

Comprehensive Assessment in Abusive Partner Intervention Work

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Center for Court Innovation



Gender and Family Justice



Site Visits



Strategic
Planning



Needs
Assessments



Targeted
Training



Evaluation

Our Team

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Attorneys

Policy
Developers

Victim
Advocates

Social
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Abusive Partner Accountability and Engagement Training & TA

- ▶ Funded by OVW
- ▶ Holistic, trauma-informed civil and criminal responses
- ▶ System-wide responses that are correlated to evidence-based best practices of risk, need, and responsiveness
- ▶ Addressing sustainability, support, and training for programs and community partners to enhance a holistic, coordinated response
- ▶ Holistic responses to women who use force, LGBTQ defendants, teens using dating violence, fathering after violence programs, and culturally specific programming

Our Partners

▶ Futures Without Violence



▶ Expert Consultants:

- Alma Center
- Hon. Berryl Anderson – Dekalb Magistrate Court
- Caminar Latino
- Cheryl Davis – Consultant
- James Henderson – Consultant
- Men Stopping Violence
- Sojourner Family Peace Center
- Wica Agli



ALMA CENTER
Heal. Transform. Evolve.



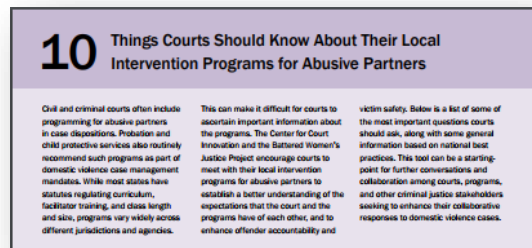
Men Stopping Violence
Working together for a change.



SOJOURNER

Abusive Partner Accountability and Engagement Training & TA

- ▶ Webinars
- ▶ National clearinghouse
- ▶ Training institutes
- ▶ On-site training and technical assistance



Faculty Introductions

Cheryl Davis, DV Consultant



**Terri Strodthoff, Exec. Director,
The Alma Center**



Learning Objectives

- ▶ Describe the risk, needs, responsiveness framework
- ▶ Define the differences between various assessment tools
- ▶ Identify trauma-informed approaches to assessment and program implementation
- ▶ Define best practices related to collaboration and information-sharing of assessment results
- ▶ Discuss emerging strategies for comprehensive assessment in light of COVID-19

Polling Question: Who is on the webinar?

- ▶ What type of agency/organization do you work for?

Guiding Principles for Abusive Partner Intervention

Accountability: Creating systemic and relational pathways for abusive partners to develop responsibility, healing, and hope for themselves, their families, and their communities.



**ACCOUNTABILITY IS
ACTIVE AND
RELATIONAL**



**SURVIVOR VOICES
ARE CENTERED**



**RESTORES HOPE
AND DIGNITY**



**REFLECTS AND
VALUES CULTURE
AND COMMUNITY**



**RESPONSIVE TO
NEEDS AND
STRENGTHS**

Polling Question: Use of assessments?

- ▶ How many of you use assessments with abusive partners in your communities?
- ▶ What assessments do you use with abusive partners in your communities?

Risk in Domestic Violence Cases

Risk of future
violence

Risk of lethality

Risk of non-
criminal activity
that is still coercive

Risk of system
intervention

Others?

Why Should We Care About Risk?

Enter your answer in the chat box.

Why Should We Care About Risk?

Use	Risk-Needs-Responsivity Research: Use risk information to adjust the intensity of the justice system's response to the offender.
Help	Help Victims: Promote service linkages & safety planning especially for victims facing high (or moderate) future risk.
Flag	Flag Lethality: Initiate multi-pronged response if an assessment identifies lethality risk in DV cases.
Officer	Officer Safety: Domestic violence is always dangerous for the victim and can be dangerous for law enforcement

Risk and Abusive Partners

Risk = Risk of Re-Offense

Classic Ways of Operationalizing Risk:

- General Risk: Likelihood of *any* re-offense.
- Risk of Violence: Likelihood of *violent felony* re-offense.
- Risk of Domestic Violence: Likelihood of future DV.
- Risk of Lethality: Likelihood of future (DV) homicide.

