioners to point out their clients' strengths and resourcefulness as mothers, whenever this is possible. Perpetrators frequently undermine the victim's sense of competence as a parent and her connections to her children, so it is important for the family preservation program to rebuild these competencies and connections whenever possible.

D. Understanding Victims' Help-Seeking Experiences

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. It is a myth that victims of domestic violence do not want help. We often do not know how to provide the help requested, or we lack the resources that victims most often need. As a result, help-seeking often leads to the woman's entrapment and loss of hope.
2. Data on the help-seeking behavior of domestic violence victims indicate that victims do try to flee or get help when the violence escalates. In a study done by Bowker, 854 women sought shelter assistance from family, friends, and battered women's programs on over 3,000 occasions, an average of three times per woman (Bowker, 1986). These victims sought assistance from the following agencies:
 - 53 percent sought help from the police
 - 50 percent used social-service or counseling agencies
 - 43 percent consulted an attorney
 - 39 percent used physicians and nurses
 - 33 percent sought help from clergy
 - 26 percent sought help from a battered women's shelter
3. Bowker also found that victims usually asked the police to arrest the perpetrator. However, the police complied with only one out of six arrest requests. Many women reported that the perpetrator stepped up the violence after the police failed to make an arrest.
4. A study conducted by Dobash and Dobash (1979) found that clinicians tend to:
 - define domestic violence as a symptom of other issues, not the real or true problem to treat
 - hold beliefs that the woman encourages, provokes, or even enjoys the abuse
 - confuse the woman's inability to do anything about the violence, or to escape it, with acceptance of the violence
5. Because clinicians do not help the victim escape, she is further entrapped. When the victim's position remains unchanged, it confirms the clinician's belief that the victim considers the violence to be acceptable.
6. This creates multiple problems for the victim: she does not get adequate protection or support; her partner pays her back with escalating violence or harassment; she learns that it is dangerous to act; and she becomes more isolated and entrapped.

7. The family preservation practitioner can assist the victim in gaining access to help and can advocate for the victim with institutions like the police, courts, child protection, and welfare in order to break this cycle.

III. ASSESSMENT¹

LEARNING OBJECTIVES

1. to develop the skills necessary to conduct a complete assessment of how physical, sexual, and emotional abuse affect the victim
2. to understand how the victim's previous help-seeking attempts have affected her
3. to identify factors to be considered in assessing lethality

A. Overview of Assessment

LENGTH OF PRESENTATION: 2 MINUTES

PRESENTATION OUTLINE

1. The assessment process includes five steps. These steps are listed on Handout V-2, reproduced below (display as an overhead during this presentation).
2. In order to develop a clear picture of the danger that the victim faces, and to plan adequately for her safety, each of these steps should be covered during the assessment of each victim.

¹Adapted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps

HANDOUT V – 2

FIVE STEPS OF ASSESSMENT

1. assessing the forms of abuse
2. assessing the pattern of abuse
3. assessing the impact of abuse
4. assessing the outcome of the victim's help-seeking
5. assessing lethality

Reprinted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps

B. Step One: Assessing the Forms of Abuse

LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

1. Review Handout V-3 (reproduced below) with participants. Handout V-3 suggests questions that practitioners can ask a victim in order to make an assessment of the forms of the abuse that she is experiencing. Review the definition of domestic violence with participants in order to remind them that abuse is a pattern of coercive control, not just physical assaults. Understanding the forms and pattern of abuse is the only way for the practitioner to accurately address the concern: Is this client or are her children in danger?
2. Remind participants that the assessment questions on Handout V-3 are guides for discussions with clients. The practitioner does not need to ask each question or read off a list of questions to the client. Assessment should never be made in a detached way. Rather, the practitioner should use the material as a reminder of what to listen for in conversations with clients.
3. The practitioner will want to assess seven forms of abuse with the client: isolation, financial control, intimidation and threats, emotional abuse, physical abuse, sexual abuse, and use of the children to control or punish their mother. The practitioner should explain to the client that abuse is defined as attempts to control a person through the use of a variety of harmful behaviors.

ASSESSING THE FORMS OF ABUSE

1. Isolation

Isolating behavior keeps the victim dependent on her partner and alone without outside support or help. Isolating tactics include keeping the victim from going to a job, school, or church, or from seeing family and friends. This is accomplished by such means as the perpetrator removing the telephone while he is away from home, following the victim around, opening the victim's mail, and monitoring her phone calls. Note that isolation increases the danger to the victim. Listen to the client's story and ask some of the following questions to assess for isolation.

- a. Do you have a support system of friends in the community? Does your partner ever pressure you to stop seeing your friends?
- b. Does your partner ever forbid you to see or talk to certain people in your family?
- c. Has your partner restricted you in other ways from doing what you want?

2. Financial Control

Exercising financial control makes the victim dependent on the partner and extremely vulnerable to abuse. Examples include denying the victim access to money and to information about the family finances, forcing the victim to beg and plead for money, lying about money, stealing the victim's money, preventing the victim from working, and ruining the victim's credit. Listen to the client's story and ask some of the following questions to assess for financial abuse.

- a. What kinds of arguments do you have over money? Who makes the final decision when you disagree with each other?
- b. If you want to work, does your partner allow it?
- c. Do you have any money of your own to spend? How are finances handled? Who pays the bills? Who controls the checkbook?

3. Intimidation and Threats

Intimidation and threats are used to make the victim fear that, if she does not comply, something terrible will happen. The fear can linger for days or weeks, long after an assault is over. Examples of this form of abuse include frightening the victim by certain gestures and looks, smashing things, destroying the victim's possessions, hurting or killing pets, playing with weapons to scare the victim, and threatening to kill the victim, the children, or to commit suicide. Many people who live in situations that are continuously threatening adjust and accommodate without realizing the extent to which they are living in fear. These questions are meant to open the discussion. The interviewer may have to probe to determine to what extent the victim is living with fear.

Continued ...

HANDOUT V – 3 ...

- a. How does your partner let you know that he disapproves of your behavior?
- b. When you have conflicts or arguments, are there ways that your partner scares you? What kinds of threats does your partner make?
- c. Does your partner ever use physical strength or weapons to intimidate you?
- d. Has your partner made veiled or open threats to kill you, the children, or himself?
- e. Are there certain subjects you don't bring up anymore?
- f. Has your partner intimidated or threatened you in other ways?

4. Emotional Abuse

Emotional abuse robs the victim of self-confidence and makes her feel subservient, dependent, and weak. Examples include putting the victim down, calling her names, humiliating her in front of family and friends, making her feel stupid, and blaming her for what the perpetrator did wrong. Listen to the client's story and ask some of the following questions to assess emotional abuse.

- a. When your partner wants to insult you, what names are you called? How often does your partner do this?
- b. Do you ever feel you just can't do anything right?
- c. Do you spend a lot of time trying to figure out how not to upset your partner?
- d. In what other ways does your partner hurt you emotionally? Are you put down or criticized?

5. Physical Abuse

Physical abuse is aimed at making the victim do what the perpetrator wants. It causes fear, or punishes the victim for breaking the perpetrator's rules. Examples include pushing, shoving, hitting with an open hand or a closed fist, choking, and burning. Listen to the client's story and ask some of the following questions to assess for physical abuse.

- a. Can you think of a time when your partner pushed or shoved you?
- b. Can you think of a time when your partner grabbed you or prevented you from leaving a room?
- c. Can you think of a time when your partner threw something at you or at a wall?
- d. Can you think of a time when your partner hit you with his hand or fist?
- e. Can you think of a time when your partner choked you?
- f. Has your partner abused you physically in other ways?

Continued ...

6. Sexual Abuse

Sexual abuse is degrading and humiliating. Many victims feel very uncomfortable talking about sexual abuse. The practitioner must be able to inquire openly about the presence and nature of the abuse. Many women find that over a period of time, a man who is physically and psychologically abusive will frequently be forceful in sexual ways as well. Sexual abuse includes a broad range of behaviors, including pressuring the victim to have sex in a way or at a time she's not comfortable with. It might include things the perpetrator does to make the victim afraid for her own or her children's sense of sexual safety. Listen to the client's story and ask some of the following questions to assess for sexual abuse.

- a. Can you think of a time when your partner made you feel uncomfortable or embarrassed about sex?
- b. Do you feel pressured to have sex?
- c. Are there ways your partner gets you to have sex if you don't want it?
- d. Are there other behaviors of your partner's that make you feel uncomfortable or unsafe sexually?

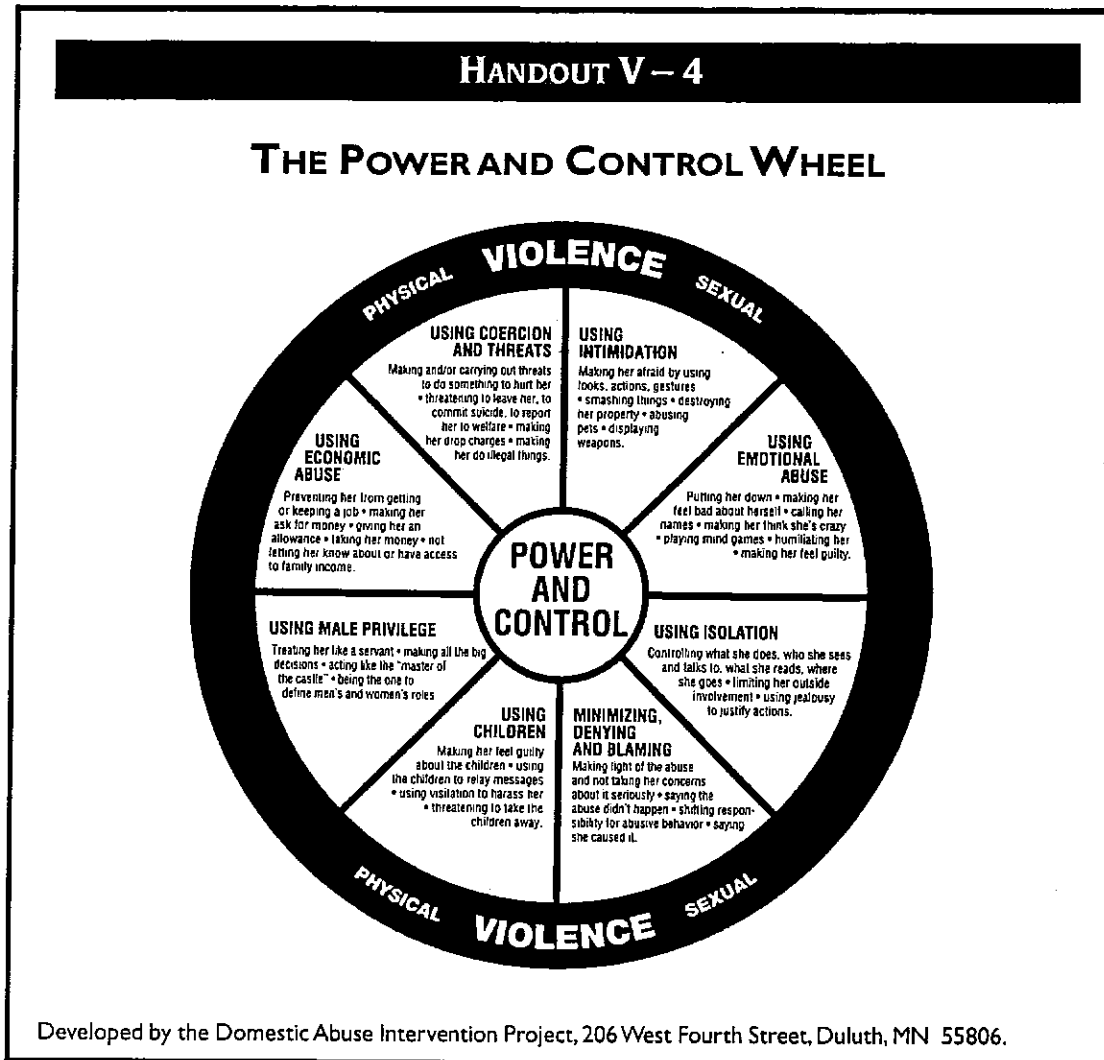
7. Use of the Children to Control or Punish Their Mother

Often the man who batters threatens to harm the children as a way to make their mother comply with his demands. Children are also used in a number of other ways (e.g., as spies who are required to report to their father about their mother's whereabouts). Children are sometimes forced to witness or participate in assaults against their mother and they often hear their father denigrate their mother. Some perpetrators constantly undermine the mother's authority with the children. Listen to the client's story and ask some of the following questions to assess these issues.

- a. Are there ways that your partner tries to use the children against you?
- b. Does your partner ever threaten that he will harm or snatch the children if you leave him?
- c. Do you ever feel your children must spy on you for their father or must side with their father to punish you?

Reprinted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps.

4. Assessment is also effectively done with clients by using Handout V-4, "The Power and Control Wheel." This wheel is a tool for practitioners to give to clients that enables them to talk about diverse forms of abuse. Review this handout with participants .



C. Step Two: Assessing the Pattern of Abuse

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE


The questions in this section can help the practitioner determine if the pattern of incidents is changing, if the abuse is escalating in severity and frequency, and if the victim is in danger. The practitioner should listen to the client's story or ask some of the following questions to assess for changes in the pattern of abuse.

- Can you describe the first time your partner abused or frightened you? When did this happen?
- Can you describe the worst incident (or type of abuse) and the abuse that troubles or scares you the most?
- Can you describe the most recent incident?
- How frequently does the abuse occur (i.e., daily, weekly, monthly, yearly)? Has the frequency changed in the last year or last month? Is any of the abuse (emotional, physical, or sexual) escalating in frequency?
- Is the abuse getting more severe, brutal, reckless, or dangerous? How?

D. Step Three: Assessing the Impact of Abuse


LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

-  1. Return to the answers from the exercise at the beginning of the training (Chapter Three Section I.A., "How Victimization Affects Us,") and review the common, affective reactions to victimization.

Examples may include:

- | | |
|----------------------------|-------------------------|
| ➤ fear | ➤ self-doubt |
| ➤ withdrawal and isolation | ➤ sadness |
| ➤ confusion | ➤ depression |
| ➤ ambivalence | ➤ minimizing |
| ➤ anger | ➤ blocking out feelings |
| ➤ guilt | ➤ denial |
| ➤ shame | ➤ vigilance and anxiety |
| ➤ feeling trapped | ➤ powerlessness |

-  2. Ask the group to list common reactions among victims if the abuse escalates in frequency or severity over time. Common reactions can include:

- | | |
|---|--|
| ➤ terror | ➤ numbing, including excessive use of substances |
| ➤ rage | ➤ acute anxiety or panic |
| ➤ severe depression and loss of confidence and self-respect | ➤ traumatic stress disorder (TSD) |
| ➤ suicide attempts | ➤ paralysis and loss of initiative |
| | ➤ eating disturbances |

- loss of self-care
- homicidal thoughts and attempts
- resignation to death

- neglect of children
- shame in the victim for violating her values or norms (lying to others, protecting the perpetrator and not her children, etc.)

3. Ask the group for other examples that illustrate their clients' reactions to severe and ongoing abuse.
4. Refer participants to Handout V-5 (reproduced below) for this presentation.
5. Abuse is more than physical or sexual assaults. It is also an assault on the victim's dignity and sense of pride and well-being. Victims are terrorized by the abuse, forcing them to limit their activities and live in fear. Some victims and their children develop serious physical and emotional problems, including substance abuse, as a result of domestic violence.
6. The questions provided in Handout V-5 will help you determine the impact of abuse. These assessment questions are guides. The practitioner does not need to ask each question or read off a list of questions to the client. While it is critical to assess the consequences of abuse, like depression and numbing, this assessment should never be made in a detached or clinical way. Rather, the practitioner should use the material as a guide for discussions with clients or as a reminder of what to listen for in conversations with clients.

HANDOUT V – 5

ASSESSING THE IMPACT OF ABUSE

1. Can you think about yourself at the beginning of your relationship with your partner? How would you have described yourself then?
2. Have you seen any changes in yourself over the course of your relationship with your partner? If so, can you discuss these changes?
3. Some women report they become more isolated, depressed, frightened, and withdrawn after assaults. How would you describe what happens to you?
4. Over the last several months have you had any of the following problems?
 - trouble falling asleep
 - trouble staying asleep
 - trouble concentrating on things, such as a TV program or book
 - feelings of sadness, depression, lack of interest in things
 - loss of appetite or excessive eating
 - feelings of being a failure and letting others down

Continued ...

HANDOUT V – 5 ...

- excessive fatigue
 - feelings of being trapped
 - increased use of alcohol or drugs
 - bad nightmares
 - flashbacks (sudden memories of childhood or adult abuse or other traumas)
 - trying hard to avoid anything that will remind you of painful memories
 - feelings of being numb inside
 - frequent headaches
 - frequent stomachaches
 - back or joint pain
 - chronic urinary-tract infections
 - pain or intense vaginal bleeding
 - pain because of intercourse
5. Do you have any episodes where, out of the blue, you feel panic or intense fear of going crazy, of having a heart attack, or of dying?
6. Have you ever tried to hurt or kill yourself? Have you recently had thoughts you would be better off dead or might hurt yourself in some way? Here it is important to see if the client has a plan and intervene to protect her if she does.
7. Have you recently had thoughts about hurting or killing your partner? Here it is important to see if the client has a plan. Many women think of killing their abusive partner (in fact, it is normal to want to hurt someone who is hurting you), but most never act on their feelings. If the victim has a plan, you must intervene to protect her and those she is planning to hurt, following policies your agency has established to deal with these cases.

Reprinted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps.

E. Step Four: Assessing the Outcome of the Victim's Help-Seeking

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. It is always important to find out what resources clients have used to resolve their problems and what solutions the client has tried in the past.
2. Remind participants that if victims have had negative help-seeking experiences, it will be more difficult for them to reach out for assistance, further jeopardizing their safety. For this reason, the client needs to be able to express feelings of betrayal and mistrust about previous help-seeking experiences. The practitioner needs to validate the client's feelings. If the client can talk about these institutional betrayals, she is often able to move on and find new solutions for herself.
3. Because a positive help-seeking experience rebuilds the victim's trust and hope, the practitioner should work with the client and with systems like the police and courts to create good help-seeking outcomes.
4. Refer participants to Handout V-6 (reproduced below) as an example of questions useful in assessing help-seeking outcomes.

HANDOUT V – 6

ASSESSING THE OUTCOME OF HELP-SEEKING

1. Is your extended family aware of the abuse? What has their response been?
2. Have you told anyone outside of the family about the abuse (friends, clergy, co-workers, doctor)? Was the response supportive of you?
3. Have you ever seen a counselor? Was the counseling helpful?
4. Has your partner ever seen a counselor? Was the counseling helpful?
5. Have you ever left home as a result of the abuse? If so, when did this occur and where did you stay? Was this stay helpful to you?
6. Were you able to take the children with you when you left? If not, why?
7. Have the police ever been called for assistance? Who called? What was this like for you?
8. Have you ever gone to court to press charges or file a restraining order? What was this like for you?
9. Have you ever utilized a battered-women's program? What happened?

Adapted from the Massachusetts Department of Social Services

F. Step Five: Assessing Lethality

LENGTH OF PRESENTATION: 25 MINUTES

PRESENTATION OUTLINE

1. Domestic violence can result in physical injury and death. The injuries range from superficial wounds and abrasions (cuts, bruises, damaged muscles and bones) to severe, permanent, and sometimes life-threatening injuries (ruptured internal organs, broken bones, burns, head injuries, torn muscles, or damaged hearing and sight) and even death. Sometimes the physical damage stems from living with the chronic stress of an abusive relationship and its impact on medical conditions such as diabetes, MS, lupus, cardiac problems, high blood pressure, asthma, and gastrointestinal conditions.
2. In the course of their violent conduct, perpetrators injure or kill the victim, children, others who are involved with the family, and sometimes themselves. The perpetrators use a wide range of physically abusive behaviors. Some use objects (e.g., knives or guns) in order to intimidate and control their partners. Some directly abuse their children as well, while others injure the children in pursuit of abusing their adult intimate. Innocent bystanders or those attempting to assist the victim may be injured. Sometimes perpetrators injure or kill themselves in their effort to maintain power and control over the victim.
3. Domestic violence is not only lethal as a result of the perpetrator's behavior. Sometimes the victim, in a desperate attempt to protect herself or her children, will injure or kill the perpetrator. At other times, in a desperate attempt to escape the torment, the victim will commit self-injury or suicide. Sometimes the children attempt to deal with the violence by acting out against the perpetrator, the victim, or even themselves. Assessing lethality is not merely trying to predict whether or not the perpetrator will kill the victim; it also requires assessment of the risk of life-threatening behaviors against others or self, committed by the perpetrator, victim, or children.
4. Assessment of lethality needs to be done whenever domestic violence is identified — at the first meeting, as well as, in a briefer form, every time the practitioner has contact with the family. Assessment involves gathering information about and from the victim, children, perpetrator, and others having contact with the family. Information is gathered about the pattern of abusive behaviors (e.g., threats to kill, previous dangerous behavior, presence and use of weapons, hostage-taking); the perpetrator's access to the victim; the perpetrator's current emotional state (e.g., desperation, obsession with victim, increased risk-taking or ignoring the consequences of his behavior); past failures of the community to hold the perpetrator accountable or to protect the victim; situational factors like separation violence or presence of other stresses; suicide potential of any family member. (See Handout VI-4 "Lethality Assessment with the Perpetrator.")
5. Very little research has been conducted to determine which perpetrators eventually seriously injure or kill their victims. In other words, it is impossible to predict who will injure or kill another person. However, the best predictor of future violence seems to be past violent behavior.²

²Points #1-5 above written by Anne L. Ganley, Ph.D.

6. The risk factors listed below come from the best current clinical thinking and research about risk in domestic violence cases. They cannot be used to predict serious injury or homicide. They cannot be scored (e.g., "if you have six of the 12 risk factors below you are in serious danger"). The field does not yet have adequate information to make such predictions. Rather, they are placed in this curriculum to heighten the awareness of practitioners about danger in domestic violence cases. They are also placed here so that practitioners can educate their clients about risk and help them plan for their safety.
7. The practitioner should be aware that the patterns for domestic violence homicides differ for men and women. Research indicates that in the majority of cases where women kill their partners, they typically have endured long periods of severe abuse (Browne, 1987). They kill out of self-defense when they believe they (or a child) will be murdered or seriously harmed by the perpetrator. Most commonly, men kill their partners out of a sense of jealousy or when they believe the woman is ending the relationship (Wilson and Daly, 1992).
8. Most severe and fatal assaults by men against female partners are associated with the following risk factors:³
 - perpetrator has history of criminal violence in the community and home
 - serious abuse of perpetrator as a child or witness to his father's abuse of mother
 - perpetrator abuses children as well as women
 - perpetrator threatens to kill partner or children
 - perpetrator's partner has separated from him
 - perpetrator's partner has invoked outside intervention to end the abuse
 - perpetrator has seriously injured partner
 - frequent physical assaults against victim
 - frequent and severe intoxication and drug use by perpetrator
 - suicide attempts or threats by victim or perpetrator
 - perpetrator's sexual assaults on victim are frequent and severe
 - weapons are present
9. If the practitioner hears the perpetrator make a serious threat to harm or kill the victim, every effort must be made to inform the potential victim and the police, or other regulatory agency, that serious harm was threatened. Every family preservation program must work out a duty-to-warn policy when there is imminent danger of serious harm or death. Each program should give family preservation practitioners a written protocol regarding the steps to take when duty-to-warn is an issue.

³ This list and Handout V-7 were developed using research findings and clinical impressions from a number of sources. (Browne, 1987; Campbell, 1992; Jones and Schechter, 1992).

10. Try to assess whether the conditions listed above exist. Also assess whether the victim is fearful. Does the client think that her partner might kill her or one of her children? Does the client feel trapped, like someone is going to die?
11. If the victim threatens to kill the perpetrator, the practitioner should first explore if the threat is a serious one. Many women feel like killing a continuously assaultive spouse, but they do not. To determine seriousness, ask if the client has a plan. If the threat is serious, the practitioner has a duty to warn the perpetrator, but the practitioner must also protect the victim, and explore alternatives to homicide, like getting the victim to leave the home.
12. Refer participants to Handout V-7, "Assessing Danger With the Victim" (reproduced below).

HANDOUT V – 7

ASSESSING DANGER WITH THE VICTIM

The questions below are listed as a summary guide for the practitioner inquiring about known risk factors with the victim. Although the practitioner cannot predict who will seriously injure or kill, if there is a cluster of yes answers to the risk-indicator questions below or if the victim feels that she is in danger, the practitioner will want to help the client immediately develop a safety plan for herself and her children.

- Have the assaults become more violent, brutal, and dangerous?
- Has the perpetrator ever choked the victim?
- Are there knives, guns, or other weapons at home?
- Does the perpetrator abuse alcohol or drugs such as speed, crack, cocaine, or heroin?
- Does the perpetrator assault the victim while he is intoxicated or high?
- Has the perpetrator threatened to kill the victim?
- Does the victim believe that the perpetrator may seriously injure or kill her or himself?
- Is the perpetrator assaultive during sex?
- Is the perpetrator preoccupied with the victim?
- Does the perpetrator follow the victim, monitor her whereabouts, and/or stalk her?
- Is the perpetrator jealous, and does he imagine the victim is having affairs with other people?
- Has the perpetrator threatened or tried to commit suicide?
- Is the victim suicidal?
- Is the perpetrator depressed or paranoid?

Continued ...

HANDOUT V-7 ...

- Has the perpetrator experienced recent deaths or losses?
- Does the perpetrator have a history of assaulting other people or breaking the law?
- Was the perpetrator beaten as a child, or did the perpetrator witness his mother being beaten?
- Has the victim separated from the perpetrator, or is she considering separation?
- Is the victim making serious threats to kill the perpetrator?

*This handout was developed using research findings and clinical impressions from a number of sources. (Browne, A. 1987. *When Battered Women Kill*. New York: Free Press; Campbell, J. 1992. "If I Can't Have You, No One Can: Power and Control in Homicide of Female Partners." In *Femicide: The Politics of Woman Killing*, ed. J. Radford and D.E.H. Russell. New York: Twayne Publishers; Jones, A., and S. Schechter. 1992. *When Love Goes Wrong: What To Do When You Can't Do Anything Right*. New York: HarperCollins.)*

IV. INTERVENTIONS WITH VICTIMS

LEARNING OBJECTIVES

1. to improve safety-planning skills in domestic violence cases
2. to develop intervention skills for working with domestic violence victims
3. to avoid common intervention pitfalls when working with victims of domestic violence

A. Safety Planning

LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

1. Refer participants to Handouts V-8 and V-9 for this presentation.
2. After completing an assessment of danger with the victim, let her know if you think she is in danger. Discuss the reasons you think she may be in danger and your concerns, asking her how she interprets these warning signs. Ask the questions below to determine to what extent the victim is aware of the resources available to her and has identified methods to protect herself. Many women are very adept at protecting themselves. Where you think the victim would benefit from further consultation on safety issues, arrange for her to talk to a victim advocate from a local domestic violence program.