Classifying Risk: Low, moderate, high; low, low-moderate, moderate, moderate-high, and high.

Risk Need Responsivity Model

- ▶ **Risk Principle** → *Assess for risk.*
 - Low-Risk: “Do no harm” (minimal intervention).
 - Moderate- & High-Risk: Treat criminogenic & other needs.
 - High-Risk of Future Violence: Consider incarceration.
- ▶ **Need Principle** → *For moderate- and high-risk individuals: Assess for and treat multiple criminogenic needs.*
- ▶ **Responsivity Principle** → *Assess for additional needs & attributes (trauma or other mental disorders) & identify strengths to create individualized intervention response.*

What Are Risk Factors?

General Risk Factors

“Central Eight” Criminogenic Factors

- History of criminal behavior (STATIC)
- Antisocial personality
- Criminal thinking (anti-social beliefs and attitudes)
- Antisocial peers
- Family or marital problems
- School or work problems
- Lack of pro-social leisure/recreational activities
- Substance abuse

DV Specific Risk Factors

- Recidivism
- Lethality

Domestic Violence Factors Associated with Increased Risk of Lethality

- ▶ Increase in physical violence over the past year
- ▶ Respondent/Defendant owns a gun
- ▶ Use or Threatened use of lethal weapon
- ▶ Separation within the past year
- ▶ Unemployment
- ▶ Strangulation
- ▶ Jealousy
- ▶ Controlling behavior
- ▶ Drug/Alcohol Abuse
- ▶ Abuse During Pregnancy
- ▶ Child Abuse Threats
- ▶ Child that is not the biological child of the defendant/respondent
- ▶ Stalking
- ▶ Avoidance of Arrest
- ▶ Victim Belief that defendant/respondent is capable of killing him/her
- ▶ Threats of suicide

Domestic Violence Recidivism Factors

Prior DV related incidents/violations of OPs

Violence towards family members

Suicidal/homicidal

Access to firearms/use of weapons

Obsession with victim

Victim fear of re-assault

Attitudes that condone DV

Recent separation

Failure to complete a mandated batterer program

Overview of Existing Assessments

Lethality Assessment

- Danger Assessment
- Lethality Assessment Protocol
- DA-LE

Recidivism Assessment

- Ontario Danger and Risk Assessment (ODARA)
- Domestic Violence Severity Instrument-Revised (DVSI-R)
- Spousal Abuse Risk Assessment (SARA)

A landscape photograph of a snow-covered field with a dark treeline in the background. The text "The Colorado Model" is overlaid in white on the dark treeline.

The Colorado Model

The Colorado Model: Minimum Information for Offender Evaluation Assessment

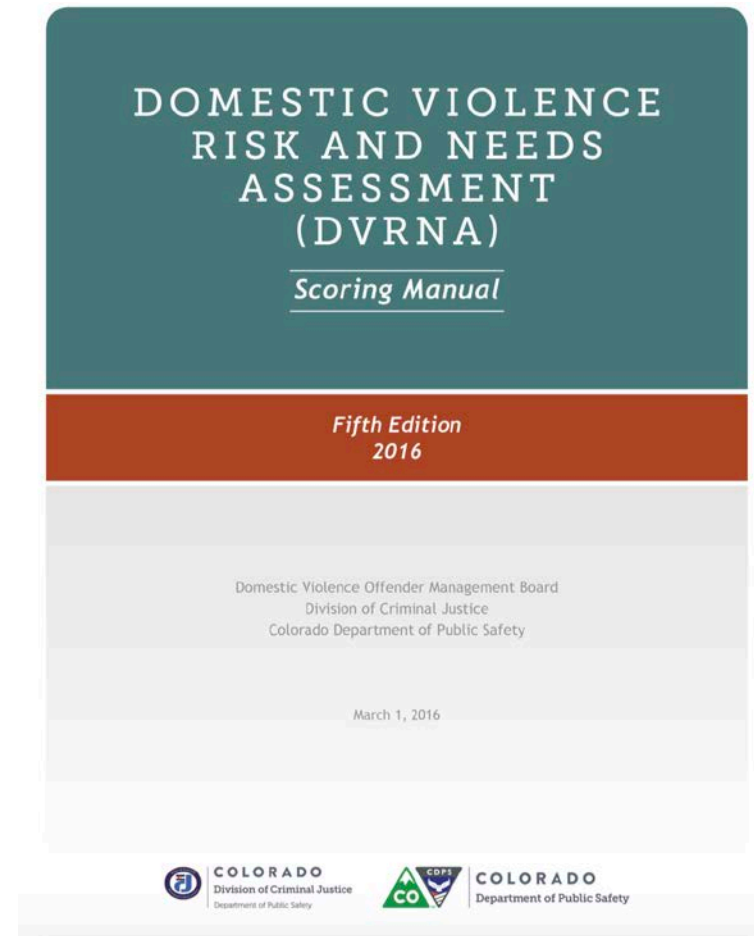
- ▶ Required External Sources of Information
 - Police reports, victim impact statements, criminal history, victim input, etc.
- ▶ Required Assessment Instruments
 - SARA, substance abuse screen, the DVRNA
- ▶ Required Minimum Content of Offender Interview
 - Offender accountability, responsivity factors and criminogenic needs

Why External Sources?

- ▶ Abusive partners can be poor historians
 - Manipulative
 - Deflect
 - Shift Focus
 - Present as Victim
 - Blame Victim
 - Collusion
- ▶ Need external sources of information

Domestic Violence Risk and Needs Assessment (DVRNA)

- ▶ Classify offenders by risk
- ▶ Justify change in level of treatment
- ▶ Face and content validity
- ▶ 8 of the 14 factors are dynamic
- ▶ All domains are based in research
- ▶ Domains have lethality and recidivism factors



Risk Informs Levels Of Treatment

- ▶ Abusive partners are NOT a homogenous group. They differ by
 - Motivation, risk, criminal history, patterns of victimization, response to intervention
- ▶ Treatment varies by intensity
 - Intensity of **contact**
 - Intensity of **content**
- ▶ Levels of treatment can change during treatment

Level A: Low Intensity (0-1 risk factors)

- ▶ Contact – once a week
- ▶ Content – mostly psycho-educational
- ▶ Two treatment plan reviews at minimum
- ▶ No concerns from victim regarding safety
- ▶ No pattern of abuse
- ▶ Intended to be for the population with no history of abuse, an unusual incident
- ▶ Therefore small numbers of offenders
- ▶ Can be moved to Level B or Level C

Level B: Moderate Intensity (2-4 risk factors)

- ▶ Contact – once a week, plus once a month minimum
- ▶ Content – some psycho-educational, cognitive behavioral, therapy
- ▶ Three treatment plan reviews at minimum
- ▶ Some concerns from victim regarding safety
- ▶ Pattern of abuse
- ▶ Intended to be for the majority of offender population
- ▶ Therefore large numbers of offenders
- ▶ Offender cannot be moved to Level A
- ▶ Offender can be moved to Level C

Level C: High Intensity (more than 4 risk factors)

- ▶ Contact – twice a week minimum
- ▶ Content – crisis management, highly focused on victim safety, cognitive skills based
- ▶ Additional core competencies required
- ▶ Three treatment plan reviews at minimum
- ▶ Major concerns from victim regarding safety
- ▶ Pattern of abuse, criminal thinking, antisocial or psychopathic features
- ▶ Intended to be for the higher risk, minority of offender population
- ▶ Therefore small numbers of offenders
- ▶ Offender can move to Level B if risk is mitigated and MTT is in consensus.

Treatment Plan Reviews (Ongoing Assessment)

- ▶ Required offender progress assessments
 - Defined intervals – every 2-3 months
 - Required minimum number depending on level
- ▶ Review progress
- ▶ Revise treatment plan
- ▶ Change level of treatment
- ▶ Provide offender with progress assessment

Key Issues for Assessing Risk

- ▶ All domestic violence is dangerous
- ▶ Assessment instruments should **never be used to ASSUME** the victim isn't in danger
- ▶ Risk is **DYNAMIC** over the life of the case
- ▶ **Informed Decision-Making**: gathering information from as many sources as possible

Trauma is a risk and responsivity factor.

What is Trauma?