3. In all cases, the family preservation practitioner should develop a safety plan with the victim, provide her with a list of resources, discuss safety options, offer to serve as a resource to help her, and continue to raise safety concerns throughout the duration of the intervention.
4. It is important to tell every victim that you are concerned for her and her children's safety, and to plan together for their protection. Remember that the victim is an expert on her perpetrator, and that she, not you, must live with her choices. Do not choose for her. Rather, help her assess her options and the consequences of her decisions.
5. Handout V-8, entitled "Safety Planning Tool," provides a list of issues to explore with the clients in developing a safety plan. Handout V-9 provides the practitioner with a chart the client can fill out regarding options available to her. These handouts are reproduced below. Detailed, written information on legal protection, shelter, and other resources available in the community for victims of domestic violence should always be provided to the client by the practitioner (see Chapter Eight).

HANDOUT V – 8

SAFETY PLANNING TOOL

ASK SOME OF THE FOLLOWING QUESTIONS AS YOU DISCUSS SAFETY.

- In what way can I (and others) help you?
- What do you feel you need to be safe?
- What particular concerns do you have about your children's safety?
- What have you tried in the past to protect yourself and your children (e.g., left for a few days, sought help from family or friends, fought back, got an order for protection)? Did any of these strategies help? Will any of them help you now?

IF THE CLIENT HAS HAD THE PERPETRATOR EVICTED OR IS NOW LIVING ALONE, EVALUATE THE FOLLOWING OPTIONS WITH HER:

- Changing locks on doors and windows.
- Installing a better security system — window bars, locks, better lighting, smoke detectors and fire extinguishers.
- Teaching the children to call the police or family and friends if they are snatched.
- Talking to schools and childcare providers about who has permission to pick up the children and developing other special provisions to protect the children.
- Finding a lawyer knowledgeable about family violence to explore custody, visitation and divorce provisions that protect the children and the victim.

Continued ...

HANDOUT V – 8 ...

- In rural areas where only the mailbox may be visible from the street, covering the box with bright colored paper so that police can more easily locate the home.
- Obtaining an order of protection

IF THE CLIENT IS LEAVING THE PERPETRATOR, REVIEW THE FOLLOWING WITH HER:

- How and when can she most safely leave? Does she have transportation? Money? A place to go?
- Is the place she is fleeing to safe?
- Is she comfortable calling the police if she needs them?
- Who will she tell or not tell about leaving?
- What can she and others do so that her partner will not find her?
- Who in her support network does she trust to protect her?
- How will she travel safely to and from work or school or to pick up children?
- What community/legal resources will help her feel safer? Write down their addresses and phone numbers.
- Does she know the number of the local shelter?
- What custody and visitation provisions would keep her and the children safe?
- Would an order of protection be a viable option?

IF YOUR CLIENT IS STAYING WITH THE PERPETRATOR, REVIEW THE FOLLOWING WITH HER:

1. In an emergency what works best to keep her safe?
2. Who can she call in a crisis?
3. Would she call the police if the violence starts again? Is there a phone in the house or can she work out a signal with the children or the neighbors to call the police or get help?
4. If she needs to flee temporarily, where can she go? Help her think through several places where she can go in a crisis. Write down the addresses and phone numbers.
5. If she needs to flee, where are the escape routes from the house?
6. Identify dangerous locations in the house and advise her to try not to be trapped in them.
7. If there are weapons in the house, explore ways to have them removed.
8. Advise her to make an extra set of car keys and to hide some money in case of an emergency.

Continued ...

HANDOUT V – 8 ...

9. Remind her that in the middle of a violent assault, it is always best for her to trust her judgement about what is best — sometimes it is best to flee, sometimes to placate the assailant, anything that works to protect herself.

10. Advise your client to have the following available in case she must flee.
 - Birth certificates
 - Social security cards
 - Marriage and driver's licenses and car title
 - Bank account number, credit and ATM cards, savings passbooks
 - Lease/rental agreements, house deed, mortgage papers
 - Insurance information and forms
 - School and health records
 - Welfare and immigration documents
 - Medications and prescriptions
 - Divorce papers or other court documents
 - Phone numbers and addresses for family, friends and community agencies.
 - Clothing and comfort items for her and the children
 - Keys

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HANDOUT V – 9

RESOURCE LIST

RESOURCE/ PERSON	PHONE NUMBER/ ADDRESS	CONTACT
SHELTER		
FAMILY PRESERVATION PROGRAM		
CHILD PROTECTION		
POLICE		
LEGAL ASSISTANCE FOR SEPARATION, DIVORCE, CUSTODY		
LEGAL ASSISTANCE FOR PROTECTION ORDER		
SUPPORT GROUP		
CHILDCARE		
OTHER SUPPORT (NEIGHBORS)		
OTHER SUPPORT (FAMILY)		
OTHER SUPPORT (FRIENDS)		
OTHER HELPFUL AGENCIES		

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B. Exercise: Safety-Planning Role-Play

LENGTH OF EXERCISE: 15 MINUTES

INSTRUCTIONS FOR TRAINER

Ask the group to break into pairs for this role-play. One person role-plays the victim and one person plays the family preservation practitioner. Refer participants to Handout V-10 (reproduced below) and ask each pair to follow the instructions.

HANDOUT V – 10

SAFETY-PLANNING ROLE-PLAY

A 25-year-old mother of three (ages 2, 6, and 7) has recently fled to her mother's house. Her abusive boyfriend followed her there, kicked in the door, and beat her again. She is terrified for her mother's and her own safety and wants to get away from him. She prefers to stay with a friend and not enter a shelter. Her friend lives outside of the community, but her boyfriend has been to her house. You're not sure that it is safe there. Talk to your client to review her plans. Make sure you feel her plans will keep her safe before you end the conversation.

1. **LIST THE QUESTIONS** you would ask the victim or the concerns you would like to discuss with her. For example:
 - Would a protection order keep him away?
 - Does he have access to the children at school?
 - Will your friend agree not to let him in?
 - Does he have weapons?
2. **MAKE A LIST OF ALL THE STRATEGIES** that might increase the victim's safety. Remember: Not all strategies will work for every victim. Each victim must carefully assess what will keep her safe. The practitioner's job is to listen carefully and help the client assess alternatives.

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C. Helping Victims of Domestic Violence Make Changes

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. Although each victim is different, many of them describe similar steps or concerns that led them to leave the perpetrator or search for help. These concerns include:
 - the children are not safe, physically or emotionally
 - the victim's own safety and physical well-being are in jeopardy
 - the perpetrator is not changing (he promises to reform but does not change)
 - the victim feels she deserves to be treated with more dignity and respect
 - little is left for the victim in the relationship
 - the pattern of violence may be changing (e.g., he no longer beats her only when he drinks; he now beats her whether he is sober or drunk)
 - the perpetrator's abuse offends the victim's sense of morality
2. It will be helpful to clients if the family preservation practitioner gives them a chance to discuss and explore these concerns. Clients can work through ambivalence, gain new insights, and explore their anger and fear if they have a supportive person who will listen.

D. Four Primary Interventions With the Victim

LENGTH OF PRESENTATION: 30 MINUTES

PRESENTATION OUTLINE

Refer participants to Handout V-11 reproduced below and display same in overhead. Tell participants that, for the next hour and a half, these four primary interventions will be covered in greater detail.

HANDOUT V – 11

FOUR HELPFUL INTERVENTIONS WITH VICTIMS OF DOMESTIC VIOLENCE

1. Validate the victim's experiences.
2. Build on the victim's strengths.
3. Help the victim to regain control over her own life.
4. Explore the victim's options.

Schechter, S., 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

1. **Validate the victim's experiences.**

Review Handout V-12, reproduced below, with participants. This handout is a guide for practitioners to use when working to validate victims' experiences.

HANDOUT V – 12

VALIDATING THE VICTIM'S EXPERIENCES

- a. Interview the victim separately from the perpetrator and her children, and do not ask the perpetrator to verify her story.
- b. Avoid stigmatizing her with a label of "battered," but name the harm that is being done to her. Women do not want to be called battered for a variety of reasons. How, then, do you talk with them about their experiences?
 - Be very concrete in your questioning (e.g., "Does he criticize you? Does he slap you? Does he block the door when you want to leave the room?").
 - Put affective labels on the experiences. "It sounds painful and scary."
 - Raise your concerns about danger to her.
 - Explain the concept of coercive control and help her see what the perpetrator is doing. Tell her that millions of women experience abuse.

Continued ...

HANDOUT V – 12...

- c. Ask the victim directly about the violence. If the practitioner avoids talking about it, so will the victim. Interview her in the language in which she communicates most comfortably. If she prefers talking to a practitioner from her ethnic or racial group, offer her this option if you can, making sure the practitioner or interpreter understands and respects the need for confidentiality. Support the client for telling her story.
- d. Empathize with her and validate her feelings. Because the perpetrator blames her for the violence and because society frequently does nothing to stop the assaults, many victims feel crazy and self-doubting. The practitioner needs to take a stand against the violence and make an alliance with the victim so she can talk about her fear, anger, guilt, and pain.
- e. Articulate a clear set of beliefs about violence to the victim (e.g., "You are not responsible for the violence, no matter what you do, even if you strike back, drink, or take drugs. The perpetrator is responsible for the violence."). Make statements like the following: "Abuse is wrong; staying with your partner may not always be best for you or the children. You deserve more."
- f. Universalize. Make statements to your clients like, "I've talked to many women in circumstances like yours" or "Many women who are beaten feel the way you do. Most feel discouraged, but with help, they have changed their lives."
- g. Give women resource guides such as *Getting Free: A Handbook for Women in Abusive Relationships* by Ginny NiCarthy or *When Love Goes Wrong: What to Do When You Can't Do Anything Right* by Ann Jones and Susan Schechter (see Bibliography).
- h. Offer information and data (e.g., violence tends to increase in severity and frequency over time).
- i. Urge the victim to join groups so that she can receive support and validation. Encourage her to join with others to act on her own behalf. This breaks her isolation and empowers her.
- j. Anyone who is abused looks for answers to the question, "Why is he doing this to me?" Take the time to go through her explanations to this question. Help her develop explanations that make it clear the perpetrator is responsible.
- k. Help her understand the cause of domestic violence and untangle confusing information.

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

2. **Build on the victim's strengths and avoid victim-blaming.**

Review Handout V-13, reproduced below, with participants. This handout is a guide for practitioners to use when working to build on the victim's strengths.

HANDOUT V – 13

BUILDING ON THE VICTIM'S STRENGTHS

ACKNOWLEDGE a woman's strengths and cultural ties, the specific ways she has protected herself or her children, methods she used to leave the abuse or maintain her sanity, and the courage she has demonstrated by telling you about violence or by reaching out to resources and support systems for help. Discuss with her the following questions:

- What does she envision for the future? What are her hopes and dreams for herself?
- Does she want to go back to school or get a job?
- What are the steps she needs to take to realize her dream?
- Will she be safe if she acts?

DO NOT ASK QUESTIONS that are victim-blaming, such as:

- What keeps you with a person like that?
- Do you get something out of the violence?
- What did you do that caused him to hit you? (The common family preservation techniques of looking for behavioral antecedents and making a situational analysis are counterproductive in helping victims understand domestic violence. These techniques often make the victim feel blamed for what the perpetrator has done to her).
- What could you have done to de-escalate the situation?
- Is there any way in which you participate in the escalation of the violence?

VICTIMS ARE NOT PASSIVE recipients of abuse. Rather, they constantly try to stop the violence and protect themselves and their children. Their thoughtfulness is often invisible to the outsider because frequently, in the face of erratic and irrational assault, it is best to proceed very cautiously. Even talking to the family preservation practitioner may set off another round of attacks.

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

3. Help the victim to regain control over her own life.

Review Handout V-14, reproduced below, with participants. This handout is a guide for practitioners to use when working to help the victim regain control over her own life.

HANDOUT V – 14

**HELP THE VICTIM TO
REGAIN CONTROL OVER HER OWN LIFE**

Victims of domestic violence are adults who are making difficult choices during crises. Because the perpetrator strips away the victim's sense of control and dignity, the practitioner must work to restore her control. To do this, keep in mind the points below.

- Allow victims to make decisions for themselves. Do not bully or mandate conditions for your help, such as, "You must prosecute your partner; you should leave him."
- Remember that some victims leave and return to their partners several times. This is not a failure.
- Allow victims to talk about their ambivalence (the good and bad feelings) toward their perpetrator. We only resolve problems when we can acknowledge their complexity.
- Accept that each victim must find solutions that she can live with. For example, some find divorce unacceptable. African-American, Latina, and Native women may feel conflicted about using a criminal-justice system they feel is racist. For immigrant women, leaving the perpetrator and moving to a new community or a shelter where no one speaks their language or understands their culture may not be an option.
- Accept that a victim's opinions and solutions may change over time. When victims get new information about domestic violence and help with planning their safety, they may change their minds about staying with the perpetrator, or using the court for protection.
- Always ask questions like, "In what way can I be helpful to you? What do you want to do?" Listen carefully to her requests and try to respond to them.

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

4. Explore the victim's options.

Review Handout V-15, reproduced below, with participants. This handout is a guide for practitioners to use when working with the victim to explore her options.

HANDOUT V – 15

EXPLORE THE VICTIM'S OPTIONS

Practitioners must ensure that each client is fully informed of shelter, legal, housing, health care, and welfare options. As the practitioner explores options with the victim, it is important to keep the following tasks in mind:

- Always ask the client what she tried in the past and what worked for her. Explore the consequences of her choices.
- Help the client prioritize; what is important to her now?
- Remember that, in a crisis, clients forget. Write things down in a language she understands. Break tasks into manageable pieces.
- Help the client mobilize her support system. Sometimes the perpetrator tears the victim away from family and friends. Rebuilding those connections, if they are good and safe, is crucial to her well-being and may also open new options for her.
- Remember that clients use systems to meet their needs. The client should not be expected to meet the systems' needs. For example, clients may drop a court case, or fail to follow through with options available through the criminal-justice system. Do not pressure the client to meet the needs of the system(s).

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

E. Exercise: Responding to Victims' Concerns

LENGTH OF EXERCISE: 30 MINUTES

INSTRUCTIONS FOR TRAINER

1. Break the group into several smaller groups. Distribute Handout V-16.
2. Tell each group to take four of the statements listed on Handout V-16, reproduced below, and discuss how they would respond to a client who made these statements.

One person in each small group should record the answers and report back to the entire group for discussion.

HANDOUT V – 16

EXERCISE: RESPONDING TO VICTIM'S CONCERNS

Explore follow-up questions you would ask or responses you would make to domestic violence victims who said:

1. I'm too scared to leave.
2. Nothing will ever stop him. He vowed to kill me if I go.
3. How will I take care of my children if I leave?
4. What will happen to my kids if I go?
5. I can't live without him.
6. He's two people, Dr. Jekyll and Mr. Hyde. The violence isn't the real him.
7. He doesn't mean to do this to me.
8. How can I make him stop this behavior?

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F. Exercise: Intervening with Victims of Domestic Violence

LENGTH OF EXERCISE: 30 MINUTES

INSTRUCTIONS FOR TRAINER

Break the larger group into several smaller groups of three participants each. Assign each group one of the scenarios below (included here as Handouts V-17 through V-21). One participant should play the role of the family preservation practitioner and one should play the client. The third person should record responses.

HANDOUT V – 17

SCENARIO # 1

The family preservation worker reads the Child Protective Services report and realizes that the father in the family has seriously assaulted the mother at least once (she had to be taken to the hospital for a fractured arm). When you meet the mother and ask her about the incident, she says it was an accident. She insists there have been no prior or subsequent incidents. What would you do or say to her? How might you introduce the subject later in your intervention in a different way if you get nowhere the first time?

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HANDOUT V – 18

SCENARIO # 2

Your client is a former victim who is involved in an ongoing court battle with her former husband over his visitation with the children. Every time a court date approaches, your client starts to have nightmares and flashbacks about the violent incidents. She reports that sometimes she feels like she is going crazy. She has trouble attending to the children at the time of her court date. Her next court appearance is in two weeks. What are some things you could do or say to help her?

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HANDOUT V – 19

SCENARIO # 3

Your 20-year-old client has been beaten by her boyfriend many times over the last two years. Her 18-month-old baby was spanked by him two weeks ago, and the spanking left bruises and handprints. Your client is hopeful that he will change, and blames his behavior on the stress caused by unemployment. She says that he loves her. The boyfriend has no interest in receiving help. Your client says that she wants to make the relationship work. What would you say or what discussions would you have to help your client look at her partner's behavior?

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HANDOUT V – 20

SCENARIO # 4

During your first visit with the Jones family, you notice that Mr. Jones answers questions directed at his wife. His wife agrees with everything he says about the problems they are having with their older son Mark. You suspect Mrs. Jones may be frightened of Mr. Jones. She immigrated to the United States from the Philippines 10 years ago to marry her husband. She has no family in the United States and few friends. You would like to see Mrs. Jones alone without upsetting Mr. Jones. How can you arrange this? The next time you see her, what questions might you ask to find out if she is frightened of her husband or has been beaten by him? What can you do or say if she continues to be silent?

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HANDOUT V – 21

SCENARIO # 5

The Bells are a Christian fundamentalist family. Mr. Bell has been reported twice to Child Protective Services for spanking his son with a paddle. At your fourth meeting with Mrs. Bell, you notice a bruise on her arm and comment on it. She tells you she disobeyed her husband by going out to visit a friend, and he punished her. She seems to feel the punishment was harsh, but she tells you it is her duty to obey. How might you respond? What issues might you discuss with her? What other resources could you use to help her?

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At end of the role-plays, reconvene the large group and ask each small group to report its most useful interventions. Write them on a flip chart. Discuss the interventions and raise questions about them.

Refer participants to Handout V-22, "Counseling Strategies With Victims of Domestic Violence," reproduced below. Review it with the participants.

HANDOUT V – 22

COUNSELING STRATEGIES WITH VICTIMS OF DOMESTIC VIOLENCE

1. Ask about the violence and the emotional coercion.
2. Support her telling her story again and again. Acknowledge the courage in telling.
3. Find her strengths and point them out to her.
4. Build upon her hopes, dreams, and plans for the future.
5. Rebuild her social-support network or create an alternative network that is trustworthy.
6. Stick with her, even when you get frustrated.
7. Build her knowledge of options and advocate for her.
8. Provide concrete assistance.
9. Take an active concern and help her plan for her safety.
10. Respect her choices. Only she lives with the consequences. Let her maintain control.
11. Collaborate with other services that can help her. Work actively with them.

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G. Victims of Domestic Violence and Substance Abuse

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

NOTE TO TRAINER: This curriculum assumes that family preservation practitioners have received training about substance abuse and appropriate interventions. It assumes that workers have screening and assessment tools they use with their clients to explore chemical dependency.

1. Since chemical dependency is characterized, in part, by denial and relapse, many victims may not discuss their drug histories. Disclosing facts about their use of drugs can be particularly dangerous for them. They fear losing custody of their children. The victim's fear of revealing her drug history is compounded by her fears of the violence. For these and other reasons, many victims will not voluntarily disclose that they have severe drug and alcohol problems.
2. Shame also makes disclosure difficult. A victim may believe that she deserves to be beaten because of her drug use. It is therefore important to separate the conversations about her drug history from those that explore the history of the violence. Her use of drugs is a separate issue and is not to be confused with the fact that her partner is responsible for the violence. The practitioner should avoid contributing to the message given to her frequently by the perpetrator that he is justified in abusing her because that is what women "addicts" deserve.
3. Some women's drug and alcohol use clearly begins or worsens as a result of the battering that they experience. If this is the case, the practitioner needs to keep some of the following questions in mind when interviewing the victim:
 - How have the drugs helped her to survive?
 - Is she drinking or using drugs to escape the fear of impending attacks?
 - Is there a pattern to her use of drugs that coincides with the pattern of violence? When did the violence start in relation to the onset of her drug use?
 - Has she been fearful of discontinuing her drug use/drinking due to threats by the perpetrator?
 - If the perpetrator uses drugs/drinking, does she ever try to control his use or violence by joining in?³
4. Not all women who are drug-affected use chemicals as a reaction to domestic violence. Some women had drug and alcohol problems long before they experienced domestic violence. While it is important for the family preservation practitioner to understand the relationship between domestic violence and chemical dependency, it is equally important to not presume that a victim experiences drug and alcohol problems solely because of domestic violence. If a victim has a serious chemical-dependency problem, the practitioner should never let the domestic violence serve as an excuse for avoiding discussions about alcohol and drugs.
5. Alcohol and drug use can be a major barrier for victims who need safety and support. Some drug-affected women have a very difficult time incorporating information about resources and safety planning. Others find themselves repeatedly returning to the partner who abuses them. These women do not seek out the abuser. Rather, they have a difficult time recognizing signs of danger because of their drug or alcohol problem.
6. Victims with drug and alcohol problems need a non-judgmental environment in which they can discuss the problems of violence and chemical dependency. Practitioners must carefully assess each issue.

³Parts 1-3 are taken from Doucette, S. Undated. "Interviewing Victims About Drugs and Domestic Violence." Children's Hospital, Boston: Advocacy for Women and Kids in Emergency (AWAKE).

7. Victims need accurate information about drugs and alcohol treatment as well as accurate information about domestic violence. Practitioners should never assume that treating one of these problems will "cure" the other. Both must be addressed. For the victim who is drug- and alcohol-affected, two types of intervention are required: treatment for the chemical dependency and support and safety planning to stop the battering.
8. Interventions with a drug-affected victim should focus on empowering her to take control of her life and discussing her options. The fact that she has choices needs to be repeated, especially if she has been in an abusive relationship. If she cannot visualize an alternate way of living, she may not feel she has a choice about using drugs (Doucette, undated).
9. Other helpful interventions include:
 - If she discusses the violence by blaming herself for it, refocus the discussion so that she understands only the perpetrator is responsible for the battering.
 - Universalize. Many women have recovered from serious drug and alcohol involvement, and many have sought and obtained protection from people who abused them, and who used drugs and alcohol as an excuse to be violent.
 - Remember that she may have adopted this coping style as a means of survival. Many drug-affected victims were victimized as children, and many never learned the value of sharing their stories or their emotional pain. Let her know that you can offer her alternatives to cope with her pain and plan for her safety.
 - Evaluate with the victim the benefits and risks of going to a detox unit in her own community. Because it may be easier for the perpetrator to find and harm her there, her safety must be a primary consideration. On the other hand, she may want to be closer to her family and children. See if you can help make arrangements for her to keep her children safe or to see her family, if this is what she wants (Doucette, undated).

H. Intervention Pitfalls for the Family Preservation Practitioner

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. It is important for practitioners to be mindful of the pitfalls in helping families that experience domestic violence, and to request frequent supervision to avoid these problems. Practitioners should watch out for the following concerns.
 - Practitioners should never minimize or deny the violence and coercion. This is particularly relevant in cases where the victim and/or the perpetrator are also denying and minimizing the violence.

- Practitioners should be able to tolerate the victim's fear, ambivalence or indecision. If the victim is pushed to do something prematurely, and then fails to follow through, practitioners may get angry at the victim, or, if they are uncomfortable with anger, they may feel guilty.
 - Practitioners should avoid over-identification with the victim, including falling into her feelings of hopelessness, or taking over and managing everything for her. While it is important for the family preservation practitioner to help the client and sometimes do things for her, it does not help the victim when practitioners take over for her.
 - Practitioners should not identify with the perpetrator's abuse or appear to be in collusion with him. A practitioner may have an especially strong need for the perpetrator to like him/her and to have him think that the practitioner is different from all those people who have misunderstood or misused him in the past. Some practitioners erroneously think, "I will save him; I understand how bad things have been for him, or how difficult his wife is. I will be the first person who really understands him."
 - Practitioners should not expect that victims have to be good or perfect to receive their help. Many victims survive in the best way they can, and sometimes they carry out acts that are illegal or unethical. Often practitioners dislike these clients or find it difficult to work with them.
 - A practitioner's expectations of the changes that victims or perpetrators can make within a family preservation intervention should not be too high. The practitioner may begin to work on his/her own agenda for the client, while ignoring the client's agenda.
2. The following suggestions may be helpful to practitioners in overcoming these intervention pitfalls:
- Request supervision.
 - Keep asking yourself, "On whose agenda am I working?"
 - Help clients delineate issues and prioritize them. Help them identify their support systems.
 - Develop your own support system (i.e., good resources and good supervision).
 - Take time to become familiar with the resources (financial, shelter-oriented, legal) and to whom you can turn for information.
 - Find someone with whom you can talk over your feelings, including safety concerns. Domestic violence cases often produce an anxiety that someone will get killed or hurt. Good supervision and support is critical.
 - Plan for your own safety. If you are frightened, do not see the perpetrator alone. Set ground rules for your own safety and follow them. Many perpetrators do not assault outsiders; however, there have been cases of serious retaliation against advocates, lawyers, judges, and other people attempting to help the victim. Ask for extra support, and build in safety precautions as you work on domestic violence cases. For example, you could meet the perpetrator in a restaurant, or

other public place, if you do not feel safe. You could visit the home with your supervisor, call into the office more frequently, and carry a cellular phone.

- Ask your agency to seek consultation from a domestic violence expert.
- If there are no local resources to help you, it might be a chance for you to start a battered-women's support group or lobby with others to improve the law regarding domestic violence.
- If the victim is angry with you, understand that she may be too frightened to be angry at the perpetrator. Explore this with her in a manner that validates her feelings and eases her reactions to you.
- Often you can have a negative reaction when you have done a lot of support work for a victim and you see no changes. Remember that it is common for domestic violence victims to leave four to five times before they can make a final break. Understand that your work may be having an extremely important, positive effect even though you may not see the results yet.
- Remember that domestic violence intervention is extremely painful, difficult, and rewarding work. Talk about your work with your peers and supervisors.

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CHAPTER SIX

Working with the Perpetrator of Domestic Violence

I. GUIDING PRINCIPLES AND GOALS OF INTERVENTION WITH THE PERPETRATOR

LEARNING OBJECTIVES

1. to identify the principles guiding work with domestic violence perpetrators
2. to clarify the primary goals for work with perpetrators
3. to develop strategies for maximizing the safety of the victim when working with perpetrators

A. Introduction: Setting the Context

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. This section presumes that domestic violence has already been identified as an issue for the family, and that the victim and perpetrator have also been identified. In this chapter, the term "perpetrator" is used to refer to the person using the tactics of abuse and control against the intimate partner. The term "victim" is used to refer to the person who has been or is being harmed and/or controlled by these tactics.
2. Often in domestic violence cases, the family preservation practitioner has no direct contact, or very limited contact, with the perpetrator, although the perpetrator is still involved in the victim's life. Even in such situations, having knowledge of the perpetrator's behavior patterns can be useful in the family preservation practitioner's contact with the victim.

3. Ask participants to estimate the percentage of families they have worked with where domestic violence was identified, and where they have had contact with the perpetrator.

Participants usually report that only in 5 percent to 30 percent of their cases do they have a working relationship with the perpetrator of domestic violence. Most state that their contact is usually with the victim.

B. Principles Guiding Work with the Domestic Violence Perpetrator

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Display Handout III-6, entitled "Guiding Principles for Intervention in Domestic Violence Cases," as an overhead transparency during this presentation.