- ▶ Experiences that are emotionally, psychologically, spiritually painful and distressing and that **overwhelm** an individual's capacity to cope.
- ▶ When internal and external resources are inadequate to cope with external threat, the experience is one of trauma.
- ▶ The **powerlessness** that a person experiences is a primary trait of trauma

(Van der Kolk, 2005)



Adverse Childhood Experiences

Personal & Household Adversities (Conventional ACEs)	Community Adversities (Expanded ACEs)
<ul style="list-style-type: none">• Physical abuse• Substance using household member• Emotional abuse• Mentally ill household member• Witnessed domestic violence• Sexual abuse• Incarcerated household member• Emotional neglect• Physical neglect• Parents divorced or separated	<ul style="list-style-type: none">• Witnessed violence• Felt discrimination• Unsafe neighborhood• Experienced bullying• Lived in foster care

ACEs and APIP Participants

- ▶ A recent study highlights the adverse childhood experiences of 15 participants in an abusive partner intervention program in Kansas
 - psychological (73.3%), physical (86.7%), and sexual (13.3%) abuse;
 - emotional (73.3%) and physical (20%) neglect;
 - parental separation or divorce (i.e., parental loss, including abandonment and death (86.7%))
 - witnessing violence against mother or stepmother (40%)
 - living with household members who were substance abusers (46.6%), mentally ill (26.6%), or ever incarcerated (13.3%).
- ▶ ACEs associated with:
 - intense adverse emotions (e.g., sadness and fear)
 - development of beliefs and attitudes linked to low self-worth, self-blame, feelings of powerlessness, and beliefs that justified use of physical violence.

(Hoskins, N., & Kunkel, A. (2020))

Overview of Interpersonal, Systemic, and Structural Trauma and Oppression

Interpersonal

- Childhood sexual abuse
- Childhood physical abuse
- Verbal/emotional abuse
- Domestic/sexual violence
- Rape
- Neglect

Systemic

- Court
- Foster care
- Education
- Incarceration
- Police/law enforcement
- Health care

Structural

- Racism
- Poverty
- Sexism
- Homophobia
- All other -isms

Why Does Trauma Matter?

- ▶ World View
- ▶ Adaptive Behavior
- ▶ Triggers
- ▶ Brain Development
- ▶ Repeating the Cycle



Why Does Trauma Matter?

An evidence-informed hypothesis



Big Four Criminogenic Needs

Criminogenic Need	Risk
Anti-Social Cognitions	Attitudes, values, beliefs & rationalizations supportive of crime (e.g., lack of trust, lack of empathy, negative attitudes toward authority, need to be in control, ends justify means); cognitive emotional states of anger, resentment & defiance
History of Anti-Social Behavior	Early and continued involvement in risk-taking, anti-social (e.g., confrontational, belligerent, destructive) and/or illegal behavior
Anti-Social Personality	Risk-taking, pleasure seeking/immediate gratification, weak self control, restlessly aggressive
Anti-Social Associates	Close association with criminals & relative isolation from pro-social people



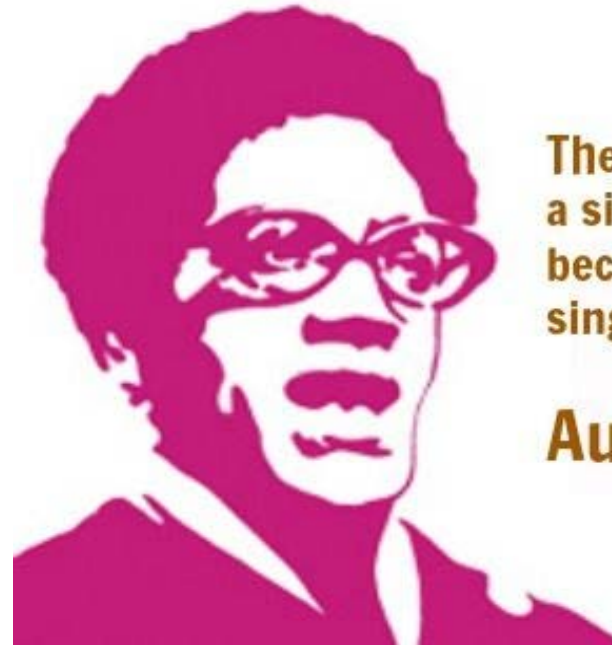
Trauma and Criminogenic Need

Impact	Criminogenic Need
Negative World View	Anti-Social Cognition
Survival Adaptive Behavior	History of Anti-Social Behavior
Brain Development	Anti-Social Personality
ACEs Happen in Family	Anti-Social Associates