HANDOUT III – 6

GUIDING PRINCIPLES FOR INTERVENTION IN DOMESTIC VIOLENCE CASES

1. to increase the victim's and children's safety
2. to respect the authority and autonomy of the adult victim to direct her own life
3. to hold the perpetrator, not the victim, responsible for his abusive behavior and for stopping his abuse

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2. Interventions in a family preservation context with domestic violence perpetrators should be guided by three principles. These principles are the same as those guiding our work with the victim or other family members. Refer to Handout III-6 for a list of guiding principles.
3. Whether we are attempting to further our assessments of domestic violence or to conduct an intervention, we must always be guided by the aforementioned three principles. We must constantly ask ourselves, "How is my action at this time addressing these principles?"
4. We approach these principles somewhat differently depending on whether our direct contact is with the victim, the children, or the perpetrator. However, regardless of who the client is or how long we have been working with him/her, we must always consider how our interventions increase the safety of the victim and children, communicate respect for the integrity and authority of the victim to direct her own life, and hold the perpetrator responsible for stopping the violence.
5. Sometimes there is a tension among these guiding principles. Some interventions seem to promote perpetrator responsibility for the violence, while possibly compromising the safety and/or empowerment of the victim. For example, insisting that the victim file charges (which promotes perpetrator responsibility) may compromise her safety in some cases. Refer participants to Chapter Two, Section VII, for further discussion.
6. If a strategy seems to meet one principle but not the others, then it is often helpful to develop another strategy that can incorporate all three principles. An example of such an intervention would be to listen to the victim as she reflects on her rationale for not filing charges, to assist her in developing a safety plan that does not involve filing charges at this time, and to support the victim in keeping open the option of filing charges should the circumstances change. These strategies reflect all three principles: victim safety, victim autonomy, and perpetrator responsibility.
7. In keeping with the philosophy of the family preservation program and in light of the lethal nature of domestic violence, the bottom line must always be victim safety. If a situation appears where there is an unresolvable conflict between two or more of the principles, victim safety must be the overriding guiding principle.

C. Goals of Working with the Domestic Violence Perpetrator

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. It is important to be realistic about the goals of direct intervention with perpetrators of domestic violence in a four- to eight-week intensive family preservation program. Even highly motivated perpetrators change only over a long period of time.
2. For some perpetrators, the pattern of abusive behavior runs deep and has been repeated in many relationships. Becoming a perpetrator is a long-term process.

Therefore, becoming non-abusive is, at a minimum, a one- to two-year process. In addition, the community's ambivalence and inconsistency in viewing violence against women as unacceptable, and in holding perpetrators responsible for stopping their violence, often works against an individual perpetrator's efforts to change.

3. While some perpetrators may make some powerful changes with intensive contact during a family preservation program, they will not maintain that progress without the support of a longer-term domestic violence intervention program.
4. Work toward the following goals should always be done in the context of the three guiding principles mentioned above. The goals may change over the course of the intervention as it becomes clearer what realistically can be accomplished with an individual perpetrator, but the guiding principles must remain the same.

Refer participants to Handout VI-1, entitled "Family Preservation Goals for Working With Perpetrators of Domestic Violence," reproduced below. Review the handout with participants.

HANDOUT VI - I

FAMILY PRESERVATION GOALS FOR WORKING WITH PERPETRATORS OF DOMESTIC VIOLENCE

1. Assist the perpetrator in identifying his abusive behaviors as a problem worth addressing.
2. Assist the perpetrator in viewing his abusive behavior as a problem that only he (and not the victim) can change.
3. Assist the perpetrator in identifying benefits to stopping his abuse.
4. Develop a commitment by the perpetrator to the physical safety of the victim and the children.
5. Teach the perpetrator basic behavioral techniques that can be used to interrupt his abusive behavior patterns.
6. Start the perpetrator on the journey toward stopping his abusive behavior.

What the family preservation practitioner will not be able to accomplish during a four- to eight-week family preservation program is to determine if the perpetrator:

- will be motivated to make the necessary changes
- will maintain any progress made during the family preservation program
- will stop all of the most damaging tactics of control
- will reverse the imbalance of power in his relationship with the victim

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D. Maximizing the Safety of the Victim When Working With the Perpetrator

LENGTH OF PRESENTATION: 15 MINUTES

PRESENTATION OUTLINE

Refer participants to Handout VI-2, reproduced below, and review it with them in detail.

HANDOUT VI - 2

STRATEGIES FOR MAXIMIZING THE SAFETY OF THE VICTIM WHEN WORKING WITH THE PERPETRATOR

Because safety of the victim is the primary guiding principle that must take precedence over the remaining principles, these strategies for maximizing the safety of the victim should be considered in every step of the family preservation process. Strategies include:

1. All information that comes from the victim or the children must be kept confidential and should not be brought into sessions with the perpetrator.
2. Initial inquiry and discussion about domestic violence should be done only when the perpetrator and rest of the family are separated.
3. Whether the domestic violence is initially identified by the victim, perpetrator, or others, the victim may not want the practitioner to discuss the domestic violence with the perpetrator because such discussion may put her in danger of retaliation. She may also fear that the practitioner will support the perpetrator's abuse. The practitioner should review with the victim the approaches that could be used with the perpetrator, along with her continuing right to confidentiality, her right to provide confidential input to the practitioner about the perpetrator's response to the intervention, and the potential consequences to the victim of the practitioner talking with the perpetrator about the domestic violence. If the victim does not want the violence discussed with the perpetrator, the practitioner should abide by her request.
4. When talking directly with perpetrators about the abuse, the practitioner should emphasize that such questions or issues are routinely raised. Emphasizing the routine nature of the discussions is important to decrease the defensiveness of the perpetrator. Some perpetrators will blame their partners for instigating the practitioner's discussion of domestic violence. Conveying the routine nature of these inquiries can lessen some of that blaming.

Continued ...

HANDOUT VI - 2 ...

5. Practitioners who are able to convey concern for all members of the family, including the perpetrator, are more able to engage the perpetrator in dealing with his abusive behavior, thereby increasing the safety of the victim. While the intimate partner and children are victims, battering is destructive to the perpetrator as well. Conveying this to the perpetrator allows the practitioner to join with a perpetrator in changing his abusive conduct.
6. When initially talking with perpetrators about domestic violence, use descriptions of their behaviors, rather than terms like abuse, domestic violence, and wife-beating. Keep the focus on the perpetrator's behaviors and on the negative consequences of these behaviors to the perpetrator as well as to other family members. Do not become involved in the multiple issues that the perpetrator uses to rationalize the abuse. This only results in the practitioner colluding with the abuse and may therefore jeopardize the victim's safety.
7. When the perpetrator displays anger, resists, or openly rejects the practitioner's interactions with him over the abuse, the practitioner should calmly bring the subject to a close and invite the perpetrator to re-open the issue in the future. The practitioner should convey concern and offer assistance to the perpetrator, but not force the issue. Forcing the perpetrator to discuss the abuse not only blocks progress, it may also endanger the victim. If the perpetrator refuses to be engaged on this issue, the practitioner's concerns should be raised in confidential conversations with the victim.
8. In domestic violence cases, family preservation practitioners must remember that while victims must be granted confidentiality for safety reasons, perpetrators should be extended only limited confidentiality. Information provided by the perpetrator which is necessary to the safety of the victim and her children must be shared with the victim and appropriate others (police, CPS, etc.).
9. In separate confidential meetings, briefly review with the victim all the discussions about abuse that you have with the perpetrator. If the perpetrator is not motivated to address the issue, tell the victim. If the perpetrator is working on the issue, provide the victim with information about goals, assignments, and so forth. Sometimes perpetrators will distort information about their assignments to further control the victim (e.g., telling her that time-outs mean that she has to go into another room or that it is her job to tell him when he needs a time-out). Perpetrators control victims by controlling information.
10. Throughout the intervention process, ask for the victim's input regarding how the perpetrator behaves when the practitioner is not present, but do not put her in a situation where she is required to monitor the perpetrator. It is important that the perpetrator remain responsible for his own behavior and that includes his responsibility for taking all steps towards change. Reassure the victim that the perpetrator's rehabilitation is not her responsibility and that her focus is her safety and the safety of the children.

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II. INTERVIEWING THE PERPETRATOR FOR ASSESSMENT PURPOSES

LEARNING OBJECTIVES

1. to identify information that is useful in assessing the frequency and severity of the perpetrator's violence
2. to develop assessment skills that are in keeping with the guiding principles of victim safety, victim autonomy, and perpetrator responsibility for stopping the abusive behaviors

A. Overview of Assessment

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. Refer participants to Handout VI-3, reproduced below, entitled "Interviewing Perpetrator: Assessment Issues." This handout summarizes the main steps in assessment, discussed below.

HANDOUT VI - 3

INTERVIEWING PERPETRATOR: ASSESSMENT ISSUES

- A. Assessment of the pattern of abuse in current, concurrent, and past relationships**
- tactics of abuse used
 - frequency/severity of the physical abuse/violence
 - impact of domestic violence on the victim
 - impact of violence on children, family, friends
 - use and threat of physical force in other intimate relationships
- B. Assessment of the lethality of the violence**
- refer to Handout VI-4 for assessment factors

Continued ...

HANDOUT VI - 3 ...

- C. Assessment of the impact of perpetrator's behavior on the perpetrator (potential motivators for change)**
- impact on his relationship with victim
 - impact on his relationship with the children
 - impact on his physical well-being
 - impact on his self-image
 - legal, social, employment consequences
- D. Assessment of the perpetrator's current motivation to stop his abusive behavior**
- how perpetrator responds to efforts to address his abusive behavior
 - whether he stops physically abusing the victim
 - specific behavior changes he makes
- E. Additional information needed to develop interventions for domestic violence**
- substance abuse, medications
 - prior counseling/intervention experiences
 - learning abilities, psychosis, brain damage
 - perpetrator's resources for changing

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NOTE TO TRAINER: Rather than review basic assessment skills (see previous family preservation trainings and texts as well as the approach recommended in Chapter Four of this manual, "Identification of Domestic Violence"), the following section focuses on issues particular to assessments with perpetrators in domestic violence cases.

2. Assessment is basically information-gathering and is a process that is ongoing and intertwined with intervention strategies. In keeping with the family preservation philosophy, assessment involves identifying strengths as well as problems and is done in a way that builds relationships between family members and the practitioner.

3. In order to make a complete assessment of the domestic violence, it is important to gather information about the domestic violence from sources other than the perpetrator. Information should be gathered from the victim, children, police reports, referral reports, or anyone else having contact with the family and the family preservation process. When possible, ask the perpetrator to provide a list of persons/agencies that would have information about his abusive conduct. Explain that the purpose of the information-gathering is to be of use to him. The purpose is not to “prove him wrong” or to “punish him” for incomplete self-reports.

B. Step One: Assessing the Pattern of Abuse in Current, Concurrent, and Past Relationships

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

Each of the following sections describes assessment techniques, followed by questions that can be used to elicit information, while building a relationship with the perpetrator and holding him responsible for his behaviors.

- I. Strategies for assessing the pattern of abuse

- a. **Tactics of abuse (specific tactics used by the perpetrator)**

Information about current abuse is most effectively gathered by encouraging perpetrators to talk about three or four specific, individual abusive episodes. The practitioner can then reflect these incidents back to the perpetrator, focusing on his specific abusive behaviors.

To begin, ask the perpetrator to describe the most recent or the worst incident, or the event mentioned in referral reports. It is helpful to cue the person by asking him to give the approximate date, time of day, and place for each incident (ask him to be as specific as possible), and whether or not others were present. These behavioral questions assist perpetrators in giving behavioral descriptions of the event.

Then ask the perpetrator to tell the story of an individual episode from start to finish, with emphasis on describing how he acted in the incident. When there are gaps in the time sequence of the story, ask him to fill in these gaps. Ask him to do this for two or three other episodes as well.

“Tell me about the worse fight that you had, the time you were most violent against her, the time you used physical force against person or property when arguing with her? What did you do? Has she gotten any injuries from these fights? Have you? Were other people around? Where were the children? How do the children act toward you? Is your partner afraid of you?”

The Power and Control Wheel (see Handout V-4) can be used to gather this information from the perpetrator once the individual incidents have been described.

b. Frequency/severity of the physical abuse/violence

While the tactics of control occur daily, it is helpful in assessing danger to find out the frequency and severity of the physical abuse and threats. Note the different kinds of physical abuse used by the perpetrator and specifically ask how frequently he has used them both in current and previous relationships. Pushing, throwing, choking, multiple strikes, and use of weapons all can result in serious injury or death. Ask about past injuries to the victim and to his previous partners, and about threats to kill the victims or others.

c. Impact of the domestic violence on the victim

Gather the perpetrator's descriptions of the effects of his abusiveness on the victim: her injuries, depression, withdrawal, rage, anxiety, and sense of being controlled or isolated. Examples of inquiries may include:

"What injuries has your partner gotten from these fights? What property has been damaged? Have you noticed any changes in how your partner feels toward you? How much time does she spend with friends or family? Is she depressed? Has she attempted suicide? Is she afraid?"

d. Impact of violence against the victim on children, family, friends

The same information as above should be gathered about each family member or friends with whom the perpetrator has regular contact.

"Has your violence affected others?"

e. Use of or threat of physical force in previous intimate relationships

A perpetrator's pattern of abusive behaviors probably has appeared in his past intimate relationships. While finding out about the tactics used in the current relationship is crucial, it is also useful to check on his use of physical force against person or property in relationships other than the immediate one. This historical approach can assist perpetrators in taking responsibility for their behavior as a pattern of relating to intimate partners, and can challenge perpetrators who continually blame individual partners for causing the violence.

Sometimes it is helpful to get a quick relationship history from the perpetrator: first names of other intimate partners, dates of involvement, presence of children in relationship, and type of current contact with each partner. After the abuse pattern in the current relationship has been gathered, then return to the relationship history and briefly gather abuse history in each of those other relationships.

Inquiries that may be useful include the following:

"Our experience is that people who use physical force in relationships usually bring those habits into their adult relationships. Sometimes there are earlier signs in their growing-up years or in the experiences they had as they got out on their own. What signs in your history were there that you would become abusive toward a partner? In your previous relationship did you use physical force against person or property? In the relationship before that?"

C. Step Two: Assessing Lethality

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Assessing danger with the victim has been covered previously during the section of this training on working with the victim. (Refer participants to Handout V-7, entitled "Assessing Danger With the Victim.")

Review Handout VI-4, reproduced below, with participants for lethality assessment factors to explore with the perpetrator.

HANDOUT VI - 4

LETHALITY ASSESSMENT WITH THE PERPETRATOR

Assessing lethality is not merely trying to predict whether or not the perpetrator will kill the victim. It also requires assessing the risk of life threatening behaviors against others or self committed by the perpetrator, victim, or children.

Gather information from

- the perpetrator
- the victim
- the children
- other family members
- others (probation officers, other counselors, anyone having contact with family)

Factors to consider in making assessment

1. perpetrator's access to victim
2. pattern of the perpetrator's abuse
 - a. frequency/severity of abuse in current, concurrent, and past relationships
 - b. use and presence of weapons
 - c. threats to kill
 - d. hostage taking

Continued ...

HANDOUT VI - 4 ...

3. perpetrator's state of mind
 - a. obsession with victim
 - b. increased risk-taking by perpetrator
 - c. ignoring consequences
 - d. depression
 - e. desperation
4. individual factors that reduce behavioral controls of either perpetrator or victim
 - a. substance abuse
 - b. certain medications
 - c. psychosis
 - d. brain damage, etc.
5. situational factors
 - a. separation violence
 - b. increased autonomy of victim
 - c. presence of other stresses
6. past failures of the system to respond appropriately

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2. While it is important to engage perpetrators in discussions that are part of a lethality assessment, information has to be gathered from others as well because perpetrators may be in denial (self-deception) or may lie, and therefore may not provide reliable data.
3. The perpetrator's threats to kill or to do serious harm to the victim, others, or himself must be taken seriously. Supervisors should conduct ongoing discussions on duty-to-warn procedures so practitioners are familiar with how to proceed when they learn from the perpetrator (or a victim) that the lethality risk is high.

D. Step Three: Assessing the Impact of the Perpetrator's Behavior on Himself (Potential Motivators for Change)

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. There are many social reinforcers for abusive behavior. Domestic violence does work for perpetrators in the short term (e.g., family members are afraid of him and so comply with his demands, peers commiserate with him). Assisting perpetrators in seeing the negative impact on themselves is one way to develop their motivation for change.
2. Encourage perpetrators to identify potential positive reasons for changing their abusive behaviors. Reflect back to him how his abusive behavior has an impact on the following areas of his life:
 - his relationship with the victim
 - his relationship with the children
 - his physical well being — listen for any incidents where perpetrator injured self in pursuit of controlling partner (e.g., broken hand, damaged personal property)
 - his self-image.
 - legal, social, employment consequences

E. Step Four: Assessing Perpetrator's Current Motivation to Stop His Abusive Behaviors

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. How the perpetrator responds to current efforts to address his abusive behavior should be carefully assessed. If the perpetrator becomes repeatedly and increasingly angry or rejects efforts to work on stopping his abusive behavior, do not persist (it may put the victim in further danger). Simply bring the topic to a close and let perpetrator know that you are willing to assist him on the issue any time in the future he wants to address it.
2. If the perpetrator appears cooperative in sessions with you, but becomes more abusive toward the victim outside sessions, reevaluate with the victim about continuing this work with the perpetrator. Then focus your efforts with the victim on increasing her safety.

F. Step Five: Additional Information and History Needed to Develop Interventions

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. Substance use and abuse; current medications and how these may interact with abusive episodes. (Refer participants to Chapter Two.)
2. Prior experiences with counseling/interventions of any type: in perpetrator's view, what helped change and what inhibited change?
3. Learning skills, psychosis, brain damage of the perpetrator that may need to be considered in developing interventions.
4. Perpetrator's resources that can be applied to his stopping the violence and abuse (e.g., previous success on other behavioral change like stopping drinking or smoking, having extended family who support non-violence).

G. Exercise: Assessment Skills with Perpetrators

LENGTH OF EXERCISE: 30 MINUTES

INSTRUCTIONS FOR TRAINER

This exercise requires the trainer to play the role of a domestic violence perpetrator being interviewed by a family preservation practitioner. The trainer should have a great deal of experience with interviewing a variety of domestic violence perpetrators, and also be able to discuss a wide variety of effective and ineffective assessment strategies.

1. Refer participants to Handout VI-5, reproduced below, to be used in this exercise. Ask them to read the scenario to themselves and to imagine that they are the practitioner working with the perpetrator, Frank. Tell them that the domestic violence has already been identified and the practitioner has already talked with the victim and has her permission to talk about the violence with Frank. The purpose of this conversation is to gather information from Frank about his abusive pattern and his potential motivation for working on changing. (This role-play does not deal with assessing lethality.)

HANDOUT VI - 5

ASSESSMENT SKILLS WITH PERPETRATORS HYPOTHETICAL CASE

Frank, 19, and Michelle, 18, have twin sons: Frank Jr. and Freddy, 17 months old. When the family preservation practitioner interviews the parents separately, Frank expresses concerns about their constant fighting. He says that sometimes Michelle demands too much, wanting him home every night to help with the twins. Frank says, "Sometimes I just lose it. The last time I pushed her, both twins sat in their high chairs screaming. You would have thought I had beaten them black-and-blue the way they carried on." Frank says Michelle has started using drugs again. He says that she doesn't understand the pressure he is under with his new job, the medical bills, and the constant interference from her family.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

2. Assume the role of Frank and invite any one of the participants to be the family preservation practitioner who engages Frank in a conversation about his abuse. In the role of Frank, direct your comments toward keeping the focus away from your (Frank's) abusive behaviors and your (Frank's) responsibility for the abuse.
3. Role play the conversation between Frank and the practitioner, letting two to four different participants take turns being the practitioner. Some participants may be very quick to use the interview skills previously described, while others may have more difficulty applying the suggestions to such an exercise.
4. Some participants may feel uncomfortable participating in this exercise in front of peers and supervisors. Encourage participants to take a risk as part of the learning process.
5. Do not allow this role-play to continue beyond 7-10 minutes. In that amount of time enough examples of three to four practitioner comments should have been generated for debriefing.
6. Debrief the exercise with the whole group. Ask participants to identify responses made to Frank that achieved any of the following objectives. Also ask them to identify responses that were contrary to the guiding principles of intervention.

■ WRITE ON BOARD

7. Draw a grid on the board similar to the one below, and write participant responses under the appropriate category.

RESPONSES THAT	
FOCUSED FRANK ON HIS ABUSIVE BEHAVIOR	FORMED AN ALLIANCE WITH FRANK FOR CHANGE
DREW OUT FRANK'S MOTIVATION FOR CHANGE	INAPPROPRIATE COMMENTS CONTRARY TO GUIDING PRINCIPLES

8. Examples of what might be included in the above categories are:
- a. **responses that redirected Frank to focus on his own abusive behaviors**
 - "You said you pushed her. Show me how you pushed her."
 - "Tell me about other times you used physical force against Michelle or property when arguing with her."
 - "What kinds of things do you say or do when you get in these big fights?"
 - "You said that you had a big fight about the medical bills. What did you do that time?"
 - b. **responses that drew out possible motivations for Frank to stop his abuse**
 - "You seem concerned about how the twins were affected when you pushed Michelle."
 - "It was probably upsetting to see them so frightened."
 - "If it frightened them so much, it probably frightened Michelle as well."
 - "From what you've told me about injuries from other incidents, some of the medical bills come from your using force."
 - "This kind of fighting does not help solve the family problems and is very upsetting to you."

- c. **responses that formed an alliance for change, rather than one of collusion**

"I can tell that you are concerned and I would like to help you make some changes that will benefit you and your family."

"From my work with other families, I know that this kind of physical fighting gets in the way of working out any family problems. I can work with you to first stop the physical fighting and then we can look at the other issues."

- d. **responses contrary to the guiding principles of victim safety, victim autonomy, and abuser responsibility**

"Your wife told me..." "It sounds like she pressures you too much." "It sounds like her drinking bothers you."

"Maybe I can help you two talk about her problem."

"Maybe her using drugs makes her more irritable. I will work with her on that problem."

"Having twins is hard on everyone and I can understand that sometimes you lose it."

"Sounds like you have some good reasons for being frustrated. Anyone would feel that way."

III. INTERVENTIONS WITH PERPETRATORS

LEARNING OBJECTIVES

1. to develop intervention skills for working with perpetrators of domestic violence
2. to practice skills to teach perpetrators time-outs and encourage them to participate in perpetrator intervention programs
3. to provide criteria for measuring progress of perpetrator
4. to avoid common intervention pitfalls when working with domestic violence perpetrators

A. Three Primary Interventions With The Perpetrator

LENGTH OF PRESENTATION: 50 MINUTES

PRESENTATION OUTLINE

Given the intensive, short-term nature of the family preservation program, appropriate interventions with the perpetrator fall into one of three types. These are listed on Handout VI-6, reproduced below.

HANDOUT VI - 6

THREE PRIMARY INTERVENTIONS WITH THE PERPETRATOR

1. crisis interventions
2. first stage interventions for perpetrators who want to change
3. appropriate referrals

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

Refer participants to Handout VI-6, and display same in overhead projector. Tell participants this presentation covers intervention strategies within each of these types that are consistent with the guiding principles.

1. **Crisis-intervention strategies when there is risk of physical harm to the victim, children, or perpetrator**
 - a. As practitioners routinely assess the lethality of domestic violence, at times it will be apparent that the risk is high. The practitioner will need to use a variety of crisis-intervention strategies to protect all family members from harm. This section focuses on dealing with the crisis in the context of the practitioner's contact with the perpetrator. It presumes that whenever the risk of harm is high the practitioner will first work directly with the adult victim to ensure her safety and that of the children (see Chapters Five and Seven). Only then will the practitioner be able to work directly with the perpetrator to decrease the danger.
 - b. The choice of crisis intervention strategy will vary according to the following factors:
 - who is in danger of harm: victim, perpetrator or child?
 - nature of the threat of harm: aggression towards another and/or aggression towards self
 - who the practitioner is having contact with (victim, child, or perpetrator)
 - the resources available to respond to the threat
 - whether the perpetrator will voluntarily cooperate with the crisis intervention strategy
 - c. When the risk of harm is due to the perpetrator's violence toward the victim or other adult, the crisis intervention strategies are directed at either:

- limiting access the perpetrator has to the victim (e.g., temporary separation of the two, protective orders)
 - diffusing the potential for harm (e.g., extra counseling sessions, time-outs, victim safety planning)
- d. When the danger is to a child, the practitioner would use the same procedures used in any case of child endangerment. (It is beyond the scope of the manual to review those.) In domestic violence cases where the practitioner has a working relationship with the perpetrator who poses a threat to a child, it is helpful for the practitioner to have the perpetrator self-report the issue to authorities while the practitioner is present. The practitioner can then provide support for the perpetrator, while at the same time attending to the safety of the victims and the responsibility of the perpetrator. While the child's safety is always primary, obtaining protection for the child and the mother can sometimes be accomplished in a way that does not alienate the perpetrator from the practitioner.
- e. When the risk of harm is due to the suicide potential of either the victim or perpetrator, then the practitioner should use standard suicide intervention strategies (e.g., hospitalization, extra therapy sessions, development of emergency support systems, medications where appropriate). Practitioners should be familiar with suicide intervention strategies. In domestic violence cases, perpetrators' suicidal thoughts and acts can sometimes be accompanied by acts of violence against victims (e.g., a homicide followed by suicide of the perpetrator). When perpetrators are suicidal, interventions must not only be directed at the perpetrator, but also at increasing the safety of the victim.
- f. Some crisis intervention strategies do not require the voluntary cooperation of the perpetrator (e.g., the practitioner's duty to warn victims; notification of third parties — supervisors, police, CPS; legal interventions; safety planning with victims) while others do (e.g., having the perpetrator voluntarily stay separate from the victim temporarily, the perpetrator's use of time-outs, voluntary removal of all weapons, staying away from alcohol or drugs). The practitioner should closely monitor the perpetrator's compliance with voluntary crisis intervention strategies.
- g. Comments that family practitioners can use in crisis interventions with the perpetrator:
- "From what you have been telling me, this seems to be an extra difficult time. I do not think either you or the rest of the family want to go through another assault (e.g., physical fight or someone being injured). Let's talk about ways you can keep yourself from getting into those fights (or from hurting someone, or from striking out, etc.)."
- h. The practitioner should develop specific crisis intervention or responsibility plans listing specific cognitive and behavioral strategies that the perpetrator should use to prevent his striking out physically. These crisis strategies should primarily focus on preventing the physical violence.
- i. It is important for practitioners to become comfortable using a wide variety of crisis-intervention strategies because different ones will work in different situations.
- j. Ask participants to name additional crisis-intervention strategies that they can use with the perpetrator.