Additional Impacts of Trauma

- ▶ Affects mental & physical health
- ▶ Contributes to substance abuse
- ▶ Can contribute directly to criminal behavior
- ▶ Influences interactions with and response to staff, services & the legal system, as well as our response to them



There is no such thing as a single-issue struggle because we do not live single-issue lives.

Audre Lorde

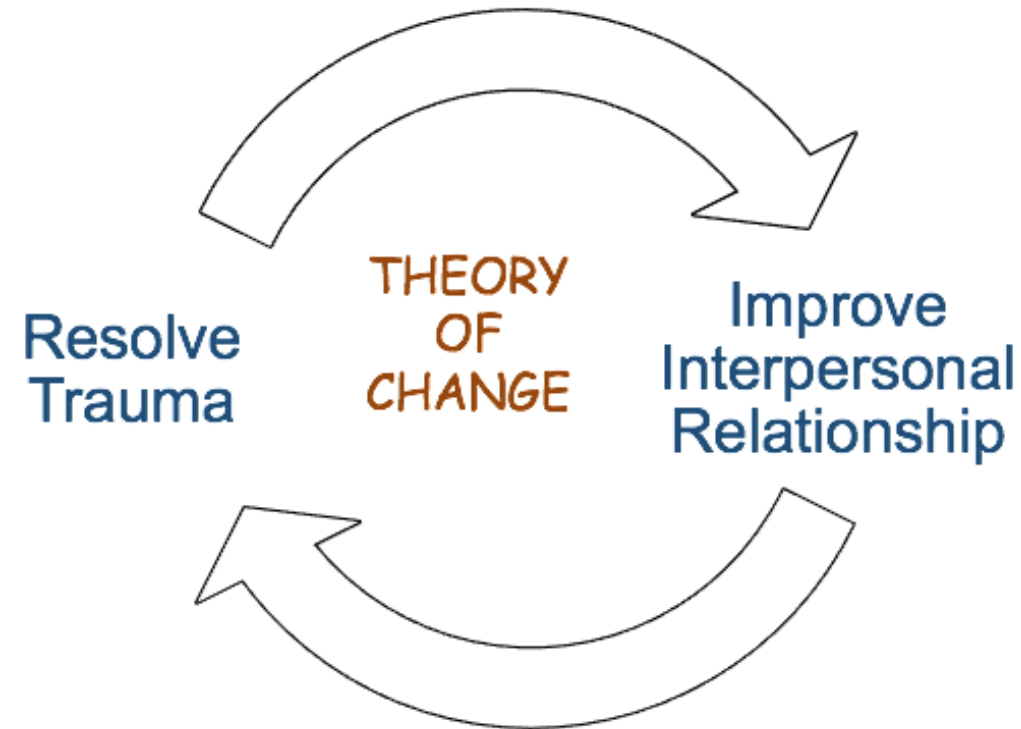
Context is Critical – Women Who Use Force

- ▶ Includes both legal and illegal use of force in **response to trauma (coercive and controlling tactics by an abusive partner)**
- ▶ Part of a victim's broader strategy/motivation to stop/contain abuse
 - Engaging in self-defense
 - Responding to fear
 - Protecting children
 - Reclaiming a sense of self
 - Gaining short term control
 - Expressing emotion
 - Retaliating for past abuse
 - Part of a victim's broader strategy/motivation to stop/contain abuse
- ▶ Consider: Who has the power? Who is in control? Who is afraid of whom? What is their motivation?

Predict Risk by Assessing Severity of Unresolved Trauma and Understanding the Impacts



The Alma Center's Theory of Change



Assessing for Trauma

- ▶ Adverse Childhood Experiences Scale
- ▶ Professional judgement during intake
 - Participant's story of his relationship and/or incident
 - World View (e.g., victim consciousness or victor consciousness)
- ▶ Instinctual Trauma Response

Now that we know, how do we respond?