2. First stage interventions for perpetrators who want to change

- a. In addition to crisis-intervention strategies, practitioners may engage perpetrators who are motivated to stop their abusive behaviors in a variety of first-stage interventions.
- b. Not all perpetrators are willing to make the changes necessary to stop their abusive conduct. The practitioner is not always able to assess who will or who will not change until efforts are made to engage the perpetrator in a change process. While it is appropriate in the context of the family preservation program to invite all perpetrators to engage in changing their abusive conduct, it is also crucial to the victim's safety that the change process be monitored closely and that a perpetrator's lack of progress is acknowledged just as his progress is acknowledged. The safety of the victim requires attention to both types of perpetrators.
- c. As outlined in the goals of working with perpetrators (Handout VI-1), the first-stage interventions should be focused on (1) assisting the perpetrator in taking responsibility for stopping his abuse; (2) developing motivation for change; and (3) developing and using behavioral and cognitive alternatives to abusive conduct. By working with the perpetrator on these primary interventions, the practitioner is able to assess and encourage the perpetrator's motivation to make permanent changes.
- d. The following provides some brief examples of primary interventions and suggested strategies. Those practitioners who are interested in working more directly with perpetrators in the family preservation context should get additional education through readings of manuals used in the specialized batterers' programs (see Bibliography) as well through trainings and supervision focused on working with the perpetrator.
 - The practitioner assists the perpetrator in taking responsibility for stopping his abusive behavior. This is accomplished through perpetrator education about domestic violence: definitions, causes, impact on victims and children, and impact on the perpetrator. The individual can be given short readings covering these topics. An excellent resource is a book entitled *Violent No More*, by Michael Paymar (see Bibliography). The perpetrator should be encouraged to share these readings with the practitioner and one other friend who will support his non-abusive behavior.
 - Using the "Power and Control Wheel" (Handout V-4) or Handout IV-2, the perpetrator can be asked to inventory his abusive behavior in the current relationship as well as in previous relationships. In addition, the practitioner can ask the perpetrator to list all the ways that he learned his abusive patterns (in addition to his own family background, encourage him to list peer groups, media, military experience, sports, religious practices, and so forth).
 - The practitioner can help the perpetrator develop the motivation for change. One helpful exercise is for the perpetrator to list the consequences of his abusive behavior to the victim, the children, and himself and to debrief with the practitioner. Then the perpetrator should be asked to list the positives he has gained or would be able to gain from stopping the abusive conduct. It is important that the primary motivation for changing should not be to get the victim to change or to maintain the relationship with the victim since to do so is to merely repeat the power-and-control dynamic. In reality, the victim may not want to maintain a relationship with

this individual, but the perpetrator would still benefit from changing himself.

- The practitioner can help the perpetrator develop and use behavioral and cognitive alternatives to abusive conduct. Examples of alternative behaviors perpetrators can learn include:
 - taking time-outs as a regular step in all conflicts with his partner
 - listening effectively to his partner by repeating back to her what she has said
 - seeking input from his partner on all aspects of their life as a couple
 - treating his partner as a separate, equal adult
- Most often, perpetrators have difficulty listening to and valuing the input of their partners. While these approaches involve perpetrators in changing specific behaviors, they also involve challenges to beliefs and attitudes about relationships, their roles as intimates, and their partners.

Refer participants to Handouts VI-7 and VI-8, reproduced below, and review.

HANDOUT VI - 7

TIME OUT INSTRUCTIONS FOR PERPETRATORS

COOL DOWNS/TIME OUTS A STRATEGY FOR STOPPING YOUR BATTERING

What Is A COOL DOWN/TIME OUT?

A COOL DOWN/TIME OUT is a tool for you to use to stop your battering of others. Domestic violence or battering is a pattern of coercive behaviors which sometimes becomes a habit. The main purpose of a COOL DOWN is to help you avoid battering your partner. A COOL DOWN itself will not necessarily solve a conflict between two people, but if you use COOL DOWNS faithfully, you will stop the most dangerous and threatening types of abuse. The COOL DOWN is the first step of starting to solve a problem.

When To Take A COOL DOWN?

A COOL DOWN should be used whenever you feel your anger/upset level rise or feel defensive or anxious. It should be taken whenever you think you should take charge of your partner. A COOL DOWN should be used for "little angers" as well

Continued ...

HANDOUT VI - 7 ...

as for the big upsets. While anger or upsets are not the cause of your battering, they sometimes signal that you are about to become abusive.

How To Take A COOL DOWN?

1. As soon as you feel your irritation or anger, take a COOL DOWN. Learn to recognize early cues to your abusiveness.
2. Temporarily leave the situation (place or person) where you are getting angry/upset.
3. Do not drive, drink alcohol, or take drugs when you are doing a COOL DOWN.
4. During the COOL DOWN,
 - a. do something to physically calm yourself (a walk, deep breathing, etc.), and
 - b. think thoughts that put you in charge of your own feelings and actions. You may want to think other self-calming thoughts, but during the COOL DOWN, stay focused on preparing yourself to communicate without being controlling.

Examples:

"I'm getting upset, but I do not have to blow up or batter someone."

"I am irritated, but I don't have to get on my anger escalator."

"I'm frustrated, but I don't have to control others or always have my way."

"I can calm myself and think through this situation."

"I can listen to others and find solutions that fit us both."

5. Repeat COOL DOWNS as often as necessary to prevent battering.

How Long Should A COOL DOWN Be?

You are the boss for how long to spend in your COOL DOWN. For a little upset, you may spend 3-5 minutes. For a bigger upset you may take 15 to 30 minutes. For some large conflicts or problems you may need an hour. There is no one amount of time that works for everyone in every situation. Since COOL DOWNS are a structured activity, most people cannot do them longer than one hour. It is important to use them daily and to develop a habit of using short ones to head off larger conflicts.

What Do You Do After Taking A COOL DOWN?

You have the choice to do one of the following:

1. Drop the Issue

You may discover during and after the COOL DOWN that you are no longer concerned about the trigger. As you take the COOL DOWN you may realize that

Continued ...

HANDOUT VI - 7 ...

you misunderstood the situation. Now that you see things more clearly, you realize that you are no longer irritated or frustrated. Then you may decide to drop the issue. In such cases, the other person does not even know that you had been irritated. Drop it only if it is no longer an issue for you and for others. If it is still an issue for you or for another, do not drop it.

2. Put the Issue On Hold

The issue may be important for you or your partner to discuss, but not at this time. So you may decide to put it on hold for a set amount of time. When you put it on hold, you have more time to think it over or to talk with some other objective person about the problem. It also gives you time to be calmer so you can also listen to the other person's ideas. When you put something on hold, you cannot just drop it. Since you put it on hold, it is your responsibility to raise the issue again. If you do not do this, you will tend to bring it up as a weapon in a future dispute.

3. Discuss the Issue

Discuss the issue when it is important and you feel ready to both:

- a. listen to the other person, and
- b. communicate your ideas and feelings about the issue.

When choosing option three, your COOL DOWN is followed by some direct discussion with the other involved person. Remember you should always take another COOL DOWN if things get "warm" again. For some difficult topics, couples will use many cool downs before coming to a solution that works for both.

Other Hints for Making COOL DOWNS Effective

While there is a right way to take COOL DOWNS, there is no one "right" thing to do afterwards. You must make a choice from the three listed above.

Remember, in making your choice, you must consider not only your thoughts and feelings, but also the other person's thoughts and feelings.

You should not tell other people that they have to take COOL DOWNS. Everyone is boss of their own COOL DOWNS. Also do not ask your partner to tell you when you need a COOL DOWN. A COOL DOWN is something you do to take responsibility for yourself.

If you or your family have questions about COOL DOWNS, feel free to ask or telephone your counselor.

If used, COOL DOWNS work. Practice at least one per day.

Prepared by Anne L. Ganley, Ph.D., for the Veterans Administration Medical Center, Seattle, Washington.

HANDOUT VI - 8

TIME OUT INFORMATION FOR PARTNERS OF PERPETRATORS

COOL DOWN/TIME OUT PROCEDURES A NOTE TO PARTNERS OF DOMESTIC VIOLENCE PERPETRATORS

Please read the attached information about the COOL DOWNS.

Your partner will be expected to do COOL DOWNS on a regular basis. If you have any question about these, please talk to the family preservation practitioner.

COMMON QUESTIONS THAT PARTNERS HAVE ABOUT COOL DOWNS/TIME OUTS

1. How do COOL DOWNS help solve our family problems?

Your partner's use of COOL DOWNS will prevent him from escalating into his physical or psychological battering. They alone do not solve conflicts, but if used faithfully, they will help him avoid using physical battering and some of the other tactics of control. Stopping the battering is the first step to resolving family problems. Family problems have to be discussed and solutions agreed upon. This cannot happen if one person is battering the other. No communication takes place when there is battering. COOL DOWNS are a necessary first step to communicating respectfully.

2. What do I do if every time I want to discuss an important topic with my partner, he says he is taking a COOL DOWN?

Let him take the COOL DOWN anyway. If he becomes angry and abusive, you will not be able to talk about the problems. At first, he may take COOL DOWNS a lot. Just remind yourself that it is only one step and that he will be expected to use other approaches as well. Read the instruction sheet and it will help you understand how they work.

3. What if he refuses to discuss the matter even after the COOL DOWN?

Notice on the instruction sheet that he has several choices as to what he does after a COOL DOWN. He is not supposed to drop issues if they are important to you. However, he may put them on hold until he is able to both calmly speak and LISTEN TO YOU. If he refuses to discuss an issue, your insisting will NOT bring about the communication. Let him know that you are still interested in talking about the issue, but be willing to set a later time when he can be calmer when discussing it.

Continued ...

HANDOUT VI - 8 ...

4. Should I remind my partner to take a COOL DOWN when he is getting angry or abusive?

NO. He is responsible for identifying his own feelings and taking the COOL DOWN. As long as you do it for him, he is NOT doing his job.

If you are upset about his abuse, you take a COOL DOWN for yourself as long as you can do it safely. Remember, you cannot control another person's battering; you can only protect yourself.

5. What should I do when he takes a COOL DOWN during a discussion?

Remind yourself that this is the first step — that it is better for him to take a COOL DOWN than to be abusive towards you. Waiting for him to return can lead to your feeling frustrated or abandoned. You can use the time in a COOL DOWN for yourself and then go about your regular business.

6. Would COOL DOWNS be useful for me?

Yes, if you find your own anger rising, a COOL DOWN is a tool you can use to calm down before you go further in working out a conflict. However, your using COOL DOWNS for yourself will not necessarily change your partner's behaviors.

COOL DOWNS are good for you to use when you are in conflicts with your children or with other people. They are also a good tool to teach children. Many schools and day care centers already use a form of time outs as a way to help children to regulate their feelings and behaviors. The COOL DOWNS described here are somewhat different than those used with children.

7. Will there be a time when my partner will not have to use COOL DOWNS?

NO. COOL DOWNS should become a new habit. They are a sign of success and should not be discarded later. COOL DOWNS allow all of us a way to step back mentally, to think through our ideas calmly, to prepare ourselves to really listen to the point of view of another. When we use them regularly, they improve our communication.

COOL DOWNS are not stuffing our feelings or burying our problems. They are a useful tool in avoiding abusive displays of anger. They help to clear our heads and hearts so we can communicate more clearly and do better problem solving.

Prepared by Anne L. Ganley, Ph.D., for the Veterans Administration Medical Center, Seattle, Washington.

3. Appropriate referrals

a. Specialized programs for perpetrators of domestic violence

Typically, perpetrators who are appropriate for treatment should be referred to programs specializing in the rehabilitation of domestic violence perpetrators. To be successful, the perpetrator must take full responsibility for his abusive conduct, be motivated to change himself, be willing to immediately stop the violence, and be willing to commit a minimum of a year to their rehabilitation. He must be able to comply with the format and expectations of the specialized program, otherwise he will not be successful in counseling programs.

Over the past 20 years, a variety of treatment approaches have been used to stop domestic violence. Initially, domestic violence was seen merely as a symptom of a dysfunctional individual or relationship. Early intervention approaches focused on individual goals — increasing self-esteem, treating seizures or other organic conditions, anger management — or on relationship goals: increasing communication, conflict resolution, etc. As our understanding of domestic violence shifted to a social learning theory of domestic violence and to one that viewed the abusive conduct as the problem rather than merely a symptom, interventions with perpetrators became focused on stopping their abusive conduct.

For the past 15 years, specialized rehabilitation programs for perpetrators have developed. Many of these are offered as part of a coordinated community response to domestic violence where this rehabilitation is only one intervention (arrest, jail, prosecution and sentencing are other interventions). These programs report mixed results, and we still do not know which perpetrators may benefit from such rehabilitation programs and which do not. What the research does suggest is that those who are changing and stopping their domestic violence are changing because they have a combination of community interventions: arrest, court hearings, probation, jail, other sanctions, and rehabilitation. It is the combination of multiple experiences of being held responsible for their own behaviors that brings about changes in the perpetrators.

Types of batterers' rehabilitation programs available in communities vary. To be successful, a rehabilitation program must have as the primary goal a commitment to end the violence and other tactics of control, and must be guided by the same three principles guiding family preservation work (victim safety, victim autonomy, and perpetrator accountability). Handout VI-9, reproduced below, can be used by practitioners to determine whether a particular program is guided by these principles.

Some communities may not have specialized batterers' programs or may have batterers' programs that are not accessible to batterers with differences in language, learning abilities, and employment schedules. For the practitioner, part of making an appropriate referral is knowing the community and knowing what is possible in rehabilitating perpetrators of domestic violence.

HANDOUT VI - 9

PERPETRATOR REHABILITATION PROGRAMS

Criteria of effective programs for perpetrators of domestic violence:

- The primary goal of the program is for the perpetrator to stop all tactics of control, rather than striving to keep the couple together or resolve the couple issues. The program defines domestic violence as a pattern of coercive behaviors that includes physical, sexual, and psychological assaults, as well as economic coercion.
- The program holds the perpetrator accountable for the abusive conduct and for making the necessary changes to stopping the abuse, and uses non-victim-blaming strategies.
- The program follows clear policies regarding victim confidentiality and safety.
- The program provides information to victims and/or victim advocates about issues related to victim safety.
- The program provides initial and ongoing assessments of the danger posed to the victim by the perpetrator, and notifies the victim and the appropriate authorities should the victim be in danger.
- The program conducts an initial assessment to determine if there are significant factors that may influence the perpetrator's ability to benefit from treatment (e.g., organic impairments, psychosis, motivation to change).
- The program is a minimum of one year of perpetrator accountability to an intervention program, within which there are a minimum of 26 group sessions.
- The program has clear completion or termination criteria.
- The program has clear consequences for non-compliance by the perpetrator.
- The program demonstrates an ability to work cooperatively with victim-advocacy programs as well as with courts and the family preservation program.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

As the research continues, caution is needed. Treatment may or may not be beneficial for some individual perpetrators. Obviously, the more motivated the individual perpetrator is and the more he follows through with his program, the more likely he is to be successful.

Approximately 10 states have developed standards for programs working with perpetrators of domestic violence. These standards have evolved out of what is known and will continue to evolve as more information is gathered. The family preservation practitioner should become familiar with the standards in his or her region.

b. Additional counseling

Sometimes the practitioner will want to refer the perpetrator to additional counseling or classes either concurrently or as a follow-up to the domestic violence intervention program. When making referrals to such programs, the practitioner should consider the following issues:

- **Chemical dependency treatment, either residential or outpatient:** For the substance-abusing perpetrator, it is helpful for the chemical-dependency program staff to be knowledgeable about domestic violence. Some chemical-dependency programs use strategies that may inadvertently endanger the victim of domestic violence by requiring family sessions, implying that her survival strategies are "enabling" the chemically affected person's addiction, or indicating that either the victim's or perpetrator's chemical dependency causes the domestic violence. Chemical dependency and domestic violence are two very significant and widespread problems requiring specialized responses. The practitioner should consult with the program staff to evaluate their appropriateness and knowledge of domestic violence prior to referring perpetrators to such programs. The practitioner should inform the treatment program when a referral is for a domestic violence perpetrator.
- **Parenting classes:** The practitioner should refer perpetrators to parenting programs that are knowledgeable about domestic violence, culturally sensitive, stress positive parenting and non-physical discipline, and support the parenting of the non-abusive parent. As with chemical-dependency referrals, the practitioner should inform the referral source that the person is domestically violent and encourage the perpetrator to self-disclose this information.
- **ALANON:** For perpetrators whose victims have chemical-dependency issues, referring the perpetrator to ALANON is appropriate. ALANON stresses that participants should not be controlling of their partners and instead should focus on their own issues. This would be congruent with the approach used in working with perpetrators. The perpetrator should also be encouraged to acknowledge his abusive behaviors in whatever additional programs he may enter. Part of the perpetrator's rehabilitation is being able to take public responsibility for his abusive conduct.
- **Referrals to couples or family counseling:** Traditional couples and family counseling should not be recommended while the battering continues or has recently ceased. Unfortunately, too often such approaches continue to convey to the victim and the perpetrator that they are (or were) equally responsible for the abuse and may put the victim in further danger by encouraging her to state honestly what she thinks or feels. The unchanged perpetrator uses such information to further abuse the victim.

Couples counseling or family counseling may be appropriate in the future for those families where the victim feels she has regained control over her life and where the perpetrator has successfully completed a batterers' program and demonstrates a commitment to stop all violence and to decrease other controlling tactics. Before making such a referral, some perpetrator programs require a minimum of six months of the perpetrator being free of using threats or physical force against person or property, as well as clear evidence of his decreasing control over the victim (see Section III.D. in this chapter on measuring the progress of perpetrators). In addition, a safety plan for the victim and a responsibility plan for the perpetrator must be in place. If there is a relapse of the physical abuse or threats, couples counseling should be suspended and the perpetrator referred back to a specialized treatment program.

B. Exercise: Interventions With Perpetrators of Domestic Violence

LENGTH OF EXERCISE: 50 MINUTES

INSTRUCTIONS FOR TRAINER

This exercise covers two different interventions with perpetrators, although the same exercise can be done to practice any of the techniques described in this section:

- teaching time-outs to perpetrators (focus of the role-plays)
 - encouraging a perpetrator to attend a batterers' rehabilitation program (covered only in the debriefing of the role-play)
1. The day prior to this exercise, divide participants into two groups, the blues and the greens. Instruct one-half of the participants (the blues) to review the handouts on time-outs (Handouts VI-7 and VI-8). The participants should be asked to read this material the evening prior to this session since it takes some time to absorb. If the instructor chooses not to give prior assignments, then an additional fifteen minutes will be necessary for in-class reading of the two handouts.
 2. Ask the participants to divide into dyads, with each dyad having one blue and one green participant.
 3. Refer participants to Handout VI-5, used in a previous exercise. The greens will each take the role of Frank. The blues will take the role of the family preservation practitioner working with Frank. Tell the participants to assume the domestic violence has been identified and the practitioner has gathered information through separate conversations with Frank and his partner. The practitioner wants to teach Frank to use time-outs. Ask the practitioners (the blues) to think out the approach they would take in teaching-time outs. The greens can play Frank in any way they wish. Give them two to three minutes of quiet time to prepare their roles.
 4. Instruct the participants that they will have 20 minutes for this activity.

5. ■ **WRITE THE FOLLOWING QUESTIONS ON THE BOARD**
 - What was effective in the practitioner's approach?
 - Where did difficulties arise?
 - What kind of obstacles did Frank present?
6. Call time and give dyads three to five minutes to debrief by answering the questions on the board.
7. In the large group, debrief the exercises for 10 minutes by reviewing the group's answers to questions on the board. Focus on the strategies that were used to work with him.
8. The trainer should listen for any strategies presented that violate the three guiding principles and highlight those strategies that are in keeping with the principles.
9. If there is time (5-10 minutes), ask the blues how they might encourage Frank to participate in a batterers' rehabilitation program. Once again, debrief in terms of the guiding principles.

C. Measuring the Perpetrator's Progress

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

Many more perpetrators promise change than follow through with it. Rehabilitation programs report varying degrees of success in stopping the physical abuse. Some programs report moderate success for those who complete specialized programs, but this does not address the issue of the significant proportion of perpetrators who never enter a program or who do not complete one (Hamberger and Hastings, 1989). Ultimately, the perpetrator's progress should be measured by whether he stops the abuse rather than by his promises or his participation in a program.

Refer participants to Handout VI-10, reproduced below, for a list of questions the victim (or the practitioner) can consider when evaluating the progress of the perpetrator in any interventions for his abusive conduct.

**DOMESTIC VIOLENCE:
MEASURING THE PERPETRATORS PROGRESS**

The following are questions the victim (or the practitioner) can consider when evaluating the progress of the perpetrator in responding to any interventions for his abusive conduct.

1. Has the perpetrator stopped all use of physical force against person or property?
2. Has the perpetrator stopped all use of threats of physical force against person or property? Has the perpetrator stopped other acts of intimidation (e.g., reckless driving, displays of weapons)?
3. Does the perpetrator support the victim's right to be an adult and make her own decisions?
4. Does he ask for the victim's input?
5. Does he listen to what the victim has to say?
6. Does he respect the victim's right to have independent emotions, thoughts, and decisions?
7. Does he share equally in financial and other responsibilities for the family?
8. Does he support the victim's friendships and activities outside the family?
9. Does he support the victim's parenting?
10. Does he listen to the victim's anger with him?
11. When he is angry or upset, does he act in ways to reassure the victim that he will not be abusive (e.g., take time-outs, sit down when discussing the conflict with the victim)?
12. Does he accept that the victim may not want to forgive him about the past and that she may be cautious about the future?
13. Does he accept the victim's right to place limits on their relationship?

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

D. Intervention Pitfalls for the Family Preservation Practitioner

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

Practitioners working directly with perpetrators of domestic violence are confronted with certain recurring issues that require repeated consultation and experience to resolve. They are highlighted here and can be used as topics for continued consultation and supervision sessions.

1. Maintaining victim confidentiality when working with the perpetrator

While all counselors are used to maintaining their clients' confidentiality, this is particularly important when working with the domestic violence victim. As discussed in Chapter Five, respecting a victim's confidentiality is an issue of both safety and autonomy (the first two principles in doing this work). When working directly with perpetrators who are actively challenging these rights of the victim, it is crucial that the practitioner remain clear that the victim's confidentiality can never be ignored. (Refer participants to Handout VI-2 regarding victim safety when working with the perpetrator.)

2. Feelings of divided loyalties between the victim, the children, and the perpetrator

In working with both the perpetrator, who wants to maintain control over the partner, and the victim, who is in danger because of that controlling behavior, some practitioners feel caught in divided loyalties to different family members. The practitioner can maintain an alliance with each family member and avoid divided loyalties by remaining clear that the practitioner's alliance is with the guiding principles of victim safety, victim empowerment, and perpetrator responsibility, which together are in the best interests of all family members.

If the practitioner is feeling divided loyalties, he or she may want to reflect on what the perpetrator is doing to create this division and how those tactics of control should be addressed. It is to the perpetrator's ultimate best interest that the victim's safety and autonomy be maintained, even if it means separation or the perpetrator not getting what he states he wants. Domestic violence is damaging to the children and to the victim and is ultimately self-destructive to the perpetrator.

3. Staying focused on the domestic violence and not on the circumstances that the perpetrator uses to rationalize his abusive conduct

When working with all family members, it is easy for a practitioner to become involved in the specific circumstances of a family and lose sight of the abusive pattern of control that the perpetrator uses in all intimate relationships. It is crucial that the practitioner keep the attention on the pattern of controlling behaviors and on the perpetrator's responsibility for stopping it.

4. Individual sessions vs. couples sessions or family sessions

For the most part, identification, assessment, and first stage interventions for domestic violence will be carried out in individual sessions with either the victim or the perpetrator. This is necessary to keep the focus on the three guiding principles.

If the victim's safety can be insured and the perpetrator demonstrates motivation for changing his own behaviors, then couples or family sessions may be used in limited circumstances to address focused concerns (e.g., parenting issues regarding physical discipline of children, job hunting strategies). In these family or couples sessions, the reality of the perpetrator's abusive behaviors is acknowledged and references to the perpetrator's behavior contracts can be made, but the domestic violence should not be the topic of the session.

However, such focused family sessions should never become a replacement for the separate sessions with the victim and the perpetrator that are specifically designed to intervene with the domestic violence. In fact, the joint sessions for such families should only be done as an adjunct to the approaches specifically designed to address the domestic violence (see Section III A.3 on referrals and rehabilitation programs for perpetrators). If the victim provides confidential input that these family sessions are endangering her, then they should be stopped and the separate sessions continued.

5. Practitioner's fear of the perpetrator

Some perpetrators are used to getting what they want by charming or intimidating others. They will use these tactics on the practitioner as well as on the victim. The practitioner may become fearful in the face of such behavior. As counselors, we may not be used to experiencing fear of harm by our own client. Consultation with a team, supervisor, and domestic violence expert is crucial to working with such perpetrators both in developing appropriate safety procedures for ourselves, but also in learning how to deal with that fear in terms of our direct work with the perpetrator, victim, and children.

REFERENCES

Chapter Six

Hamberger, L.K., and Hastings. 1989. "Counseling Male Spouse Abusers: Characteristics of Treatment Completers and Dropouts" *Violence and Victims* 4(4): 275-286

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CHAPTER SEVEN

Helping Children of Domestic Violence

I. GOALS OF INTERVENTION WITH CHILDREN OF DOMESTIC VIOLENCE

LEARNING OBJECTIVE

To identify the goals of working with children who have experienced domestic violence

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Because the family preservation practitioner's goal is to help the parents help the children, this curriculum is designed to provide an understanding of the impact of domestic violence on children and how to use this information with parents and older children. The material here is not an in-depth exploration of counseling children. However, it will help the practitioner talk to parents and children about domestic violence, and teach practitioners how to recognize symptoms and problems in children living with domestic violence.
2. Distribute Handout VII-1, reproduced below, and review with participants. Remind them that these goals should always be worked on in the context of the three guiding principles.

HANDOUT VII – 1

GOALS OF FAMILY PRESERVATION INTERVENTION WITH CHILDREN

1. The children hear that they have a right to be safe.
2. The children have an experience in which adults are trying to protect them or other victims in the family.
3. The children receive information and educational materials about domestic violence and about resources that will help them protect themselves.
4. The children leave the program with a safety plan.
5. The children hear, in age-appropriate ways, that the domestic violence was not their fault and that assaults and emotional abuse are unacceptable ways to treat others.
6. The children experience a non-blaming environment in which they can discuss their reactions to domestic violence.
7. The children who need additional assistance are referred for ongoing help and support.

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II. ASSESSMENT OF CHILDREN

LEARNING OBJECTIVES

1. to develop assessment skills for determining the impact of domestic violence on children
2. to understand that many of the children who experience domestic violence are also victims of child abuse and that distinguishing the cause of their symptoms may be difficult
3. to understand that many children who witness domestic violence do not end up with serious emotional and cognitive problems
4. to develop the tools and skills to interview parents in order to assess ways that children are affected by domestic violence, and to help parents help their children.

A. Overview

LENGTH OF PRESENTATION: 30 MINUTES

PRESENTATION OUTLINE

1. Using the material in Chapter Two, Section V, summarize the research regarding the impact of domestic violence on children and the overlap of domestic violence and child abuse in the same families.
2. Children are often hurt by the domestic violence perpetrator through his use of violent and controlling behaviors, sexual abuse, or psychological and economic abuse. Handout VII-2 is a list of perpetrator behaviors that the practitioner should look for in assessing the impact of domestic violence on the child. Refer participants to Handout VII-2, entitled, "Behaviors of the Domestic Violence Perpetrator that Hurt Children: A Checklist," reproduced below.

HANDOUT VII – 2

BEHAVIORS OF THE DOMESTIC VIOLENCE PERPETRATOR THAT HURT CHILDREN: A CHECKLIST

(The following list was developed by EMERGE, a batterers' education program in Boston, to describe the types of abusive behavior used by their clients against children.)

VIOLENT AND CONTROLLING BEHAVIOR TOWARDS CHILDREN

- slapping, kicking, punching, grabbing, choking, pushing, restraining, pulling hair, pinching, pulling ears, poking shoulders, boxing, burning, squeezing, tripping
- use of weapons or any other instrument for physical discipline, throwing things, threatening with use of weapons or instruments
- exposing the children to reckless or drunk driving or other dangerous activities
- abusing toys or pets, destroying child's possessions
- scaring with raised tone of voice, threatening supernatural violence (e.g., boogey-man, devil, God), frightening them with stories
- harassing, badgering, not respecting privacy, embarrassing child in public
- isolating, locking child up or threatening to do so

Continued ...

SEXUAL ABUSE

- unwanted touching, penetrating any body opening with any object
- creating sexual tension in relationship with the child
- frequently commenting on the child's body
- relating to the child as a potential sex partner
- unwanted fondling or kissing
- exposing adult sexual body parts in front of the child
- forcing the child to be physically affectionate to another adult
- tickling or secret games which lead to confusion about body touching
- touching the child's sexual area under the guise of a game

PSYCHOLOGICAL AND ECONOMIC ABUSE

- exposing the child to violence in the home
- yelling, swearing, being lewd, raising voice, using angry or scary gestures
- criticizing, name-calling, mocking, ridiculing, accusing, blaming, trivializing words or gestures, not accepting child's emotions, only having negative interactions with child
- putting down partner in front of the child, undermining partner's authority with the child, manipulating the child to take sides
- pressuring or rushing child, having unrealistic academic expectations, using guilt, abusing feelings, confusing child/adult roles
- interrupting, changing topics, not listening, not responding, twisting child's words
- coercing child economically, withholding money/allowances/food, taking child's money or other belongings
- lying, withholding information
- not taking responsibility for child, breaking agreements or promises with child, being an absent father, not being consistent about the amount or quality of time spent with child
- not respecting child's privacy, snooping through his/her room or belongings
- withholding emotions, not sharing feelings, not giving support/validation/attention/compliments, not respecting child's feelings/opinions/rights
- pressuring child to fit into traditional sex-role stereotypes (e.g., boys can't cry or be scared, girls can't get mad and have to take care of boys)
- not taking care of yourself, setting a bad example, abusing alcohol or drugs
- asking the child to spy on his/her mother

3. Refer participants to Handout VII-3, reproduced below, and discuss.

HANDOUT VII – 3

ASSESSMENT OF CHILDREN LIVING WITH DOMESTIC VIOLENCE

The literature suggests that assessment of children living with domestic violence should include a consideration of:

- behavioral problems
- emotional problems
- social and environmental disruption as a result of violence (moving, losing family, changing schools)
- effects of violence on the child's primary caretakers (maternal stress compounds difficulties for kids)
- child-protective factors in the child's environment (achievement, friendships, good relationships with adults)

Jaffe, P., M. Suderman, and D. Reitzell. 1992. "Child Witnesses to Marital Violence." In Assessment of Family Violence, ed. R. Ammerman and M. Hersen. New York: John Wiley and Sons.

4. Children of domestic violence live with secrets, so they may not want to talk about the violence. They may deny any memories of assaults or any problems as a way to

psychologically protect themselves. They may, however, express concern for their mother's health or safety. The practitioner will need to talk to parents, teachers, other family members, and other agency personnel to get a good picture of the child's functioning.

5. Remember that many children who experience violence do not end up with developmental and emotional difficulties, but some do. Many of their symptoms will disappear once they find safety and support. Many children will benefit from talking about the domestic violence and from support services in the community for child witnesses.

B. Assessment of Children Through Interviews With the

Parents

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

1. Refer participants to Handout VII-4. Through interviewing the parent(s), the questions included in the handout are designed to assess how children are affected by child abuse and by witnessing domestic violence. They will help the family preservation practitioner better assess the physical and psychological risks to the children and make referrals to community agencies for additional help for the children. They will also help the practitioner ascertain if a report to child-protection authorities is necessary.
2. The questions below are to be used primarily with the adult victim. Some questions can also be used with the perpetrator and others can be reworded and used with the children.
3. The practitioner must be honest and direct with the parent or child regarding when the practitioner must make reports to child-protection authorities. In many circumstances, a child-abuse report may not be required. The practitioner can ascertain if a report is required only through careful assessment of the situation and an understanding of statutes and agency policies governing such reports.
4. The questions below are meant only as a guide for discussion with the parent (and older children) and do not need to be used as checklists.

HANDOUT VII – 4

ASSESSMENT QUESTIONS FOR PARENTS

1. Do you have concerns about the way you or your partner relates to your children?
2. When your kids don't listen or follow directions, what forms of discipline do you try?
3. What does your partner try?
4. Do you have any concerns about your partner's sexual behavior toward the children? Is there fondling, unwanted touching, or kissing? Does he expose the children to pornography?
5. Does your partner terrorize or scare the children, drive recklessly with them in the car, or drink and drive?
6. Has your partner ever threatened to hurt or kill your children, in an effort to scare or punish you or to prevent you from leaving?

Continued ..

HANDOUT VII – 4 ...

7. Has your partner hit your children with belts, straps, or other objects that have left marks, bruises, welts, or other injuries?
8. Can you describe any assaults against you by your partner that the children witnessed? What did the children see or hear during the assault? What did they experience afterward (e.g., seeing their mother's injuries or the house torn apart)? What were the children's reactions?
9. Can you describe any assaults against you by your partner in which the children were caught in the middle (e.g., you were holding a child in your arms) or in which the children intervened? What happened?
10. Has your partner ever threatened to kidnap your child or failed to return the child to your care?
11. Do you ever feel unable to protect your children because of your partner's threats or assaults against you or them?
12. Has the domestic violence changed your relationship to your children in any way?
13. Have any of the children threatened or harmed you or others in the family?
14. Are any of the children having behavioral problems at home or at school that other people are complaining about? Are any of the children dealing with their anger differently or in disturbing ways? If so, please explain the problem.
15. Are any of the children displaying any of the following symptoms?
 - difficulty sleeping, nightmares
 - poor appetite or eating problems
 - difficulty concentrating
 - persistent sadness or depression
 - little energy
 - withdrawal
 - violence toward other children or family members
 - running away
 - alcohol or drug abuse
 - fear of their father or other adults
 - cutting or hurting themselves
 - hurting or killing animals
 - destroying toys or other objects
 - fear of leaving you
16. If you answered yes to any of the questions above, could you please describe the behavior that concerns you?

Continued ...

HANDOUT VII – 4 ...

17. Has your partner caused any of the following injuries to your children?
 - bleeding, swelling, bruises, scratches
 - broken bones
 - black eyes
 - burns
 - muscle sprains or pains
 - wounds from a weapon or object
 - caused unconsciousness through hitting or choking
 - injury to genitals
 - urinary tract infection or venereal disease
18. In what way can we help you or your children?
19. What have you tried in the past to help your children? What resources can we help you find for your children?
20. What do you feel that you need in order to protect your children?

Practitioners can pose additional questions to older children about some of the following issues:

1. What kinds of things do mom and dad (or substitute terms children use to refer to their parents) fight about?
2. What happens when your dad gets angry or your parents fight? Can you describe any assaults between your parents that you witnessed? What did you see or hear during the assault? What did you experience afterward (e.g., did you see your mother's injuries or the house torn apart)? What were your reactions?
3. What do you do if or when your dad pushes, shoves, or hits your mom? Do you leave the room or go outside?
4. Can you describe any assaults between your parents in which you were caught in the middle, or in which you intervened? What happened?
5. Do they ever fight about you? How does this make you feel (scared, confused, sad, mad)?
6. Do you talk to anybody about this?
7. How do you handle your feelings since this (the domestic violence) has happened? Do you ever feel like hurting yourself or anyone else (e.g., the perpetrator)?
8. In an emergency for you or your mom, who would you call? Where could you go?

Adapted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps, and materials from the Massachusetts Department of Social Services.

III. INTERVENTIONS WITH CHILDREN AND THEIR PARENTS

LEARNING OBJECTIVE

1. to develop new skills and techniques for helping parents whose children are affected by domestic violence

A. Exercise: Working With Children and Their Parents

LENGTH OF EXERCISE: 25 MINUTES

INSTRUCTIONS FOR TRAINER

1. Divide the larger group into three smaller ones. Assign each group one of the scenarios below, reproduced as handouts VII-5 through VII-7. Ask each group to answer the questions posed by the scenario. Each group should appoint someone to record the exercise.
2. After 10 minutes, reconvene the larger group and ask each small group to comment on their responses to their scenario.

HANDOUT VII – 5

SCENARIO #1

You are a 16-year-old boy, a sophomore in high school who is very actively involved in school sports. You know that your dad has been getting drunk lately and hitting your mom and breaking things after the kids go to sleep. One of your younger brothers has been running away and getting into trouble with the police. One day after school, your mom tells you that you and your siblings are moving to your grandparents' home in another town, 50 miles away. She explains that your dad is too dangerous and might seriously injure her or one of you. Your dad has been yelling at you a lot lately and spanking a younger sibling, but he's never hit you.

- What are some of the reactions that you might experience to your mom's news?
- How might you feel toward your mother?
- How might you feel toward your father?

For the practitioner:

- Suggest some ways that you might help the mother in this family talk to the son about the move and about the abuse she has experienced.
- What would you recommend to the mother if the boy wants to stay with his father?
- What plans should be made for the child's safety?

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HANDOUT VII – 6

SCENARIO #2

You are a 10-year-old girl whose school performance has deteriorated markedly in the last year. Your dad is constantly on your case; nothing you do is right. Your dad also seems to be treating your mom worse. At times he keeps her up all night, yelling at her and calling her a whore. Sometimes, from your room, you can hear him banging her head against the wall or throwing her across the room. You and your mom have left a couple of times for a few days, but she always comes back. It's hard for you to sleep. You want this to stop, and you ask your family preservation practitioner if you can live with somebody else for awhile.

- What reactions/feelings might you have toward your mother?
- What reactions might you have toward your father?

For the practitioner:

- What should you say or do when the child comes to you?
- What plans should be made for the child's safety?

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HANDOUT VII – 7

SCENARIO #3

Your client, Barbara, left her abusive husband three years ago. He has moved to another state and rarely has contact with the children. Since the separation, the mother returned to school at night and has held a part-time day job, coming home to be with her kids between 3 p.m. and 6 p.m. every afternoon. In the last six months, her oldest son Mark, 16, has started to assault and threaten to kill his mother. He is also pushing his 13-year-old sister around whenever his mother leaves the house. Last week, he came after his mother with a baseball bat and threatened to bash in her head if she didn't let him sleep over at a friend's house. The mother wants Mark placed in a foster home or youth facility. She says that he reminds her of his dad and she won't take it again.

- In what ways might the prior domestic violence in this family be affecting Mark?
- In what ways might it be affecting his mother?
- What would you say to Mark about his behavior? How would you intervene to help him change this behavior?
- What would you advise the mother to do about Mark's behavior? What interventions would you recommend that Mark's mother try?
- What safety plans need to be made for this family?

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B. Ten Interventions With Children of Domestic Violence

LENGTH OF PRESENTATION: 10 MINUTES

PRESENTATION OUTLINE

Interventions with children of domestic violence should include the following.

- I. Develop a safety plan for the children. This can be done with the adult and the child victim, and should include:
 - how the children can escape from the house if an assault is in progress
 - where they can go in an emergency

- how to call the police
 - how to call supportive family members, friends, or community agencies for help
2. Tell the children that they are not responsible for the domestic violence or for what happens after the violence is disclosed.
 3. Develop a safety plan for the children to have in place after the disclosure, and praise the children as courageous for making the disclosure.
 4. If the children are suicidal, homicidal, or violent towards other family members, develop a plan for their safety and the safety of others.
 5. Help the parents to set clear limits with children who are violent and abusive and refer these children to appropriate services.
 6. Tell the children that it is important for them to be safe when their father assaults their mother, and that they should not try to intervene.
 7. Reassure the children that when they blame themselves for the violence, or for inadequately protecting the mother, or for being loyal to the perpetrator, that these are common reactions.
 8. If the child is called upon to testify, develop a plan to support the child over issues of fear, anxiety, divided loyalties, or the reawakening of painful memories.
 9. Call the local domestic violence program to find out about services available in the community for children of domestic violence and make sure these services are culturally relevant to the family.
 10. Make sure any referrals given for the children are culturally appropriate. In some ethnic and immigrant communities, families may not want their children referred to domestic violence or mental-health services. In that case, find out what kind of help may be available for the child in the community and how the particular ethnic group helps children cope with trauma.

REFERENCES

CHAPTER SEVEN

Jaffe, P., M. Suderman, and D. Reitzell. 1992. "Child Witnesses to Marital Violence." In *Assessment of Family Violence*, ed. R. Ammerman and M. Hersen. New York: John Wiley and Sons.

Schechter, S. 1993. Victim Intake Assessment developed for the U.S. Marine Corps.

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CHAPTER EIGHT

Using Legal and Community Resources

NOTE TO TRAINER: A domestic violence expert, familiar with community resources, state domestic violence statutes, and legal practices, should present the information in this chapter. The expert might be an advocate from a domestic violence program or an attorney who specializes in domestic violence law.

I. WORKING WITH DOMESTIC VIOLENCE PROGRAMS

LEARNING OBJECTIVES

1. to become aware of the services available to families experiencing domestic violence
2. to develop a working knowledge of referral protocols
3. to identify strategies for improving collaboration between family preservation and domestic violence programs

A. Services Provided by Domestic Violence Programs

LENGTH OF PRESENTATION: 30 MINUTES

PRESENTATION OUTLINE

Good practice in family violence cases increases families' options and includes on-going collaboration with community-based programs specializing in domestic violence services.

Domestic violence programs provide a variety of services to battered women and their children. These services can include shelter, crisis intervention, legal assistance and referral, running support groups, providing counseling for women and children, and changing unfair legal and housing practices. The scope of these services vary dramatically from one community to the next. This manual cannot adequately cover all of them. Rather, below is a list of topics that the domestic violence expert should address in her presentation. Resource lists and easy-to-read handouts about these topics should also be distributed to participants.

The domestic violence expert should:

1. Describe the types of services available to victims in the state:
 - a. temporary shelters
 - b. legal advocacy
 - c. support groups
 - d. hotlines
 - e. counseling
 - f. housing assistance
2. Explain who is eligible for these services.
3. Describe how victims gain access to these services (e.g., referral and screening procedures, the role of the referring family preservation practitioner).
4. Explain how the family preservation practitioner should describe these services to victims and encourage victims to use them.
5. Explain what should be done when a referral fails (e.g., shelter is full).
6. Describe the types of services available to perpetrators in the state.
 - a. Explain who is eligible for these services.
 - b. Describe how perpetrators gain access to these services (e.g., referral and screening procedures, fees, court mandates, role of referring family preservation program).

B. Exercise: Improving Collaboration Between Domestic Violence and Family Preservation Programs

LENGTH OF EXERCISE: 15 MINUTES

INSTRUCTIONS FOR TRAINER

Ask participants to list the problems that they have had in working with domestic violence programs. Do not try to address the problems individually. Instead, move the discussion forward by asking the following questions. Write the answers on the board.

1. What goals do domestic violence programs and family preservation programs have in common?
2. What suggestions could participants make to overcome past difficulties in working together?
3. How can shelter workers and family preservation practitioners help each other on cases?
4. Have there been successful attempts at collaboration? If not, how can we begin collaboration?

II. USING LEGAL REMEDIES TO PROTECT VICTIMS AND THEIR CHILDREN

LEARNING OBJECTIVE

1. to become aware of the legal options available to families experiencing domestic violence

A. Legal Remedies Available to Victims of Domestic Violence

LENGTH OF PRESENTATION: 30 MINUTES

PRESENTATION OUTLINE

The justice system can play a crucial role in protecting the victim and holding the perpetrator accountable for stopping the violence. Orders for protection, eviction orders against the

perpetrator, and criminal prosecution convey the message that domestic violence is no longer sanctioned in the community and that there are consequences for using violence.

Domestic violence statutes and practices vary dramatically from one jurisdiction to another. This manual cannot adequately cover all of them. Rather, below is a list of topics that the domestic violence expert should cover. Resource lists and easy-to-read handouts regarding topics such as those listed below should be distributed to participants.

1. Civil protection orders

- a. What is a protection order?
- b. Who is covered by it (e.g., married victims only or co-habiting victims; adults or adults and children)?
- c. What can the protection order provide (e.g., custody, support, visitation, eviction of the perpetrator, treatment for the perpetrator)?
- d. How do you obtain an order (where do you go, how much does it cost, do you need an attorney or advocate)?
- e. How do you enforce an order?
- f. What can a family preservation practitioner do to help the victim obtain an order?
- g. Who is available to provide legal consultation to the family preservation practitioner about domestic violence?

2. Criminal prosecution

- a. What constitutes criminal conduct in domestic violence cases?
- b. What will happen when the victim calls the police?
- c. What should the victim or the practitioner do if the police fail to respond?
- d. What happens if the perpetrator is arrested?
- e. What kind of protection is available to the victim through the criminal courts (e.g., criminal protection orders, conditions of bail)?
- f. What can a family preservation practitioner do to help the victim gain access to the criminal justice system?

3. Separation, divorce, and custody proceedings

- a. What can a legal separation or divorce provide (e.g., support, custody, visitation, property settlement)?
- b. When is a lawyer needed?
- c. How can clients obtain legal help?
- d. What can the family preservation practitioner do to help?

- e. How are custody cases handled by the court?
- f. What can the family preservation practitioner tell a victim who feels she must flee the jurisdiction before a custody order has been granted?

B. Exercise: Domestic Violence and Legal Issues Role-Play

LENGTH OF EXERCISE: 15 MINUTES

INSTRUCTIONS FOR TRAINER

Break the group into dyads. Ask one person to play the practitioner and one to play the victim, following the facts provided in Handouts VIII-1 and VIII-2.

HANDOUT VIII - 1

DOMESTIC VIOLENCE AND LEGAL ISSUES ROLE-PLAY FOR THE PRACTITIONER

Your client is a 26-year-old mother of two children. She was beaten by her boyfriend two weeks ago, and now he is making phone calls threatening to kill her. She wants him to stay away from her. You think that she may be eligible for a protection order. Try to talk to her about the following:

1. Find out what your client knows about protection orders.
2. Explain what a protection order is.
3. Explore any fears your client may have about protection orders.
4. Assess the pros and cons of getting a protection order.
5. List any questions that you have about obtaining an order for protection (e.g., who is eligible, how long the order lasts).

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HANDOUT VIII - 2

DOMESTIC VIOLENCE AND LEGAL ISSUES ROLE-PLAY FOR THE VICTIM

You are scared of your former boyfriend. You are not sure what an order for protection can do for you. Ask the worker some of the following questions:

1. Will an order for protection make him angrier?
2. Do I have to testify in court to get an order?
3. What will the police do if he bothers me again?
4. What should I do?

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After five minutes, bring the group back together and discuss their questions and concerns.

Then ask the group to assume that the client gets the order, and that her boyfriend follows her on the street and threatens to kill her. The client calls the police, and they refuse to come and help her. The client calls the practitioner. Brainstorm with the group about what the practitioner can do.

III. Working With Child Protective Services

LEARNING OBJECTIVES

1. to increase advocacy skills that can be utilized with child protective services in domestic violence cases

A. Exercise: Working With Child Protective Services

LENGTH OF EXERCISE: 20 MINUTES

INSTRUCTIONS FOR TRAINER

Break the larger group into two to four smaller groups and assign each group one of the two case scenarios in Handouts VIII-3 and VIII-4, reproduced below. Ask each group to identify how they would address each question listed on the handout. Each group should appoint a recorder who will report the solutions to the larger group. Give the group seven minutes to discuss the case.

HANDOUT VIII - 3

WORKING WITH CHILD PROTECTIVE SERVICES

SCENARIO #1

The child protective services worker who referred the family to you mentions domestic violence in her report, but also notes that the father in the family is the far more stable parent (e.g., he holds a job and makes sure that the kids get to doctors' appointments). The mother is a bit more unreliable. The child protective services worker makes it clear that the father needs to be in the family if the children are to remain at home.

You learn that there is serious domestic violence and that the father doesn't think his domestic violence is a problem. The father refuses to get help.

1. What should you do about the child protective services worker's wishes?
2. What could you say to the child protective services worker?

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HANDOUT VIII - 4

WORKING WITH CHILD PROTECTIVE SERVICES

SCENARIO #2

The child protective services worker and the family preservation practitioner both uncover a great deal of violence against the mother. The child protective services worker tells you that, in order for the victim to keep the children, she will have to separate from the father. The child protective services worker wants you to inform the mother of this fact. The mother knows that she needs to leave, but she is trying to save a few hundred more dollars before she goes in order to have a security deposit on an apartment.

1. What should you do?
2. What could you say to the child protective services worker?

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Ask each group to report their recommendations. Discuss how each recommendation addresses the safety of all family members.

B. Advocacy on Behalf of the Family With Child Protective Services

LENGTH OF PRESENTATION: 5 MINUTES

PRESENTATION OUTLINE

1. In keeping with the guiding principles, it is important that the family preservation practitioner remains focused on the safety of all family members even if this conflicts with the desires of child protective services or the mission of family preservation to keep a child out of foster care.
2. If the child protective services worker believes that the family is too dangerous for the children because of the perpetrator's violence towards the mother, then the practitioner should work with the child protective services worker to help the mother find ways to protect herself and the children (e.g., protection orders, temporary placement with friends or relatives, foster care).

PRACTICE APPLICATIONS

NOTE TO TRAINER: This section provides a summary of the points covered that are most crucial to achieving the primary goal of safety for all family members. It should be presented at the conclusion of the program as a means of highlighting the most important applications for practice.

LEARNING OBJECTIVE

To highlight the applications for family preservation practice that are most crucial to achieving the goal of safety for all family members.

LENGTH OF PRESENTATION: 15 MINUTES

1. Refer participants to Handout PA-1, reproduced below, and the handout III-6, "Guiding Principles for intervention in Domestic Violence Cases."
2. Tell participants that these practices are crucial to achieving the primary goal of safety for all family members. Each of them have been discussed during the program.
3. In conclusion, ask participants if they have any questions or concerns regarding any of these practices.
4. Suggest that they periodically review these practices both on an individual basis and in case management meetings to ensure that these practices remain at the forefront of their intervention with domestic violence victims, perpetrators, and children.

HANDOUT PA - 1

PRACTICE APPLICATIONS

The following are ten specific applications of the guiding principles to family preservation services. These have been identified as being crucial to achieving the primary goal of safety for all family members. Each of these were discussed during the program presented in the Curriculum.

1. Whenever there is an unresolvable conflict among the guiding principles, victim safety has priority.
2. No battered woman should ever be encouraged to stay in a situation that is abusive or dangerous.
3. Where there is domestic violence, the family unit to be preserved should be that of the child(ren) and the non-abusing parent(s).
4. The practitioner should inquire about the existence of domestic violence with every adult female client. This inquiry should be done in confidential sessions alone with the woman.
5. If the victim tells the practitioner about domestic violence, this information should be kept confidential and should not be shared with the perpetrator unless the victim so requests, and then only after the consequences of such disclosure are discussed with the victim, and a safety plan is developed with her.
6. If only the victim reveals information about domestic violence and does not want it discussed with the perpetrator, then the practitioner should work only with the victim and not the perpetrator on the issue of domestic violence.
7. If the perpetrator reveals information to the practitioner about domestic violence, this should be discussed with the victim, and a safety plan should be developed with her (this information should never be discussed while the perpetrator is present).
8. A safety plan should be developed for each adult victim and the child(ren)
9. Interventions that require discussion of the domestic violence with both parties present, such as couples counseling and mediation, should not be utilized or recommended by the practitioner, as they can increase the danger to the victim.
10. Family preservation programs should work collaboratively with domestic violence programs, batterer intervention programs, and the justice system to protect victims and to hold the perpetrator accountable for the violence.

Prepared by the Family Violence Prevention Fund

HANDOUT III – I

POSSIBLE EMOTIONAL RESPONSES BY VICTIM AND PRACTITIONER

EMOTIONAL RESPONSE	ISSUES	
	VICTIM	PRACTITIONER
FEAR	Of being injured or killed Of being rejected by those close to her or by institutional personnel	Of getting involved Of what might happen to you That what happened to victim could happen to you
DENIAL	Of seriousness or existence of the problem Of own victimization	Of seriousness or existence of the problem That it could happen to you
OVERWHELMED	By lack or total inadequacy of options and resources By feelings of terror, rage, and helplessness By urgency of need to drastically change her entire life (e.g., move, find new schools, new job)	By lack or total inadequacy of options and resources for victims By hearing too many painful, scary stories By anxiety over victim's safety
HELPLESSNESS	From having sought help before without results From constant confrontation with institutional indifference or hostility	From feeling nothing can be done for victim From anxiety about your own helplessness
ANGER	At practitioner, institution, men, family, or everyone That is immediate, delayed, or expressed non-verbally	At victim, system, your own helplessness At your own vulnerability At indifference of institutions
GUILT	For having gotten hurt, she must have done something wrong Over leaving/hurting/letting down family	For being angry, indifferent, or rejecting toward client Over lack of options or victim's inability to use them
LACK OF TRUST	In practitioner, who's seen as part of the system, and victim has had previous bad experiences with system Due to social isolation and limited support systems	Because other clients have not fulfilled your expectations If you think the victim's behavior was not in her best interests
DEPRESSION	From feeling worthless: "I have tried but nothing changes," "I've ruined others' lives"	When victim does something you think is harmful If you feel like you did not help
AMBIVALENCE	About leaving About making drastic lifestyle changes About talking and seeking help	About whether or not victim should leave family About getting involved with helping victims

Alpert, M. and S. Schechter. 1979. Adapted from "Sensitizing Workers to the Needs of Victims." *Victimology* 4: 4.

HANDOUT III – 2

POSSIBLE SYMPTOMS IN CHILDREN WHO WITNESS THEIR MOTHER'S ABUSE

- sleeplessness, fears of going to sleep, nightmares, dreams of danger
- headaches, stomachaches
- anxiety about being hurt or killed, hypervigilance about danger
- fighting with others, hurting other children or animals
- temper tantrums
- withdrawal from other people and activities
- listlessness, depression, little energy for life
- feelings of loneliness and isolation
- substance abuse
- suicide attempts or engaging in dangerous behavior
- fears of going to school or of separating from mother, truancy
- stealing
- frozen watchfulness or excessive fear
- acting perfect, overachieving, behaving like small adults
- worrying, difficulties in concentrating and paying attention
- bed-wetting or regression to earlier developmental stages
- eating problems
- medical problems like asthma, arthritis, ulcers
- denial of any problem or dissociation
- identification with the aggressor

Jones, A., and Schechter, S., 1992. *When Love Goes Wrong: What to Do When You Can't Do Anything Right*. New York: HarperCollins.

HANDOUT III – 3

EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

The following are stories told by mothers whose children witnessed domestic violence.

ANNETTE

The kids were carrying a dreadful secret. If they talked, they would lose their dad, and they would be responsible for “breaking up” the family. If they didn’t talk, they felt like they were taking part in my abuse. The kids were torn to pieces by the time we left him. And even that didn’t end it. Every time he had visitation, he’d grill them about me, and he was always trying to make them choose between him and me. He’d coach them on things he wanted them to say to me, and then they’d have to decide: “Should I say it or not?” He tried to turn them into weapons in his war on me.