Trauma-informed care!

- ▶ Rethinking as human-informed care – we are humans working with humans
- ▶ Upholding a trauma framework helps us understand how our clients feel, behave, and present with themselves, others, and their communities
- ▶ Incorporating a trauma-informed approach allows the helper to connect with the client

Trauma-Informed Strategies

- ▶ Comprehensive assessment including adversity assessment or trauma screen
- ▶ Trauma-informed interviewing techniques (e.g., motivational interviewing)
- ▶ Person-centered, strengths-based treatments based on needs (i.e., not one-size-fits-all approach)
- ▶ Incorporate mindfulness (e.g., breathing exercises) and coping strategies to manage emotional and behavioral responses to triggers
- ▶ Facilitators must understand, recognize, and respond to the effects of trauma; create a safe environment, build trust, and demonstrate authentic partnership

(Voith et al., 2019)

Let's Talk About Hope

Assessing for Hope

- ▶ Recent research on men in an abusive partner intervention program in Baltimore found that “No hope for the future” was the greatest contributor to IPV perpetration. (Holliday et al., 2018)
- ▶ More than 2,000 studies have been published on the psychology of hope, and they all show that hope is the single best predictor of well-being (Hope Rising, 2019).

Hope Scale



WAYPOWER



GOALS



WILLPOWER

Strategies for Building Hope and Resiliency

▶ **Healing Focused Care**

- Acknowledge and respond to trauma and oppression; provide psychoeducation on trauma and oppression
- Enhance systems of support and build trust and safety
- Practice and teach emotional and behavioral regulation ourselves
- Build self-capacity and opportunity for problem solving and critical thinking
- Meaning-making – find a sense of purpose and future goals

▶ **Compassionate Inquiry**

- What happened? What is the impact? What experiences does it remind you of? What is your genius that helped you survive/thrive?

▶ **Relational Accountability**

- Be empathetic
- Set expectations for choices and behaviors
- Support participants in recognizing behavior as a choice

▶ **Motivational Interviewing**

- Identify strengths
- Hold space for sifting through hard experiences
- Approach with curiosity
- Encourage critical thinking -- pushing men to “dig deeper” to where their patterns come from

Comprehensive Assessment: COVID 19 considerations

- ▶ **Practicing:** Doing assessments remotely
- ▶ **Collaborating:** with advocates to discuss safety considerations
- ▶ **Acknowledging:** the traumatic impact of COVID 19 on communities, families and individuals
- ▶ **Remembering:** Risk is dynamic
- ▶ **Asking:** How can we build hope and resiliency in the context of a pandemic

Taking it Home!

Remember...

Risk-Needs-Responsivity

Trauma and Criminogenic Needs

Hope Matters!

Taking it Home!

How does comprehensive assessment fit into our coordinated community response?

Advocates

Probation

Law Enforcement

Abusive Partner Intervention Programs

Courts

Civil legal services

Child Protective Services

Supervised Visitation Centers

Prosecutors

Questions?

- ▶ Type your questions in the chat box

If your community wants to enhance its response....what can we do? Who can help?

- ▶ Identify who needs to be at the table
- ▶ Community self-assessment
- ▶ Upcoming webinars
- ▶ Upcoming training institutes
- ▶ National clearinghouse
- ▶ On-site technical assistance



Abusive Partner Intervention and Engagement Self-Assessment: Revisiting Goals, Challenges, and Progress in Community Responses

What is a Self-Assessment?

For communities that have an abusive partner intervention program, a self-assessment is an opportunity to revisit the values, goals, and objectives your community has in place for offender accountability, engagement and programming, the overall progress toward these ends, and the role of the community in supporting programs. A self-assessment works well as a follow-up to any programmatic or domestic violence coordinated community response changes. Many communities find that their values and goals may change or that the daily practices in abusive partner intervention programming evolve over time. A self-assessment provides a guided opportunity for programs and their communities to reflect on current practice, compare it to their original goals, and collaborate to ensure victim/survivor safety and offender accountability.

Contact Us

- ▶ Email us at dvaccountability@courtinnovation.org
- ▶ Visit our national clearinghouse at <https://www.courtinnovation.org/abusive-partner-resources>