JOCELYN

One morning after my husband left for work, my sons were in their room and as I cleaned the kitchen, I realized that they were role-playing one of our fights. My youngest called his brother a “rotten cunt” and I wanted to die. Over the years the imitation continued. The older one wanted to beat up his dad for me and tried on a few occasions. But the younger one walked around the house calling me a fat pig. Eventually he started to hit me. That was too much. It opened my eyes. I wouldn’t tolerate this behavior from an eight-year-old, so why was I tolerating it from my husband? I realized that my kids were growing up with a totally distorted image of what a family is, what a normal mom is, what a normal dad is, what love is. They’d already learned to disrespect victims, to disrespect me.

CHERYL

One day my husband laid into me because I was delayed at the church and I wasn’t home with dinner on the table when he came in from work. He cursed me out and carried on, and afterwards my son said to me, “I’d be mad too if I came home and my wife wasn’t there.” He was only nine years old. I hated the way he thought about women and the way he talked to me, and I realized that, if we stayed there, he was going to wind up thinking and acting just like his father.

HANDOUT III – 4

DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partner.

DOMESTIC VIOLENCE IS:

- a pattern of behaviors including a variety of tactics — some physically injurious and some not, some criminal and some not — carried out in multiple, sometimes daily episodes
- a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion
- a combination of physical force and terror used by the perpetrator that causes physical and psychological harm to the victim and children
- a pattern of purposeful behavior, directed at achieving compliance from or control over the victim
- behaviors perpetrated by adults or adolescents against their intimate partner in current or former dating, married or cohabiting relationships of heterosexuals, gays and lesbians

Prepared by Anne L. Ganley, Ph.D. for the Family Violence Prevention Fund

HANDOUT III – 5

CAUSES OF DOMESTIC VIOLENCE

LEARNED BEHAVIOR:

- learned through observation
- learned through experience and reinforcement
- learned in culture
- learned in the family
- learned in communities: schools, peer groups, etc.

NOT CAUSED BY:

- illness
- genetics
- alcohol and drugs
- out-of-control behavior
- anger
- stress
- behavior of the victim or problems in the relationship

HANDOUT III – 6

GUIDING PRINCIPLES FOR INTERVENTION IN DOMESTIC VIOLENCE CASES

1. to increase the victim's and children's safety
2. to respect the authority and autonomy of the adult victim to direct her own life
3. to hold the perpetrator, not the victim, responsible for his abusive behavior and for stopping his abuse

Prepared by the Family Violence Prevention Fund

WHO IS THE VICTIM?

After reviewing 52 case-comparison studies, evaluating 97 potential risk-markers for abuse, Hotaling and Sugarman conclude:

- “There is no evidence that the status a woman occupies, the roles she performs, the behavior she engages in, her demographic profile or her personality characteristics consistently influence her chances of intimate victimization. These findings do not augur well for theoretical models of victimization that focus upon characteristics of the victim” (p. 118).

- “Results of this review also indicate that victims of male violence are no more likely than nonvictims to have symptoms of psychopathology, to be more hostile, or to abuse alcohol” (p. 118).

- “It appears that personality and symptomological differences are a consequence of battering, rather than a cause of it. Lowered self-esteem (Telch and Lindquist 1984) and increased apprehensiveness (Hartik 1978), reporting of psychosomatic symptoms (Shields and Hanneke 1983), and increased use of prescription drugs (Stark et al. 1980) are more indicative of a reaction to chronic victimization than a predisposition to being violated (Walker 1984)” (p. 118).

- “This review of victim characteristics makes it clear that the most influential victim precipitant is being female. The victimization of women may be better understood as the outcome of male behavior” (p. 118).

Hotaling, G., and D. Sugarman. 1986. “An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge.” *Violence and Victims* 1:2.

HANDOUT IV – I

SOURCES OF INFORMATION FOR IDENTIFYING DOMESTIC VIOLENCE

A. Identifying domestic violence requires gathering information about the following

- the use or threat of physical force against intimate partner
- the pattern of coercive behaviors (see list in Handout IV-2)
- who is the victim and who is the perpetrator

B. Sources of Information

1. REPORTS FROM AGENCIES AND INDIVIDUALS
 - referral reports, evaluations, concurrent contact reports, etc.
 - child-welfare agencies, police or courts, counselors, domestic violence programs, schools, etc.
2. FAMILY MEMBERS' SELF-REPORTS
 - victim, perpetrator, or child may sometimes volunteer information when seeking assistance for the issue or during discussions of other issues
3. DIRECT OBSERVATIONS BY PRACTITIONER
 - acts of physical abuse, threats of violence or harm to partner
 - observation of psychological abuse as a tactic of control
4. OBSERVATIONS OF THE EFFECTS OF DOMESTIC VIOLENCE
 - injuries, stress-related illnesses, damage to physical property, etc.
 - behavior indicating fear of or control by partner
 - children's behavior indicating fear of one parent or protectiveness of the other parent
 - symptoms or evidence of child abuse (high overlap between child abuse and domestic violence)
 - depression, anxiety, suicide attempts, substance abuse, fleeing, and/or repeated help-seeking by victim
5. ROUTINE, DIRECT INQUIRY FOR PURPOSE OF IDENTIFYING DOMESTIC VIOLENCE
 - given prevalence of domestic violence and impact on family preservation process, important to directly inquire about domestic violence with all families

HANDOUT IV – 2

ABUSIVE BEHAVIORS

Domestic violence includes the following behaviors:

1. **Physical assaults**

2. **Sexual assaults**

- pressured sex
- coerced sex
- forced sex

3. **Psychological assaults**

- threats of violence against victim, others, or self
- attacks against property/pets; other intimidating acts
- emotional abuse, humiliation, degradation
- isolation of victim
- use of children
- acts of violence against self or people other than the victim

4. **Economic coercion**

HANDOUT IV – 3

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #1

Martha, age 27, and four children (John, 8; Brandon, 6; Christina, 4; and Jane, 9 months) are referred by CPS. Martha was given full custody of the children following her divorce from Bill four years ago. John recently ran away from home. He was gone three days and was located in the former neighborhood of his father. John would like to live with his father, but Bill is currently in a drug-rehabilitation program. Furthermore, Bill was reported to CPS five years ago for abusing John and he has not followed through with required parenting classes or the supervised visits outlined in the parenting plan. When interviewed by John's caseworker a month ago, Bill stated he had no interest in raising John now that he has a new family with twin infant sons.

Martha is feeling overwhelmed. Her fourth child, Jane, is by her current boyfriend, Wayne. The baby has a birth defect requiring multiple hospitalizations and medical appointments. The referring caseworker stated that John's acting-out behavior increased dramatically following the family's stay in a battered women's shelter four months ago. Martha had gone to the shelter with the children after an "altercation" with Wayne. Wayne has a good job with a local store and has provided a home for the family in the past year. Martha doubts her relationship with Wayne will last, but claims that she desperately wants to keep the children together as a family and does not want to place John in a foster home.

Based on the behavioral definition of domestic violence, is there domestic violence in this family?

- Yes? No? Unsure?
- Which information in the scenario led to your conclusion?
- What additional information would you ask to assist in identification?

If domestic violence is identified for a particular scenario:

- Who is (are) the victim(s)?
- Who is the perpetrator?
- What information determined your answer?
- If unable to determine who is who, what further information would you need to assist in identification?

HANDOUT IV – 4

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #2

Helena has been a single parent for the past four years since her husband's death from cancer. She has three sons — Tamal, 14; David, 13; and Matthew, 12 — and two daughters: Tina, 16, and Delores, 11. Helena describes her marriage as chaotic and extremely abusive. She said that prior to her husband's illness, she had been hospitalized twice for injuries from his assaults. She was in the process of divorce when he received his diagnosis of lung cancer. He died at home within six months, with her and the children providing all of his care in those final months.

Working two jobs to support the children has left Helena little time to provide the supervision she believes the children require. She reports that there is constant bickering among the children as well as an increase in school problems for all. Both Tamal and Tina do after-school work for pay and resent having any responsibilities for supervising the younger children. Helena is particularly concerned about Tamal, whose girlfriend Joy recently showed up at the home with a black eye. When Helena questioned her son, he said that Joy sometimes got "mouthy" and he had to keep her in line. In addition, Helena is worried about Delores, who has started skipping school and smoking cigarettes.

Based on the behavioral definition of domestic violence, is there domestic violence in this family?

- Yes? No? Unsure?
- Which information in the scenario led to your conclusion?
- What additional information would you ask to assist in identification?

If domestic violence is identified for a particular scenario:

- Who is (are) the victim(s)?
- Who is the perpetrator?
- What information determined your answer?
- If unable to determine who is who, what further information would you need to assist in identification?

HANDOUT IV – 5

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #3

Shana, 20, and Harry, 31, have two children: Peter, 9 months, and Donald, 21 months. They married after the birth of Peter. Harry says that he was very unsure about marrying Shana. In fact, he had little contact with Shana during her pregnancy with Donald and during the first six months of Donald's life.

Shana is developmentally disabled. Due to her disability and Harry's absence, she was assigned a caseworker to determine whether or not she could care for her first child. Harry reestablished contact with Shana and Donald. When Shana became pregnant for the second time, Harry once again disappeared for a few months, but returned for Peter's birth. He started making an effort to be both an active husband and father. In spite of the initial concerns before Donald's birth, Shana has become a caring and competent parent, with the support of a caseworker and specialized parenting classes.

However, the relationship between Shana and Harry has become increasingly strained, with Harry threatening to leave. Neighbors have complained about the yelling and screaming during arguments. When interviewed separately, both Shana and Harry deny that either has used physical force in their fights. Harry complains that Shana does not know how to be a "real" wife and Shana complains that Harry spends all his time watching TV or talking to his mother on the telephone.

Based on the behavioral definition of domestic violence, is there domestic violence in this family?

- Yes? No? Unsure?
- Which information in the scenario led to your conclusion?
- What additional information would you ask to assist in identification?

If domestic violence is identified for a particular scenario:

- Who is (are) the victim(s)?
- Who is the perpetrator?
- What information determined your answer?
- If unable to determine who is who, what further information would you need to assist in identification?

HANDOUT IV – 6

IDENTIFYING DOMESTIC VIOLENCE THROUGH A VARIETY OF SOURCES HYPOTHETICAL CASE

Family #4

Susie, 46, and **Scott**, 44, have been married five years. They have three children who live with them: Susie's 11-year-old son Ben, and Susie's two grandchildren (Rachel and Karen), who were placed with their grandmother due to their sexual abuse by their father. Rachel and Karen's mother (Susie's 22-year-old daughter Mary) is unable to care for them at this time.

Susie has two other adult daughters who live in the area with their families and who help with Rachel and Karen. Scott has two children in their twenties who live in another state and a 12-year-old son whom he has not seen since he was 3 due to a court order. Scott is self-employed doing yardwork and Susie works two medical data-processing jobs. She is very nervous about leaving the younger children under the supervision of her husband, because of an incident five years ago when he punished Ben for wetting his bed by making him wrap the urine-soaked sheets around himself and stay seated in the bed for the day. Susie said she reported this to CPS and Scott was required to go to counseling. He has not touched Ben since, but he complains constantly about her taking custody of her granddaughters a year ago.

There have been an increasing number of arguments between Susie and Scott. Susie said the last argument occurred because of a sponge she left in the sink. Susie also tearfully reported that Scott got drunk and then one by one broke the antique figurines given to her by her mother. During that last argument, Scott came at her in a drunken rage and she fired her handgun over his head. The neighbors called the police when the screaming began and they arrived just as Susie fired the gun. She was arrested and taken to jail, then bailed out by one of her adult daughters the next morning. She reports that she was ordered by the court to attend an anger-management class. The caseworker is threatening to take custody of the grandchildren away from her.

Based on the behavioral definition of domestic violence, is there domestic violence in this family?

- Yes? No? Unsure?
- Which information in the scenario led to your conclusion?
- What additional information would you ask to assist in identification?

If domestic violence is identified for a particular scenario:

- Who is (are) the victim(s)?
- Who is the perpetrator?
- What information determined your answer?
- If unable to determine who is who, what further information would you need to assist in identification?

HANDOUT IV – 7

STEPS IN CONDUCTING ROUTINE DIRECT INQUIRY ABOUT DOMESTIC VIOLENCE

- I. Victim safety and confidentiality is the priority when conducting routine direct inquiry.
 - a. It is not safe for victims to talk about domestic violence in front of the perpetrator, as it may lead to retaliation by the perpetrator. Consequently, the practitioner should only raise the issue of domestic violence in individual sessions with family members. A standard part of developing a relationship with the family should be some individual time with each family member. It is only during that individual time that the routine, direct inquiry about possible domestic violence should be done.
 - b. The routine inquiry about domestic violence should be done first with the woman. Once that inquiry is complete, then she should be told that given the prevalence of domestic violence all family members are asked these questions. If the perpetrator is available to the practitioner, the woman should be asked if inquiry about the domestic violence with her partner will present a problem for her. Explain how the inquiry is conducted and that her comments will not be revealed to her partner during the routine inquiry and never without her specific permission. Then explore the potential consequences of the inquiry (“How is he likely to respond to such questioning?” “How would he respond to you?” “Is there any reason why I should not ask about this issue with him?” “Would you be in danger if the subject is raised in this way?”). If a victim does not want the practitioner to ask even routine questions about the problem, then the practitioner should not do so. If the partner’s domestic violence is already public knowledge, the victim should be asked about the consequences of the practitioner not raising the issue (“He knows that I already have a written report about the last beating. Would there be any consequences to you if I do not raise the issue with him directly?”).
 - c. Sometimes family members (victims, perpetrators, or children) do not feel safe discussing domestic violence even in individual, confidential sessions. The victim may fear retaliation from the perpetrator if she discusses the abuse. The perpetrator may fear the consequences of others knowing about his abusive conduct. While it is important to invite family members into discussing these issues, they should not be coerced. Disclosure can make things worse.
 - d. Whenever domestic violence is reported by the victim, all information provided by the victim must remain confidential. Revealing even seemingly insignificant information (e.g., information not related to the domestic violence) provided by her may endanger her. Information from these separate sessions should not be revealed to the perpetrator without the victim’s specific permission, and only after the consequences of such disclosure have been explored with the victim and a safety plan has been developed with her

Continued ...

HANDOUT IV – 7 ...

("How do you think he would react to knowing that you discussed 'x' problem with me — e.g., the abortion, the fear of the children, your concerns about his drinking? Would you be in danger if he knew you talked about these issues with me?"). The victim should be told when and how the topic of domestic violence is raised with the perpetrator.

- e. Even if the victim's permission has been given for doing the routine inquiry with the perpetrator, the practitioner should never raise the issue by saying, "This is what your partner told me." Such a confrontation only raises the perpetrator's defensiveness and can put the victim in jeopardy. It is best to do skillful inquiry that results in the perpetrator's self-disclosing the behaviors. Then the practitioner can use the perpetrator's self-reports as a basis of discussion with him rather than any comments from the victim.
- f. Sometimes one family member (victim, child, or perpetrator) reports domestic violence and the other does not.
 1. If the victim reveals domestic violence in her interviews and the perpetrator does not, then the practitioner can work on this issue with the victim, but not with the perpetrator unless she requests that the practitioner talk with the perpetrator about this. Her confidentiality must be maintained.
 2. If the child reports the information, then the practitioner should discuss this with the adult victim.
 3. If the practitioner has heard about the violence first from the perpetrator, or all members of the family reveal the abuse, then the victim should be told about the conversation with the perpetrator. Keeping the perpetrator's information about domestic violence between the practitioner and the perpetrator only colludes with the perpetrator's control over the victim. Breaking the perpetrator's secrecy is important to decrease his control of the victim through disinformation and isolation. However, maintaining the victim's confidentiality is crucial to her safety.
- g. While it is preferable to gather information about potential domestic violence during individual sessions, it is not always possible. If a family member should disclose domestic violence in front of another family member, the information should be noted as a legitimate concern of all. The practitioner could say to the person reporting it, "I can understand your concern/fear and we can think and talk some more about how best to respond when we meet again." Then redirect that topic to individual sessions. If the family member reveals something that indicates immediate danger to a person, then any necessary emergency interventions should be carried out immediately. However, even when raised in a family session, the domestic violence should be assessed further in separate, confidential sessions with the victim.
- h. Obviously, before undertaking routine, direct inquiry, the practitioner must be skilled in the assessment and intervention of domestic violence in order to be prepared to work with the family members once they self-disclose.

Continued ...

HANDOUT IV – 7 ...

2. Attention must be paid to the types of comments made as well as to the manner in which statements are made and questions are asked.

As with other family preservation contacts with family members, the practitioner's approach to this inquiry should be matter-of-fact and direct, conveying concern for all family members. The practitioner should be open to hearing what the individual says, and should not express anger, fear, or disgust. At this initial inquiry, self-disclosure by the family member will be inhibited by any strong reactions on the part of the practitioner. The tone of this conversation should convey that it is perfectly routine and normal that the practitioner and the family member are discussing this topic and that talking about these issues is in the best interest of all family members. The more calm, matter-of-fact, and competent the practitioner is in making inquiries into the topic, the more willing all family members will be to engage with the practitioner on this issue.

3. The practitioner should give care to the type of questions asked and statements made by doing the following.

- a. Set the context for the inquiry by offering some opening comments, such as "In order to be of assistance to you, I would like to get to know you and how your family relates. I have some general areas to ask about. One of the areas I would like to know about is how you handle disagreements and conflicts in this family. Conflicts are a natural part of family life, but dealing with conflicts can be difficult." "Since domestic violence is a problem in many families, I now ask these questions of every family I meet so I can be of assistance to them."

- b. Seek descriptions of behaviors (what takes place), rather than evaluations of those behaviors.

Individuals are more able to disclose difficult material when they are asked to behaviorally describe what happens, rather than when asked to evaluate what has occurred. In asking about conflicts, the practitioner wants to know how each person acts, rather than just the topics of arguments or how they feel about conflicts or their partner. They may ask questions such as: "How do you fight? How do you show anger? How does your partner show anger to you? Have you ever been injured during an argument? Have you ever been hurt or injured your partner? Are you afraid of being harmed or of harming someone else?"

- c. Ask general questions or make general statements at first, and then follow up with specifics for clarification.

Family members may say things like, "Sometimes I just walk away or scream or go drinking." It is helpful to follow up that "sometimes" with inquiries into what they do at other times.

Sometimes a statement combined with a multiple-choice question will help. "All partners fight. When you get into it with your partner, do you (or does that person) shove, push, grab, or hit your partner (you)?" This multiple-choice question prompts family members to directly discuss the use of physical force.

HANDOUT IV – 7 ...

For the family where there is domestic violence, this interview strategy allows the person to acknowledge one type of physical abuse, usually the least serious, while also making a disclaimer like, "I am not a battered wife (or a wife beater)." For families where there is no use of physical force, they will usually respond, "I do not do any of that," and will come back with a behavioral description of what they do.

- d. Ask family members to tell the story of the most recent fight or the worst fight. This can reveal a lot of information. Listen for any descriptions of someone using physical force against person or property or threats of violence or harm.
- e. As victims or perpetrators start to disclose the violence and describe actual incidents, listen for the negative impact of the violence on the speaker. Oftentimes the impact of the abuse becomes a motivator for that individual to work with the practitioner about the domestic violence. Victims talk about injuries, or fear, or concerns about children. Perpetrators talk about being upset about seeing injuries of victim, or responses of children, or involvement of community officials. The impact of the behavior can be mirrored back to the speaker with a simple naming of the abusive behavior as a problem worth addressing (e.g., "You seem concerned about what is happening. That kind of abusiveness is harmful to all. I am willing to work with you on this concern."). This process opens the door through which the victim or perpetrator start to discuss the violence in the relationship.

These approaches encourage a great deal of self-disclosure on the part of both victims and perpetrators, as well as other family members who are affected by the abuse. Of course, there are those who will lie or even deny domestic violence, and are not ready to work on this issue. Routine inquiry does not guarantee 100 percent disclosure by all affected families, but more families will be identified with the approach than without it.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 8

ROUTINE- INQUIRY ROLE PLAYS

Family #1

YOU ARE PATRICIA, the 33-year-old mother of four children (ages 12 years to 4 months), and in your second relationship. Your first husband died in a freak accident after the birth of your third child. You were shattered by his death and grieved over the loss of a happy marriage. Your depression resulted in some withdrawal from the children, especially the third child.

A YEAR AGO you met your second husband, and after a six-week whirlwind romance that included many “family” activities and intense attention to you and the children, you and Paul married. You quickly discovered you were pregnant. You delivered your fourth child two months premature.

PAUL BECAME increasingly more demanding of your time and seemed to resent the attention you gave to the children. This led to intense arguments with Paul screaming and throwing small objects. Twice he struck you with full force, resulting once in a broken nose and once in a black eye. Each of these arguments would end in Paul sobbing, telling you that he loves you, and begging you not to leave.

YOU AND THE FAMILY were referred to family preservation because your third child had become increasingly depressed and made what appeared to be a suicide attempt by taking pills at school and then reporting it to the school nurse. The family preservation practitioner has been very helpful in increasing family communication through special family meetings. You and Paul have faithfully completed all the exercises and Paul has insisted that each child practice their communication skills.

ONCE, HOWEVER, YOU BECAME CONCERNED because Paul kept the children up until 1 a.m., drilling them on “I messages” until the third child started throwing up. You have not told the family preservation practitioner about Paul’s abuse of you. In fact, you are fearful of it getting out because he threatened the children to keep quiet about “Mommy and Daddy’s fights.” He has never struck any of the children, although he is very strict. Your fear has increased since you received a call from a female stranger claiming to be Paul’s first wife, saying that she had to warn you that Paul is very dangerous. You had no idea Paul had been married before.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 9

ROUTINE- INQUIRY ROLE PLAYS

Family #2

YOU ARE JOHN, a social worker from the nearby mental-health center. You and your current wife have been married 13 years and are raising her three sons (ages 14, 15, and 16) from a previous marriage, as well as two daughters, aged 8 and 9. You and the family were referred to family preservation because of severe problems with the 14-year-old. You believe your wife Joanna is an alcoholic.

YOUR FIRST MARRIAGE ENDED in divorce because of your violence, and you subsequently lost contact with a child from that marriage. You are severely depressed about healthcare downsizing. For the first time you are facing a possible layoff. You and Joanna have been fighting about money, the children, your drinking, and her drinking. In one argument six months ago, "she broke her arm" when you pushed her down a short flight of stairs. This is not the first time you have used physical force. You and Joanna agreed not to mention your fighting to the family preservation practitioner since the focus of the sessions is supposed to be the 14-year-old.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT IV – 10

ROUTINE- INQUIRY ROLE PLAYS

Family #3

YOU ARE 13-YEAR-OLD SHELLY, who has been running away from home and skipping school. This has led to repeated heated arguments with your parents. Your brothers and sisters have totally shunned you and you have the feeling they would like you to disappear. You would like to be in a foster home to escape the constant bickering, especially since you met Neil, your 16-year-old boyfriend. You are hoping to be in a foster home in his hometown.

NEIL LIVES IN THE NEXT TOWN and you met him at a concert. All your friends think it is so romantic. You finally have someone who loves you. Sometimes he seems mean and has pushed you against a wall during an argument, but then you “probably provoked him by asking him to give you his ring.” He insists that you be available for sex at any time and has even come into your house late at night and made you do it with your parents sleeping next door. You are hoping that if you are in the same town as he is, he won’t need you to prove yourself all the time.

THE FAMILY PRESERVATION PRACTITIONER has been working with the family for a week and you don’t see the point.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

QUESTIONS FOR ROUTINE INQUIRY ROLE

1. For the observer and practitioner:

- Is there domestic violence in this family?
Yes? No? Unsure?

- What information did you base your conclusion on?

- If there is domestic violence:
Who is the victim(s)?
Who is the perpetrator(s)?

- What might the family members' motivation be to deal with the issue in the context of the family preservation work?

2. For the observer and family member:

What questions or comments did the practitioner raise that were helpful in drawing out the information needed to make the determination?

HANDOUT V – I

GOALS OF INTERVENTION WITH THE ADULT VICTIM IN A FOUR-TO EIGHT-WEEK INTENSIVE FAMILY PRESERVATION PROGRAM

Although every family preservation client sets her own goals and some clients may not want to work on addressing the violence during the intervention, it is still important for the practitioner to be clear about desirable outcomes in domestic violence cases.

These include:

1. The victim leaves the program with a safety plan for herself and her children.
2. The victim's control over her own life is restored.
3. The victim is helped to build or restore a support network to help protect herself and her children.
4. The victim receives information and educational materials about domestic violence.
5. The victim hears that she has a right to be safe, autonomous, and free from abuse.
6. The victim experiences a non-blaming environment in which she can discuss the history of abuse, deal with her feelings, and find support and validation.

HANDOUT V – 2

FIVE STEPS OF ASSESSMENT

1. assessing the forms of abuse
2. assessing the pattern of abuse
3. assessing the impact of abuse
4. assessing the outcome of the victim's help-seeking
5. assessing lethality

Reprinted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps

ASSESSING THE FORMS OF ABUSE

1. Isolation

Isolating behavior keeps the victim dependent on her partner and alone without outside support or help. Isolating tactics include keeping the victim from going to a job, school, or church, or from seeing family and friends. This is accomplished by such means as the perpetrator removing the telephone while he is away from home, following the victim around, opening the victim's mail, and monitoring her phone calls. Note that isolation increases the danger to the victim. Listen to the client's story and ask some of the following questions to assess for isolation.

- a. Do you have a support system of friends in the community? Does your partner ever pressure you to stop seeing your friends?
- b. Does your partner ever forbid you to see or talk to certain people in your family?
- c. Has your partner restricted you in other ways from doing what you want?

2. Financial Control

Exercising financial control makes the victim dependent on the partner and extremely vulnerable to abuse. Examples include denying the victim access to money and to information about the family finances, forcing the victim to beg and plead for money, lying about money, stealing the victim's money, preventing the victim from working, and ruining the victim's credit. Listen to the client's story and ask some of the following questions to assess for financial abuse.

- a. What kinds of arguments do you have over money? Who makes the final decision when you disagree with each other?
- b. If you want to work, does your partner allow it?
- c. Do you have any money of your own to spend? How are finances handled? Who pays the bills? Who controls the checkbook?

3. Intimidation and Threats

Intimidation and threats are used to make the victim fear that, if she does not comply, something terrible will happen. The fear can linger for days or weeks, long after an assault is over. Examples of this form of abuse include frightening the victim by certain gestures and looks, smashing things, destroying the victim's possessions, hurting or killing pets, playing with weapons to scare the victim, and threatening to kill the victim, the children, or to commit suicide. Many people who live in situations that are continuously threatening adjust and accommodate without realizing the extent to which they are living in fear. These questions are meant to open the discussion. The interviewer may have to probe to determine to what extent the victim is living with fear.

Continued ...

HANDOUT V – 3 ...

- a. How does your partner let you know that he disapproves of your behavior?
- b. When you have conflicts or arguments, are there ways that your partner scares you? What kinds of threats does your partner make?
- c. Does your partner ever use physical strength or weapons to intimidate you?
- d. Has your partner made veiled or open threats to kill you, the children, or himself?
- e. Are there certain subjects you don't bring up anymore?
- f. Has your partner intimidated or threatened you in other ways?

4. Emotional Abuse

Emotional abuse robs the victim of self-confidence and makes her feel subservient, dependent, and weak. Examples include putting the victim down, calling her names, humiliating her in front of family and friends, making her feel stupid, and blaming her for what the perpetrator did wrong. Listen to the client's story and ask some of the following questions to assess emotional abuse.

- a. When your partner wants to insult you, what names are you called? How often does your partner do this?
- b. Do you ever feel you just can't do anything right?
- c. Do you spend a lot of time trying to figure out how not to upset your partner?
- d. In what other ways does your partner hurt you emotionally? Are you put down or criticized?

5. Physical Abuse

Physical abuse is aimed at making the victim do what the perpetrator wants. It causes fear, or punishes the victim for breaking the perpetrator's rules. Examples include pushing, shoving, hitting with an open hand or a closed fist, choking, and burning. Listen to the client's story and ask some of the following questions to assess for physical abuse.

- a. Can you think of a time when your partner pushed or shoved you?
- b. Can you think of a time when your partner grabbed you or prevented you from leaving a room?
- c. Can you think of a time when your partner threw something at you or at a wall?
- d. Can you think of a time when your partner hit you with his hand or fist?
- e. Can you think of a time when your partner choked you?
- f. Has your partner abused you physically in other ways?

Continued ...

6. Sexual Abuse

Sexual abuse is degrading and humiliating. Many victims feel very uncomfortable talking about sexual abuse. The practitioner must be able to inquire openly about the presence and nature of the abuse. Many women find that over a period of time, a man who is physically and psychologically abusive will frequently be forceful in sexual ways as well. Sexual abuse includes a broad range of behaviors, including pressuring the victim to have sex in a way or at a time she's not comfortable with. It might include things the perpetrator does to make the victim afraid for her own or her children's sense of sexual safety. Listen to the client's story and ask some of the following questions to assess for sexual abuse.

- a. Can you think of a time when your partner made you feel uncomfortable or embarrassed about sex?
- b. Do you feel pressured to have sex?
- c. Are there ways your partner gets you to have sex if you don't want it?
- d. Are there other behaviors of your partner's that make you feel uncomfortable or unsafe sexually?

7. Use of the Children to Control or Punish Their Mother

Often the man who batters threatens to harm the children as a way to make their mother comply with his demands. Children are also used in a number of other ways (e.g., as spies who are required to report to their father about their mother's whereabouts). Children are sometimes forced to witness or participate in assaults against their mother and they often hear their father denigrate their mother. Some perpetrators constantly undermine the mother's authority with the children. Listen to the client's story and ask some of the following questions to assess these issues.

- a. Are there ways that your partner tries to use the children against you?
- b. Does your partner ever threaten that he will harm or snatch the children if you leave him?
- c. Do you ever feel your children must spy on you for their father or must side with their father to punish you?

THE POWER AND CONTROL WHEEL



Developed by the Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, MN 55806.

HANDOUT V – 5

ASSESSING THE IMPACT OF ABUSE

1. Can you think about yourself at the beginning of your relationship with your partner? How would you have described yourself then?
2. Have you seen any changes in yourself over the course of your relationship with your partner? If so, can you discuss these changes?
3. Some women report they become more isolated, depressed, frightened, and withdrawn after assaults. How would you describe what happens to you?
4. Over the last several months have you had any of the following problems?
 - trouble falling asleep
 - trouble staying asleep
 - trouble concentrating on things, such as a TV program or book
 - feelings of sadness, depression, lack of interest in things
 - loss of appetite or excessive eating
 - feelings of being a failure and letting others down
 - excessive fatigue
 - feelings of being trapped
 - increased use of alcohol or drugs
 - bad nightmares
 - flashbacks (sudden memories of childhood or adult abuse or other traumas)
 - trying hard to avoid anything that will remind you of painful memories
 - feelings of being numb inside
 - frequent headaches
 - frequent stomachaches
 - back or joint pain
 - chronic urinary-tract infections
 - pain or intense vaginal bleeding
 - pain because of intercourse
5. Do you have any episodes where, out of the blue, you feel panic or intense fear of going crazy, of having a heart attack, or of dying?
6. Have you ever tried to hurt or kill yourself? Have you recently had thoughts you would be better off dead or might hurt yourself in some way? Here it is important to see if the client has a plan and intervene to protect her if she does.
7. Have you recently had thoughts about hurting or killing your partner? Here it is important to see if the client has a plan. Many women think of killing their abusive partner (in fact, it is normal to want to hurt someone who is hurting you), but most never act on their feelings. If the victim has a plan, you must intervene to protect her and those she is planning to hurt, following policies your agency has established to deal with these cases.

Reprinted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps.

HANDOUT V – 6

ASSESSING THE OUTCOME OF HELP-SEEKING

1. Is your extended family aware of the abuse? What has their response been?
2. Have you told anyone outside of the family about the abuse (friends, clergy, co-workers, doctor)? Was the response supportive of you?
3. Have you ever seen a counselor? Was the counseling helpful?
4. Has your partner ever seen a counselor? Was the counseling helpful?
5. Have you ever left home as a result of the abuse? If so, when did this occur and where did you stay? Was this stay helpful to you?
6. Were you able to take the children with you when you left? If not, why?
7. Have the police ever been called for assistance? Who called? What was this like for you?
8. Have you ever gone to court to press charges or file a restraining order? What was this like for you?
9. Have you ever utilized a battered-women's program? What happened?

Adapted from the Massachusetts Department of Social Services

HANDOUT V-7

ASSESSING DANGER WITH THE VICTIM

The questions below are listed as a summary guide for the practitioner inquiring about known risk factors with the victim. Although the practitioner cannot predict who will seriously injure or kill, if there is a cluster of yes answers to the risk-indicator questions below or if the victim feels that she is in danger, the practitioner will want to help the client immediately develop a safety plan for herself and her children.

- Have the assaults become more violent, brutal, and dangerous?
- Has the perpetrator ever choked the victim?
- Are there knives, guns, or other weapons at home?
- Does the perpetrator abuse alcohol or drugs such as speed, crack, cocaine, or heroin?
- Does the perpetrator assault the victim while he is intoxicated or high?
- Has the perpetrator threatened to kill the victim?
- Does the victim believe that the perpetrator may seriously injure or kill her or himself?
- Is the perpetrator assaultive during sex?
- Is the perpetrator preoccupied with the victim?
- Does the perpetrator follow the victim, monitor her whereabouts, and/or stalk her?
- Is the perpetrator jealous, and does he imagine the victim is having affairs with other people?
- Has the perpetrator threatened or tried to commit suicide?
- Is the victim suicidal?
- Is the perpetrator depressed or paranoid?
- Has the perpetrator experienced recent deaths or losses?
- Does the perpetrator have a history of assaulting other people or breaking the law?
- Was the perpetrator beaten as a child, or did the perpetrator witness his mother being beaten?
- Has the victim separated from the perpetrator, or is she considering separation?
- Is the victim making serious threats to kill the perpetrator?

*This handout was developed using research findings and clinical impressions from a number of sources. (Browne, A. 1987. *When Battered Women Kill*. New York: Free Press; Campbell, J. 1992. "If I Can't Have You, No One Can: Power and Control in Homicide of Female Partners." In *Femicide: The Politics of Woman Killing*, ed. J. Radford and D.E.H. Russell. New York: Twayne Publishers; Jones, A., and S. Schechter. 1992. *When Love Goes Wrong: What To Do When You Can't Do Anything Right*. New York: HarperCollins.)*

SAFETY PLANNING TOOL

ASK SOME OF THE FOLLOWING QUESTIONS AS YOU DISCUSS SAFETY.

- In what way can I (and others) help you?
- What do you feel you need to be safe?
- What particular concerns do you have about your children's safety?
- What have you tried in the past to protect yourself and your children (e.g., left for a few days, sought help from family or friends, fought back, got an order for protection)? Did any of these strategies help? Will any of them help you now?

IF THE CLIENT HAS HAD THE PERPETRATOR EVICTED OR IS NOW LIVING ALONE, EVALUATE THE FOLLOWING OPTIONS WITH HER:

- Changing locks on doors and windows.
- Installing a better security system — window bars, locks, better lighting, smoke detectors and fire extinguishers.
- Teaching the children to call the police or family and friends if they are snatched.
- Talking to schools and childcare providers about who has permission to pick up the children and developing other special provisions to protect the children.
- Finding a lawyer knowledgeable about family violence to explore custody, visitation and divorce provisions that protect the children and the victim.
- In rural areas where only the mailbox may be visible from the street, covering the box with bright colored paper so that police can more easily locate the home.
- Obtaining an order of protection

IF THE CLIENT IS LEAVING THE PERPETRATOR, REVIEW THE FOLLOWING WITH HER:

- How and when can she most safely leave? Does she have transportation? Money? A place to go?
- Is the place she is fleeing to safe?
- Is she comfortable calling the police if she needs them?
- Who will she tell or not tell about leaving?
- What can she and others do so that her partner will not find her?
- Who in her support network does she trust to protect her?
- How will she travel safely to and from work or school or to pick up children?
- What community/legal resources will help her feel safer? Write down their addresses and phone numbers.

Continued ...

HANDOUT V – 8 ...

- Does she know the number of the local shelter?
- What custody and visitation provisions would keep her and the children safe?
- Would an order of protection be a viable option?

IF YOUR CLIENT IS STAYING WITH THE PERPETRATOR, REVIEW THE FOLLOWING WITH HER:

1. In an emergency what works best to keep her safe?
2. Who can she call in a crisis?
3. Would she call the police if the violence starts again? Is there a phone in the house or can she work out a signal with the children or the neighbors to call the police or get help?
4. If she needs to flee temporarily, where can she go? Help her think through several places where she can go in a crisis. Write down the addresses and phone numbers.
5. If she needs to flee, where are the escape routes from the house?
6. Identify dangerous locations in the house and advise her to try not to be trapped in them.
7. If there are weapons in the house, explore ways to have them removed.
8. Advise her to make an extra set of car keys and to hide some money in case of an emergency.
9. Remind her that in the middle of a violent assault, it is always best for her to trust her judgement about what is best — sometimes it is best to flee, sometimes to placate the assailant, anything that works to protect herself.
10. Advise your client to have the following available in case she must flee.
 - Birth certificates
 - Social security cards
 - Marriage and driver's licenses and car title
 - Bank account number, credit and ATM cards, savings passbooks
 - Lease/rental agreements, house deed, mortgage papers
 - Insurance information and forms
 - School and health records
 - Welfare and immigration documents
 - Medications and prescriptions
 - Divorce papers or other court documents
 - Phone numbers and addresses for family, friends and community agencies.
 - Clothing and comfort items for her and the children
 - Keys

HANDOUT V-9

RESOURCE LIST

RESOURCE/ PERSON	PHONE NUMBER/ ADDRESS	CONTACT
SHELTER		
FAMILY PRESERVATION PROGRAM		
CHILD PROTECTION		
POLICE		
LEGAL ASSISTANCE FOR SEPARATION, DIVORCE, CUSTODY		
LEGAL ASSISTANCE FOR PROTECTION ORDER		
SUPPORT GROUP		
CHILDCARE		
OTHER SUPPORT (NEIGHBORS)		
OTHER SUPPORT (FAMILY)		
OTHER SUPPORT (FRIENDS)		
OTHER HELPFUL AGENCIES		

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HANDOUT V – 10

SAFETY-PLANNING ROLE-PLAY

A 25-year-old mother of three (ages 2, 6, and 7) has recently fled to her mother's house. Her abusive boyfriend followed her there, kicked in the door, and beat her again. She is terrified for her mother's and her own safety and wants to get away from him. She prefers to stay with a friend and not enter a shelter. Her friend lives outside of the community, but her boyfriend has been to her house. You're not sure that it is safe there. Talk to your client to review her plans. Make sure you feel her plans will keep her safe before you end the conversation.

1. **LIST THE QUESTIONS** you would ask the victim or the concerns you would like to discuss with her. For example:
 - Would a protection order keep him away?
 - Does he have access to the children at school?
 - Will your friend agree not to let him in?
 - Does he have weapons?

2. **MAKE A LIST OF ALL THE STRATEGIES** that might increase the victim's safety. Remember: Not all strategies will work for every victim. Each victim must carefully assess what will keep her safe. The practitioner's job is to listen carefully and help the client assess alternatives.

HANDOUT V – 11

FOUR HELPFUL INTERVENTIONS WITH VICTIMS OF DOMESTIC VIOLENCE

1. Validate the victim's experiences.
2. Build on the victim's strengths.
3. Help the victim to regain control over her own life.
4. Explore the victim's options.

Schechter, S., 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

HANDOUT V – 12

VALIDATING THE VICTIM'S EXPERIENCES

- a. Interview the victim separately from the perpetrator and her children, and do not ask the perpetrator to verify her story.
- b. Avoid stigmatizing her with a label of "battered," but name the harm that is being done to her. Women do not want to be called battered for a variety of reasons. How, then, do you talk with them about their experiences?
 - Be very concrete in your questioning (e.g., "Does he criticize you? Does he slap you? Does he block the door when you want to leave the room?").
 - Put affective labels on the experiences. "It sounds painful and scary."
 - Raise your concerns about danger to her.
 - Explain the concept of coercive control and help her see what the perpetrator is doing. Tell her that millions of women experience abuse.
- c. Ask the victim directly about the violence. If the practitioner avoids talking about it, so will the victim. Interview her in the language in which she communicates most comfortably. If she prefers talking to a practitioner from her ethnic or racial group, offer her this option if you can, making sure the practitioner or interpreter understands and respects the need for confidentiality. Support the client for telling her story.
- d. Empathize with her and validate her feelings. Because the perpetrator blames her for the violence and because society frequently does nothing to stop the assaults, many victims feel crazy and self-doubting. The practitioner needs to take a stand against the violence and make an alliance with the victim so she can talk about her fear, anger, guilt, and pain.
- e. Articulate a clear set of beliefs about violence to the victim (e.g., "You are not responsible for the violence, no matter what you do, even if you strike back, drink, or take drugs. The perpetrator is responsible for the violence."). Make statements like the following: "Abuse is wrong; staying with your partner may not always be best for you or the children. You deserve more."
- f. Universalize. Make statements to your clients like, "I've talked to many women in circumstances like yours" or "Many women who are beaten feel the way you do. Most feel discouraged, but with help, they have changed their lives."
- g. Give women resource guides such as *Getting Free: A Handbook for Women in Abusive Relationships* by Ginny NiCarthy or *When Love Goes Wrong: What to Do When You Can't Do Anything Right* by Ann Jones and Susan Schechter (see Bibliography).
- h. Offer information and data (e.g., violence tends to increase in severity and frequency over time).

Continued ...

HANDOUT V – 12...

- i. Urge the victim to join groups so that she can receive support and validation. Encourage her to join with others to act on her own behalf. This breaks her isolation and empowers her.
- j. Anyone who is abused looks for answers to the question, “Why is he doing this to me?” Take the time to go through her explanations to this question. Help her develop explanations that make it clear the perpetrator is responsible.
- k. Help her understand the cause of domestic violence and untangle confusing information.

Schechter, S. 1987. Adapted from “Guidelines for Mental Health Practitioners in Domestic Violence Cases.” Washington, D.C.: National Coalition Against Domestic Violence.

HANDOUT V – 13

BUILDING ON THE VICTIM'S STRENGTHS

ACKNOWLEDGE a woman's strengths and cultural ties, the specific ways she has protected herself or her children, methods she used to leave the abuse or maintain her sanity, and the courage she has demonstrated by telling you about violence or by reaching out to resources and support systems for help. Discuss with her the following questions:

- What does she envision for the future? What are her hopes and dreams for herself?
- Does she want to go back to school or get a job?
- What are the steps she needs to take to realize her dream?
- Will she be safe if she acts?

DO NOT ASK QUESTIONS that are victim-blaming, such as:

- What keeps you with a person like that?
- Do you get something out of the violence?
- What did you do that caused him to hit you? (The common family preservation techniques of looking for behavioral antecedents and making a situational analysis are counterproductive in helping victims understand domestic violence. These techniques often make the victim feel blamed for what the perpetrator has done to her).
- What could you have done to de-escalate the situation?
- Is there any way in which you participate in the escalation of the violence?

VICTIMS ARE NOT PASSIVE recipients of abuse. Rather, they constantly try to stop the violence and protect themselves and their children. Their thoughtfulness is often invisible to the outsider because frequently, in the face of erratic and irrational assault, it is best to proceed very cautiously. Even talking to the family preservation practitioner may set off another round of attacks.

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

HANDOUT V – 14

HELP THE VICTIM TO REGAIN CONTROL OVER HER OWN LIFE

Victims of domestic violence are adults who are making difficult choices during crises. Because the perpetrator strips away the victim's sense of control and dignity, the practitioner must work to restore her control. To do this, keep in mind the points below.

- Allow victims to make decisions for themselves. Do not bully or mandate conditions for your help, such as, "You must prosecute your partner; you should leave him."
- Remember that some victims leave and return to their partners several times. This is not a failure.
- Allow victims to talk about their ambivalence (the good and bad feelings) toward their perpetrator. We only resolve problems when we can acknowledge their complexity.
- Accept that each victim must find solutions that she can live with. For example, some find divorce unacceptable. African-American, Latina, and Native women may feel conflicted about using a criminal-justice system they feel is racist. For immigrant women, leaving the perpetrator and moving to a new community or a shelter where no one speaks their language or understands their culture may not be an option.
- Accept that a victim's opinions and solutions may change over time. When victims get new information about domestic violence and help with planning their safety, they may change their minds about staying with the perpetrator, or using the court for protection.
- Always ask questions like, "In what way can I be helpful to you? What do you want to do?" Listen carefully to her requests and try to respond to them.

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

HANDOUT V – 15

EXPLORE THE VICTIM'S OPTIONS

Practitioners must ensure that each client is fully informed of shelter, legal, housing, health care, and welfare options. As the practitioner explores options with the victim, it is important to keep the following tasks in mind:

- Always ask the client what she tried in the past and what worked for her. Explore the consequences of her choices.

- Help the client prioritize; what is important to her now?

- Remember that, in a crisis, clients forget. Write things down in a language she understands. Break tasks into manageable pieces.

- Help the client mobilize her support system. Sometimes the perpetrator tears the victim away from family and friends. Rebuilding those connections, if they are good and safe, is crucial to her well-being and may also open new options for her.

- Remember that clients use systems to meet their needs. The client should not be expected to meet the systems' needs. For example, clients may drop a court case, or fail to follow through with options available through the criminal-justice system. Do not pressure the client to meet the needs of the system(s).

Schechter, S. 1987. Adapted from "Guidelines for Mental Health Practitioners in Domestic Violence Cases." Washington, D.C.: National Coalition Against Domestic Violence.

HANDOUT V – 16

EXERCISE: RESPONDING TO VICTIM'S CONCERNS

Explore follow-up questions you would ask or responses you would make to domestic violence victims who said:

1. I'm too scared to leave.
2. Nothing will ever stop him. He vowed to kill me if I go.
3. How will I take care of my children if I leave?
4. What will happen to my kids if I go?
5. I can't live without him.
6. He's two people, Dr. Jekyll and Mr. Hyde. The violence isn't the real him.
7. He doesn't mean to do this to me.
8. How can I make him stop this behavior?

HANDOUT V – 17

SCENARIO # 1

The family preservation worker reads the Child Protective Services report and realizes that the father in the family has seriously assaulted the mother at least once (she had to be taken to the hospital for a fractured arm). When you meet the mother and ask her about the incident, she says it was an accident. She insists there have been no prior or subsequent incidents. What would you do or say to her? How might you introduce the subject later in your intervention in a different way if you get nowhere the first time?

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HANDOUT V – 18

SCENARIO # 2

Your client is a former victim who is involved in an ongoing court battle with her former husband over his visitation with the children. Every time a court date approaches, your client starts to have nightmares and flashbacks about the violent incidents. She reports that sometimes she feels like she is going crazy. She has trouble attending to the children at the time of her court date. Her next court appearance is in two weeks. What are some things you could do or say to help her?

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HANDOUT V – 19

SCENARIO # 3

Your 20-year-old client has been beaten by her boyfriend many times over the last two years. Her 18-month-old baby was spanked by him two weeks ago, and the spanking left bruises and handprints. Your client is hopeful that he will change, and blames his behavior on the stress caused by unemployment. She says that he loves her. The boyfriend has no interest in receiving help. Your client says that she wants to make the relationship work. What would you say or what discussions would you have to help your client look at her partner's behavior?

Family Violence Prevention Fund

HANDOUT V – 20

SCENARIO # 4

During your first visit with the Jones family, you notice that Mr. Jones answers questions directed at his wife. His wife agrees with everything he says about the problems they are having with their older son Mark. You suspect Mrs. Jones may be frightened of Mr. Jones. She immigrated to the United States from the Philippines 10 years ago to marry her husband. She has no family in the United States and few friends. You would like to see Mrs. Jones alone without upsetting Mr. Jones. How can you arrange this? The next time you see her, what questions might you ask to find out if she is frightened of her husband or has been beaten by him? What can you do or say if she continues to be silent?

Family Violence Prevention Fund

HANDOUT V – 21

SCENARIO # 5

The Bells are a Christian fundamentalist family. Mr. Bell has been reported twice to Child Protective Services for spanking his son with a paddle. At your fourth meeting with Mrs. Bell, you notice a bruise on her arm and comment on it. She tells you she disobeyed her husband by going out to visit a friend, and he punished her. She seems to feel the punishment was harsh, but she tells you it is her duty to obey. How might you respond? What issues might you discuss with her? What other resources could you use to help her?

Family Violence Prevention Fund

HANDOUT V – 22

COUNSELING STRATEGIES WITH VICTIMS OF DOMESTIC VIOLENCE

1. Ask about the violence and the emotional coercion.
2. Support her telling her story again and again. Acknowledge the courage in telling.
3. Find her strengths and point them out to her.
4. Build upon her hopes, dreams, and plans for the future.
5. Rebuild her social-support network or create an alternative network that is trustworthy.
6. Stick with her, even when you get frustrated.
7. Build her knowledge of options and advocate for her.
8. Provide concrete assistance.
9. Take an active concern and help her plan for her safety.
10. Respect her choices. Only she lives with the consequences. Let her maintain control.
11. Collaborate with other services that can help her. Work actively with them.

Family Violence Prevention Fund

HANDOUT VI - I

FAMILY PRESERVATION GOALS FOR WORKING WITH PERPETRATORS OF DOMESTIC VIOLENCE

1. Assist the perpetrator in identifying his abusive behaviors as a problem worth addressing.
2. Assist the perpetrator in viewing his abusive behavior as a problem that only he (and not the victim) can change.
3. Assist the perpetrator in identifying benefits to stopping his abuse.
4. Develop a commitment by the perpetrator to the physical safety of the victim and the children.
5. Teach the perpetrator basic behavioral techniques that can be used to interrupt his abusive behavior patterns.
6. Start the perpetrator on the journey toward stopping his abusive behavior.

What the family preservation practitioner will not be able to accomplish during a four- to eight-week family preservation program is to determine if the perpetrator:

- will be motivated to make the necessary changes
- will maintain any progress made during the family preservation program
- will stop all of the most damaging tactics of control
- will reverse the imbalance of power in his relationship with the victim

HANDOUT VI - 2

STRATEGIES FOR MAXIMIZING THE SAFETY OF THE VICTIM WHEN WORKING WITH THE PERPETRATOR

Because safety of the victim is the primary guiding principle that must take precedence over the remaining principles, these strategies for maximizing the safety of the victim should be considered in every step of the family preservation process. Strategies include:

1. All information that comes from the victim or the children must be kept confidential and should not be brought into sessions with the perpetrator.
2. Initial inquiry and discussion about domestic violence should be done only when the perpetrator and rest of the family are separated.
3. Whether the domestic violence is initially identified by the victim, perpetrator, or others, the victim may not want the practitioner to discuss the domestic violence with the perpetrator because such discussion may put her in danger of retaliation. She may also fear that the practitioner will support the perpetrator's abuse. The practitioner should review with the victim the approaches that could be used with the perpetrator, along with her continuing right to confidentiality, her right to provide confidential input to the practitioner about the perpetrator's response to the intervention, and the potential consequences to the victim of the practitioner talking with the perpetrator about the domestic violence. If the victim does not want the violence discussed with the perpetrator, the practitioner should abide by her request.
4. When talking directly with perpetrators about the abuse, the practitioner should emphasize that such questions or issues are routinely raised. Emphasizing the routine nature of the discussions is important to decrease the defensiveness of the perpetrator. Some perpetrators will blame their partners for instigating the practitioner's discussion of domestic violence. Conveying the routine nature of these inquiries can lessen some of that blaming.
5. Practitioners who are able to convey concern for all members of the family, including the perpetrator, are more able to engage the perpetrator in dealing with his abusive behavior, thereby increasing the safety of the victim. While the intimate partner and children are victims, battering is destructive to the perpetrator as well. Conveying this to the perpetrator allows the practitioner to join with a perpetrator in changing his abusive conduct.

Continued ...

HANDOUT VI - 2 ...

6. When initially talking with perpetrators about domestic violence, use descriptions of their behaviors, rather than terms like abuse, domestic violence, and wife-beating. Keep the focus on the perpetrator's behaviors and on the negative consequences of these behaviors to the perpetrator as well as to other family members. Do not become involved in the multiple issues that the perpetrator uses to rationalize the abuse. This only results in the practitioner colluding with the abuse and may therefore jeopardize the victim's safety.
7. When the perpetrator displays anger, resists, or openly rejects the practitioner's interactions with him over the abuse, the practitioner should calmly bring the subject to a close and invite the perpetrator to re-open the issue in the future. The practitioner should convey concern and offer assistance to the perpetrator, but not force the issue. Forcing the perpetrator to discuss the abuse not only blocks progress, it may also endanger the victim. If the perpetrator refuses to be engaged on this issue, the practitioner's concerns should be raised in confidential conversations with the victim.
8. In domestic violence cases, family preservation practitioners must remember that while victims must be granted confidentiality for safety reasons, perpetrators should be extended only limited confidentiality. Information provided by the perpetrator which is necessary to the safety of the victim and her children must be shared with the victim and appropriate others (police, CPS, etc.).
9. In separate confidential meetings, briefly review with the victim all the discussions about abuse that you have with the perpetrator. If the perpetrator is not motivated to address the issue, tell the victim. If the perpetrator is working on the issue, provide the victim with information about goals, assignments, and so forth. Sometimes perpetrators will distort information about their assignments to further control the victim (e.g., telling her that time-outs mean that she has to go into another room or that it is her job to tell him when he needs a time-out). Perpetrators control victims by controlling information.
10. Throughout the intervention process, ask for the victim's input regarding how the perpetrator behaves when the practitioner is not present, but do not put her in a situation where she is required to monitor the perpetrator. It is important that the perpetrator remain responsible for his own behavior and that includes his responsibility for taking all steps towards change. Reassure the victim that the perpetrator's rehabilitation is not her responsibility and that her focus is her safety and the safety of the children.

HANDOUT VI - 3

INTERVIEWING PERPETRATOR: ASSESSMENT ISSUES

- A. Assessment of the pattern of abuse in current, concurrent, and past relationships**
- tactics of abuse used
 - frequency/severity of the physical abuse/violence
 - impact of domestic violence on the victim
 - impact of violence on children, family, friends
 - use and threat of physical force in other intimate relationships
- B. Assessment of the lethality of the violence**
- refer to Handout VI-4 for assessment factors
- C. Assessment of the impact of perpetrator's behavior on the perpetrator (potential motivators for change)**
- impact on his relationship with victim
 - impact on his relationship with the children
 - impact on his physical well-being
 - impact on his self-image
 - legal, social, employment consequences
- D. Assessment of the perpetrator's current motivation to stop his abusive behavior**
- how perpetrator responds to efforts to address his abusive behavior
 - whether he stops physically abusing the victim
 - specific behavior changes he makes
- E. Additional information needed to develop interventions for domestic violence**
- substance abuse, medications
 - prior counseling/intervention experiences
 - learning abilities, psychosis, brain damage
 - perpetrator's resources for changing

HANDOUT VI - 4

LETHALITY ASSESSMENT WITH THE PERPETRATOR

Assessing lethality is not merely trying to predict whether or not the perpetrator will kill the victim. It also requires assessing the risk of life threatening behaviors against others or self committed by the perpetrator, victim, or children.

Gather information from

- the perpetrator
- the victim
- the children
- other family members
- others (probation officers, other counselors, anyone having contact with family)

Factors to consider in making assessment

1. perpetrator's access to victim
2. pattern of the perpetrator's abuse
 - a. frequency/severity of abuse in current, concurrent, and past relationships
 - b. use and presence of weapons
 - c. threats to kill
 - d. hostage taking
3. perpetrator's state of mind
 - a. obsession with victim
 - b. increased risk-taking by perpetrator
 - c. ignoring consequences
 - d. depression
 - e. desperation
4. individual factors that reduce behavioral controls of either perpetrator or victim
 - a. substance abuse
 - b. certain medications
 - c. psychosis
 - d. brain damage, etc.
5. situational factors
 - a. separation violence
 - b. increased autonomy of victim
 - c. presence of other stresses
6. past failures of the system to respond appropriately

HANDOUT VI - 5

ASSESSMENT SKILLS WITH PERPETRATORS HYPOTHETICAL CASE

Frank, 19, and Michelle, 18, have twin sons: Frank Jr. and Freddy, 17 months old. When the family preservation practitioner interviews the parents separately, Frank expresses concerns about their constant fighting. He says that sometimes Michelle demands too much, wanting him home every night to help with the twins. Frank says, "Sometimes I just lose it. The last time I pushed her, both twins sat in their high chairs screaming. You would have thought I had beaten them black-and-blue the way they carried on." Frank says Michelle has started using drugs again. He says that she doesn't understand the pressure he is under with his new job, the medical bills, and the constant interference from her family.

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT VI - 6

THREE PRIMARY INTERVENTIONS WITH THE PERPETRATOR

1. crisis interventions
2. first stage interventions for perpetrators who want to change
3. appropriate referrals

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

TIME OUT INSTRUCTIONS FOR PERPETRATORS

COOL DOWNS/TIME OUTS A STRATEGY FOR STOPPING YOUR BATTERING

What Is A COOL DOWN/TIME OUT?

A COOL DOWN/TIME OUT is a tool for you to use to stop your battering of others. Domestic violence or battering is a pattern of coercive behaviors which sometimes becomes a habit. The main purpose of a COOL DOWN is to help you avoid battering your partner. A COOL DOWN itself will not necessarily solve a conflict between two people, but if you use COOL DOWNS faithfully, you will stop the most dangerous and threatening types of abuse. The COOL DOWN is the first step of starting to solve a problem.

When To Take A COOL DOWN?

A COOL DOWN should be used whenever you feel your anger/upset level rise or feel defensive or anxious. It should be taken whenever you think you should take charge of your partner. A COOL DOWN should be used for "little angers" as well as for the big upsets. While anger or upsets are not the cause of your battering, they sometimes signal that you are about to become abusive.

How To Take A COOL DOWN?

1. As soon as you feel your irritation or anger, take a COOL DOWN. Learn to recognize early cues to your abusiveness.
2. Temporarily leave the situation (place or person) where you are getting angry/upset.
3. Do not drive, drink alcohol, or take drugs when you are doing a COOL DOWN.
4. During the COOL DOWN,
 - a. do something to physically calm yourself (a walk, deep breathing, etc.), and
 - b. think thoughts that put you in charge of your own feelings and actions. You may want to think other self-calming thoughts, but during the COOL DOWN, stay focused on preparing yourself to communicate without being controlling.

Examples:

"I'm getting upset, but I do not have to blow up or batter someone."

"I am irritated, but I don't have to get on my anger escalator."

"I'm frustrated, but I don't have to control others or always have my way."

Continued ...

HANDOUT VI - 7 ...

"I can calm myself and think through this situation."

"I can listen to others and find solutions that fit us both."

5. Repeat COOL DOWNS as often as necessary to prevent battering.

How Long Should A COOL DOWN Be?

You are the boss for how long to spend in your COOL DOWN. For a little upset, you may spend 3-5 minutes. For a bigger upset you may take 15 to 30 minutes. For some large conflicts or problems you may need an hour. There is no one amount of time that works for everyone in every situation. Since COOL DOWNS are a structured activity, most people cannot do them longer than one hour. It is important to use them daily and to develop a habit of using short ones to head off larger conflicts.

What Do You Do After Taking A COOL DOWN?

You have the choice to do one of the following:

1. Drop the Issue

You may discover during and after the COOL DOWN that you are no longer concerned about the trigger. As you take the COOL DOWN you may realize that you misunderstood the situation. Now that you see things more clearly, you realize that you are no longer irritated or frustrated. Then you may decide to drop the issue. In such cases, the other person does not even know that you had been irritated. Drop it only if it is no longer an issue for you and for others. If it is still an issue for you or for another, do not drop it.

2. Put the Issue On Hold

The issue may be important for you or your partner to discuss, but not at this time. So you may decide to put it on hold for a set amount of time. When you put it on hold, you have more time to think it over or to talk with some other objective person about the problem. It also gives you time to be calmer so you can also listen to the other person's ideas. When you put something on hold, you cannot just drop it. Since you put it on hold, it is your responsibility to raise the issue again. If you do not do this, you will tend to bring it up as a weapon in a future dispute.

3. Discuss the Issue

Discuss the issue when it is important and you feel ready to both:

- a. listen to the other person, and
- b. communicate your ideas and feelings about the issue.

Continued ...

HANDOUT VI - 7 ...

When choosing option three, your COOL DOWN is followed by some direct discussion with the other involved person. Remember you should always take another COOL DOWN if things get "warm" again. For some difficult topics, couples will use many cool downs before coming to a solution that works for both.

Other Hints for Making COOL DOWNS Effective

While there is a right way to take COOL DOWNS, there is no one "right" thing to do afterwards. You must make a choice from the three listed above.

Remember, in making your choice, you must consider not only your thoughts and feelings, but also the other person's thoughts and feelings.

You should not tell other people that they have to take COOL DOWNS. Everyone is boss of their own COOL DOWNS. Also do not ask your partner to tell you when you need a COOL DOWN. A COOL DOWN is something you do to take responsibility for yourself.

If you or your family have questions about COOL DOWNS, feel free to ask or telephone your counselor.

If used, COOL DOWNS work. Practice at least one per day.

Prepared by Anne L. Ganley, Ph.D., for the Veterans Administration Medical Center, Seattle, Washington.

HANDOUT VI - 8

TIME OUT INFORMATION FOR PARTNERS OF PERPETRATORS

COOL DOWN/TIME OUT PROCEDURES A NOTE TO PARTNERS OF DOMESTIC VIOLENCE PERPETRATORS

Please read the attached information about the COOL DOWNS.

Your partner will be expected to do COOL DOWNS on a regular basis. If you have any question about these, please talk to the family preservation practitioner.

COMMON QUESTIONS THAT PARTNERS HAVE ABOUT COOL DOWNS/TIME OUTS

1. **How do COOL DOWNS help solve our family problems?**

Your partner's use of COOL DOWNS will prevent him from escalating into his physical or psychological battering. They alone do not solve conflicts, but if used faithfully, they will help him avoid using physical battering and some of the other tactics of control. Stopping the battering is the first step to resolving family problems. Family problems have to be discussed and solutions agreed upon. This cannot happen if one person is battering the other. No communication takes place when there is battering. COOL DOWNS are a necessary first step to communicating respectfully.

2. **What do I do if every time I want to discuss an important topic with my partner, he says he is taking a COOL DOWN?**

Let him take the COOL DOWN anyway. If he becomes angry and abusive, you will not be able to talk about the problems. At first, he may take COOL DOWNS a lot. Just remind yourself that it is only one step and that he will be expected to use other approaches as well. Read the instruction sheet and it will help you understand how they work.

3. **What if he refuses to discuss the matter even after the COOL DOWN?**

Notice on the instruction sheet that he has several choices as to what he does after a COOL DOWN. He is not supposed to drop issues if they are important to you. However, he may put them on hold until he is able to both calmly speak and LISTEN TO YOU. If he refuses to discuss an issue, your insisting will NOT bring about the communication. Let him know that you are still interested in talking about the issue, but be willing to set a later time when he can be calmer when discussing it.

Continued ...

HANDOUT VI - 8 ...

4. Should I remind my partner to take a COOL DOWN when he is getting angry or abusive?

NO. He is responsible for identifying his own feelings and taking the COOL DOWN. As long as you do it for him, he is NOT doing his job.

If you are upset about his abuse, you take a COOL DOWN for yourself as long as you can do it safely. Remember, you cannot control another person's battering; you can only protect yourself.

5. What should I do when he takes a COOL DOWN during a discussion?

Remind yourself that this is the first step — that it is better for him to take a COOL DOWN than to be abusive towards you. Waiting for him to return can lead to your feeling frustrated or abandoned. You can use the time in a COOL DOWN for yourself and then go about your regular business.

6. Would COOL DOWNS be useful for me?

Yes, if you find your own anger rising, a COOL DOWN is a tool you can use to calm down before you go further in working out a conflict. However, your using COOL DOWNS for yourself will not necessarily change your partner's behaviors.

COOL DOWNS are good for you to use when you are in conflicts with your children or with other people. They are also a good tool to teach children. Many schools and day care centers already use a form of time outs as a way to help children to regulate their feelings and behaviors. The COOL DOWNS described here are somewhat different than those used with children.

7. Will there be a time when my partner will not have to use COOL DOWNS?

NO. COOL DOWNS should become a new habit. They are a sign of success and should not be discarded later. COOL DOWNS allow all of us a way to step back mentally, to think through our ideas calmly, to prepare ourselves to really listen to the point of view of another. When we use them regularly, they improve our communication.

COOL DOWNS are not stuffing our feelings or burying our problems. They are a useful tool in avoiding abusive displays of anger. They help to clear our heads and hearts so we can communicate more clearly and do better problem solving.

Prepared by Anne L. Ganley, Ph.D., for the Veterans Administration Medical Center, Seattle, Washington.

PERPETRATOR REHABILITATION PROGRAMS

Criteria of effective programs for perpetrators of domestic violence:

- The primary goal of the program is for the perpetrator to stop all tactics of control, rather than striving to keep the couple together or resolve the couple issues. The program defines domestic violence as a pattern of coercive behaviors that includes physical, sexual, and psychological assaults, as well as economic coercion.
- The program holds the perpetrator accountable for the abusive conduct and for making the necessary changes to stopping the abuse, and uses non-victim-blaming strategies.
- The program follows clear policies regarding victim confidentiality and safety.
- The program provides information to victims and/or victim advocates about issues related to victim safety.
- The program provides initial and ongoing assessments of the danger posed to the victim by the perpetrator, and notifies the victim and the appropriate authorities should the victim be in danger.
- The program conducts an initial assessment to determine if there are significant factors that may influence the perpetrator's ability to benefit from treatment (e.g., organic impairments, psychosis, motivation to change).
- The program is a minimum of one year of perpetrator accountability to an intervention program, within which there are a minimum of 26 group sessions.
- The program has clear completion or termination criteria.
- The program has clear consequences for non-compliance by the perpetrator.
- The program demonstrates an ability to work cooperatively with victim-advocacy programs as well as with courts and the family preservation program.

HANDOUT VI - 10

DOMESTIC VIOLENCE: MEASURING THE PERPETRATORS PROGRESS

The following are questions the victim (or the practitioner) can consider when evaluating the progress of the perpetrator in responding to any interventions for his abusive conduct.

1. Has the perpetrator stopped all use of physical force against person or property?
2. Has the perpetrator stopped all use of threats of physical force against person or property? Has the perpetrator stopped other acts of intimidation (e.g., reckless driving, displays of weapons)?
3. Does the perpetrator support the victim's right to be an adult and make her own decisions?
4. Does he ask for the victim's input?
5. Does he listen to what the victim has to say?
6. Does he respect the victim's right to have independent emotions, thoughts, and decisions?
7. Does he share equally in financial and other responsibilities for the family?
8. Does he support the victim's friendships and activities outside the family?
9. Does he support the victim's parenting?
10. Does he listen to the victim's anger with him?
11. When he is angry or upset, does he act in ways to reassure the victim that he will not be abusive (e.g., take time-outs, sit down when discussing the conflict with the victim)?
12. Does he accept that the victim may not want to forgive him about the past and that she may be cautious about the future?
13. Does he accept the victim's right to place limits on their relationship?

Prepared by Anne L. Ganley, Ph.D., for the Family Violence Prevention Fund

HANDOUT VII – 1

GOALS OF FAMILY PRESERVATION INTERVENTION WITH CHILDREN

1. The children hear that they have a right to be safe.
2. The children have an experience in which adults are trying to protect them or other victims in the family.
3. The children receive information and educational materials about domestic violence and about resources that will help them protect themselves.
4. The children leave the program with a safety plan.
5. The children hear, in age-appropriate ways, that the domestic violence was not their fault and that assaults and emotional abuse are unacceptable ways to treat others.
6. The children experience a non-blaming environment in which they can discuss their reactions to domestic violence.
7. The children who need additional assistance are referred for ongoing help and support.

HANDOUT VII – 2

BEHAVIORS OF THE DOMESTIC VIOLENCE PERPETRATOR THAT HURT CHILDREN: A CHECKLIST

(The following list was developed by EMERGE, a batterers' education program in Boston, to describe the types of abusive behavior used by their clients against children.)

VIOLENT AND CONTROLLING BEHAVIOR TOWARDS CHILDREN

- slapping, kicking, punching, grabbing, choking, pushing, restraining, pulling hair, pinching, pulling ears, poking shoulders, boxing, burning, squeezing, tripping
- use of weapons or any other instrument for physical discipline, throwing things, threatening with use of weapons or instruments
- exposing the children to reckless or drunk driving or other dangerous activities
- abusing toys or pets, destroying child's possessions
- scaring with raised tone of voice, threatening supernatural violence (e.g., boogeyman, devil, God), frightening them with stories
- harassing, badgering, not respecting privacy, embarrassing child in public
- isolating, locking child up or threatening to do so

SEXUAL ABUSE

- unwanted touching, penetrating any body opening with any object
- creating sexual tension in relationship with the child
- frequently commenting on the child's body
- relating to the child as a potential sex partner
- unwanted fondling or kissing
- exposing adult sexual body parts in front of the child
- forcing the child to be physically affectionate to another adult
- tickling or secret games which lead to confusion about body touching
- touching the child's sexual area under the guise of a game

PSYCHOLOGICAL AND ECONOMIC ABUSE

- exposing the child to violence in the home
- yelling, swearing, being lewd, raising voice, using angry or scary gestures
- criticizing, name-calling, mocking, ridiculing, accusing, blaming, trivializing words or gestures, not accepting child's emotions, only having negative interactions with child

Continued ...

HANDOUT VII – 2 ...

- putting down partner in front of the child, undermining partner's authority with the child, manipulating the child to take sides
- pressuring or rushing child, having unrealistic academic expectations, using guilt, abusing feelings, confusing child/adult roles
- interrupting, changing topics, not listening, not responding, twisting child's words
- coercing child economically, withholding money/allowances/food, taking child's money or other belongings
- lying, withholding information
- not taking responsibility for child, breaking agreements or promises with child, being an absent father, not being consistent about the amount or quality of time spent with child
- not respecting child's privacy, snooping through his/her room or belongings
- withholding emotions, not sharing feelings, not giving support/validation/attention/compliments, not respecting child's feelings/opinions/rights
- pressuring child to fit into traditional sex-role stereotypes (e.g., boys can't cry or be scared, girls can't get mad and have to take care of boys)
- not taking care of yourself, setting a bad example, abusing alcohol or drugs
- asking the child to spy on his/her mother

HANDOUT VII – 3

ASSESSMENT OF CHILDREN LIVING WITH DOMESTIC VIOLENCE

The literature suggests that assessment of children living with domestic violence should include a consideration of:

- behavioral problems
- emotional problems
- social and environmental disruption as a result of violence (moving, losing family, changing schools)
- effects of violence on the child's primary caretakers (maternal stress compounds difficulties for kids)
- child-protective factors in the child's environment (achievement, friendships, good relationships with adults)

Jaffe, P., M. Suderman, and D. Reitzell. 1992. "Child Witnesses to Marital Violence." In Assessment of Family Violence, ed. R. Ammerman and M. Hersen. New York: John Wiley and Sons.

HANDOUT VII – 4

ASSESSMENT QUESTIONS FOR PARENTS

1. Do you have concerns about the way you or your partner relates to your children?
2. When your kids don't listen or follow directions, what forms of discipline do you try?
3. What does your partner try?
4. Do you have any concerns about your partner's sexual behavior toward the children? Is there fondling, unwanted touching, or kissing? Does he expose the children to pornography?
5. Does your partner terrorize or scare the children, drive recklessly with them in the car, or drink and drive?
6. Has your partner ever threatened to hurt or kill your children, in an effort to scare or punish you or to prevent you from leaving?
7. Has your partner hit your children with belts, straps, or other objects that have left marks, bruises, welts, or other injuries?
8. Can you describe any assaults against you by your partner that the children witnessed? What did the children see or hear during the assault? What did they experience afterward (e.g., seeing their mother's injuries or the house torn apart)? What were the children's reactions?
9. Can you describe any assaults against you by your partner in which the children were caught in the middle (e.g., you were holding a child in your arms) or in which the children intervened? What happened?
10. Has your partner ever threatened to kidnap your child or failed to return the child to your care?
11. Do you ever feel unable to protect your children because of your partner's threats or assaults against you or them?
12. Has the domestic violence changed your relationship to your children in any way?
13. Have any of the children threatened or harmed you or others in the family?
14. Are any of the children having behavioral problems at home or at school that other people are complaining about? Are any of the children dealing with their anger differently or in disturbing ways? If so, please explain the problem.
15. Are any of the children displaying any of the following symptoms?
 - difficulty sleeping, nightmares
 - poor appetite or eating problems
 - difficulty concentrating
 - persistent sadness or depression
 - little energy

Continued ...

HANDOUT VII – 4 ...

- withdrawal
 - violence toward other children or family members
 - running away
 - alcohol or drug abuse
 - fear of their father or other adults
 - cutting or hurting themselves
 - hurting or killing animals
 - destroying toys or other objects
 - fear of leaving you
- 16. If you answered yes to any of the questions above, could you please describe the behavior that concerns you?
- 17. Has your partner caused any of the following injuries to your children?
 - bleeding, swelling, bruises, scratches
 - broken bones
 - black eyes
 - burns
 - muscle sprains or pains
 - wounds from a weapon or object
 - caused unconsciousness through hitting or choking
 - injury to genitals
 - urinary tract infection or venereal disease
- 18. In what way can we help you or your children?
- 19. What have you tried in the past to help your children? What resources can we help you find for your children?
- 20. What do you feel that you need in order to protect your children?

Practitioners can pose additional questions to older children about some of the following issues:

1. What kinds of things do mom and dad (or substitute terms children use to refer to their parents) fight about?
2. What happens when your dad gets angry or your parents fight? Can you describe any assaults between your parents that you witnessed? What did you see or hear during the assault? What did you experience afterward (e.g., did you see your mother's injuries or the house torn apart)? What were your reactions?

Continued ...

HANDOUT VII – 4 ...

3. What do you do if or when your dad pushes, shoves, or hits your mom? Do you leave the room or go outside?
4. Can you describe any assaults between your parents in which you were caught in the middle, or in which you intervened? What happened?
5. Do they ever fight about you? How does this make you feel (scared, confused, sad, mad)?
6. Do you talk to anybody about this?
7. How do you handle your feelings since this (the domestic violence) has happened? Do you ever feel like hurting yourself or anyone else (e.g., the perpetrator)?
8. In an emergency for you or your mom, who would you call? Where could you go?

Adapted from the Victim Intake Assessment developed by Susan Schechter for the U.S. Marine Corps, and materials from the Massachusetts Department of Social Services.

SCENARIO #1

You are a 16-year-old boy, a sophomore in high school who is very actively involved in school sports. You know that your dad has been getting drunk lately and hitting your mom and breaking things after the kids go to sleep. One of your younger brothers has been running away and getting into trouble with the police. One day after school, your mom tells you that you and your siblings are moving to your grandparents' home in another town, 50 miles away. She explains that your dad is too dangerous and might seriously injure her or one of you. Your dad has been yelling at you a lot lately and spanking a younger sibling, but he's never hit you.

- What are some of the reactions that you might experience to your mom's news?

- How might you feel toward your mother?

- How might you feel toward your father?

For the practitioner:

- Suggest some ways that you might help the mother in this family talk to the son about the move and about the abuse she has experienced.

- What would you recommend to the mother if the boy wants to stay with his father?

- What plans should be made for the child's safety?

HANDOUT VII – 6

SCENARIO #2

You are a 10-year-old girl whose school performance has deteriorated markedly in the last year. Your dad is constantly on your case; nothing you do is right. Your dad also seems to be treating your mom worse. At times he keeps her up all night, yelling at her and calling her a whore. Sometimes, from your room, you can hear him banging her head against the wall or throwing her across the room. You and your mom have left a couple of times for a few days, but she always comes back. It's hard for you to sleep. You want this to stop, and you ask your family preservation practitioner if you can live with somebody else for awhile.

- What reactions/feelings might you have toward your mother?

- What reactions might you have toward your father?

For the practitioner:

- What should you say or do when the child comes to you?

- What plans should be made for the child's safety?

HANDOUT VII – 7

SCENARIO #3

Your client, Barbara, left her abusive husband three years ago. He has moved to another state and rarely has contact with the children. Since the separation, the mother returned to school at night and has held a part-time day job, coming home to be with her kids between 3 p.m. and 6 p.m. every afternoon. In the last six months, her oldest son Mark, 16, has started to assault and threaten to kill his mother. He is also pushing his 13-year-old sister around whenever his mother leaves the house. Last week, he came after his mother with a baseball bat and threatened to bash in her head if she didn't let him sleep over at a friend's house. The mother wants Mark placed in a foster home or youth facility. She says that he reminds her of his dad and she won't take it again.

- In what ways might the prior domestic violence in this family be affecting Mark?

- In what ways might it be affecting his mother?

- What would you say to Mark about his behavior? How would you intervene to help him change this behavior?

- What would you advise the mother to do about Mark's behavior? What interventions would you recommend that Mark's mother try?

- What safety plans need to be made for this family?

HANDOUT VIII - I

DOMESTIC VIOLENCE AND LEGAL ISSUES ROLE-PLAY FOR THE PRACTITIONER

Your client is a 26-year-old mother of two children. She was beaten by her boyfriend two weeks ago, and now he is making phone calls threatening to kill her. She wants him to stay away from her. You think that she may be eligible for a protection order. Try to talk to her about the following:

1. Find out what your client knows about protection orders.
2. Explain what a protection order is.
3. Explore any fears your client may have about protection orders.
4. Assess the pros and cons of getting a protection order.
5. List any questions that you have about obtaining an order for protection (e.g., who is eligible, how long the order lasts).

HANDOUT VIII - 2

DOMESTIC VIOLENCE AND LEGAL ISSUES ROLE-PLAY FOR THE VICTIM

You are scared of your former boyfriend. You are not sure what an order for protection can do for you. Ask the worker some of the following questions:

1. Will an order for protection make him angrier?
2. Do I have to testify in court to get an order?
3. What will the police do if he bothers me again?
4. What should I do?

Family Violence Prevention Fund

HANDOUT PA - I

PRACTICE APPLICATIONS

The following are ten specific applications of the guiding principles to family preservation services. These have been identified as being crucial to achieving the primary goal of safety for all family members. Each of these were discussed during the program presented in the Curriculum.

1. Whenever there is an unresolvable conflict among the guiding principles, victim safety has priority.
2. No battered woman should ever be encouraged to stay in a situation that is abusive or dangerous.
3. Where there is domestic violence, the family unit to be preserved should be that of the child(ren) and the non-abusing parent(s).
4. The practitioner should inquire about the existence of domestic violence with every adult female client. This inquiry should be done in confidential sessions alone with the woman.
5. If the victim tells the practitioner about domestic violence, this information should be kept confidential and should not be shared with the perpetrator unless the victim so requests, and then only after the consequences of such disclosure are discussed with the victim, and a safety plan is developed with her.
6. If only the victim reveals information about domestic violence and does not want it discussed with the perpetrator, then the practitioner should work only with the victim and not the perpetrator on the issue of domestic violence.
7. If the perpetrator reveals information to the practitioner about domestic violence, this should be discussed with the victim, and a safety plan should be developed with her (this information should never be discussed while the perpetrator is present).
8. A safety plan should be developed for each adult victim and the child(ren)
9. Interventions that require discussion of the domestic violence with both parties present, such as couples counseling and mediation, should not be utilized or recommended by the practitioner, as they can increase the danger to the victim.
10. Family preservation programs should work collaboratively with domestic violence programs, batterer intervention programs, and the justice system to protect victims and to hold the perpetrator accountable for the violence.

TRAINING EVALUATION

1. What did you hope to get out of this training?

Please use the following scale for questions 2-10. We appreciate any specific comments you have.

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Somewhat Satisfied/Somewhat Dissatisfied
- 2 = Dissatisfied
- 1 = Very Dissatisfied

2. How satisfied are you that the training helped you meet your goals?

Rating: _____

Comments:

3. How satisfied were you with each of the following training activities?

Lecture/Presentation

Rating: _____

Comments:

Role-Plays

Rating: _____

Comments:

Small Group Activities

Rating: _____

Comments:

Visual Aids

Rating: _____

Comments:

Family Examples

Rating: _____

Comments:

Written Exercises

Rating: _____

Comments:

Group Discussion

Rating: _____

Comments:

4. **How satisfied are you that you received information which will assist you in working with people from diverse cultural backgrounds?**

Rating: _____

Comments:

5. **How satisfied are you that you received information which will assist you in working with people with different lifestyles and values?**

Rating: _____

Comments:

6. **Please suggest ways to make the training and training materials more culturally sensitive.**

7. How satisfied were you with the trainers' effectiveness in each of the following?

	RATING (TRAINER ONE):	RATING (TRAINER TWO):
Presenting Content <i>Comments:</i>	_____	_____
<hr/> <hr/>		
Answering Questions <i>Comments:</i>	_____	_____
<hr/> <hr/>		
Facilitating Discussion <i>Comments:</i>	_____	_____
<hr/> <hr/>		
Demonstrating Skills <i>Comments:</i>	_____	_____
<hr/> <hr/>		
Responding to Group <i>Comments:</i>	_____	_____
<hr/> <hr/>		
Needs/Concerns <i>Comments:</i>	_____	_____
<hr/> <hr/>		

8. Overall, how satisfied were you with the training?

Rating: _____

Comments:

9. Please indicate any areas in which you would be interested in receiving further information or training.

10. Other comments:

Name (Optional) _____

(This Form was adapted from the evaluation used
by HOMEBUILDERS, Behavioral Sciences Institute,
Seattle Washington)

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BATTERED WOMEN'S LAW PROJECT
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