

ACCOUNTABILITY AND CONNECTION WITH ABUSIVE MEN

A NEW CHILD PROTECTION RESPONSE
TO INCREASING FAMILY SAFETY

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THE MASSACHUSETTS DEPARTMENT OF SOCIAL SERVICES' DOMESTIC VIOLENCE UNIT (DVU)

More than thirteen years ago, Massachusetts was the first state in the country to develop and implement a response within a state child protection agency to the co-existence of child abuse and domestic violence. The core mission of the Domestic Violence Unit (DVU) is to improve the ability of child protection workers to respond effectively to children and families affected by domestic violence. The DVU now has several components, which include consultation on high risk cases, oversight and development of services for families and practice and policy reform. Domestic Violence Specialists remain at the center of the DVU as advocates – for families and for systems change.

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After years of struggling with how to deal with abusive partners in Child Protective Service (CPS) cases involving domestic violence, the Domestic Violence Unit enlisted the help of Fernando Mederos to begin a dialogue and build a knowledge base of working with abusive men within a CPS context. This document brings together extensive knowledge from the fields of child protection, domestic violence and intervention with men who batter. Lonna Davis, former manager of the DVU, had the vision to bring together this emergent knowledge and provide guidance for CPS in the form of a document. Several years later, with a great deal of input from practitioners in the DVU and in the field as well as state and national practitioners, this vision has come to fruition.

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INTRODUCTION

Celia, a Child Protective Services caseworker, is investigating a report of potential child neglect. A neighbor has reported that he saw Daniel, the four-year-old boy next door, cowering near the garden shed in his pajamas late one winter night. Celia interviews the boy's mother. She learns that there is domestic abuse in the home, and that Daniel's mother sent the boy outside to keep him safe during a violent fight. Celia is confronted with an all too common scenario for CPS workers. Her ultimate goal is to ensure the safety of the child. She knows she can safety plan with Daniel's mother and can offer resources to help her leave this dangerous environment. But is that all she can do? What can she do about the father, the man who is ultimately responsible for the abuse? What can Celia do to help him stop his violent behavior from happening again? How can he be held accountable for his actions? She knows she needs to talk with Daniel's father. Is he going to be hostile? Avoidant? Willing to talk? How can she approach him in the best way? What can she offer him?

The overlap between domestic violence and child abuse is well documented: where one form of family violence exists, there is a likelihood the other does as well¹. In one review of 200 substantiated child abuse reports in Massachusetts, 48% of the cases could not be closed due to risk posed by domestic violence². Another survey of more than 6,000 American families found that 50% of men who frequently assaulted their wives also frequently abused their children³. A third study, in Oregon, showed that domestic violence was present in 41% of families experiencing critical injuries or death due to child abuse and neglect⁴.

Child protection workers have become more and more aware of the co-occurrence of these forms of family violence, and in recent years have begun to change their practice to reflect this reality by reaching out to the mother, offering her services, and working with her to find solutions to keep her children safe. However, our best efforts with victims of violence have fallen short. Too often, men remain invisible in discussions and interventions about how to handle these complex cases and subsequently, women have been held solely responsible for undoing the harm done to them and their children. Clearly, we cannot increase family safety without involving men in the process.

This document is an effort to remedy the excessive focus on mothers in cases involving domestic violence. It provides suggestions for connecting with and holding abusers accountable. This

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guidebook captures a decade of research and practice wisdom on strategies for intervening with and engaging men in the context of child protection. It is a resource for child protection workers, supervisors, managers and others working with families involved in the child protection system. It provides a comprehensive understanding of what domestic violence is and how it often manifests itself in cases involving child abuse and neglect.

The initial goal of this document was to provide workers with a framework for holding abusers responsible for the harm they cause their families, to teach them how to interview abusers and to make suggestions for appropriate service planning. However, over time it became clear that the task was more extensive. It was necessary to address many areas of confusion and uncertainty in practice, such as the fact that:

- a) “battering” is not a psychological diagnosis, but a behavioral profile that is usually evident in the case record;
- b) race, culture and class stereotypes can be an obstacle to good practice, but that aspects of culture can be motivators of change for abusers;
- c) child protection workers need a dangerousness assessment framework that is suited to information sources that are readily accessible to the CPS system; and
- d) dangerousness assessment and safety planning should address risk for the mother and the CPS worker.

When child protection workers and others learn how to hold men who use violence accountable for their actions and how to direct them to appropriate resources – that is, how to provide both sanctions and support – they are much better equipped to find real, long-term solutions to complex problems – and they have a better opportunity to increase safety and improve the well-being of children, women, families and communities.

** The U.S. Department of Justice estimates that more than 90% of all victims of domestic violence are women and most perpetrators are men. Because of this, this guidebook uses “she” when referring to victims and “he” when referring to abusers. The information in this document is specifically designed for intervening with men who abuse women.*

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I. A BEHAVIORAL DEFINITION OF AN ABUSER

CHAPTER HIGHLIGHTS:

- A physically abusive man or an “abuser” is someone who has a consistent pattern of coercive control of an intimate partner. Coercive control includes different forms of:
 - Psychological abuse
 - Intimidation
 - An inflated sense of self-entitlement
 - Physical or sexual abuse.

This is a behavioral profile.

- There is much variation with respect to the levels of physical and other forms of abuse among abusers. Physically abusive men are a diverse group whose level of abusiveness and dangerousness varies widely. These men have different levels of potential for change and for appropriate fatherhood.
- The behavioral profile also comes into play in the abuser’s interactions with children. The abuser may be intimidating, psychologically abusive, or self-entitled with a child. Children can be manipulated into becoming “co-abusers” and encouraged to disrespect, ignore and assault their mothers. They can be used to monitor their mothers and report on their activities or whereabouts. The children may be physically or sexually abused themselves. Abusers can also use systems such as CPS, juvenile and probate courts and child custody cases to coerce, threaten or punish battered women.
- Many physically abusive men lack a criminal record for violence against intimates or strangers. A “clean” record does not mean that a person is not physically abusive. Many highly violent, long-term abusers do not have records. Furthermore, convictions that appear in the criminal record may understate the abuser’s dangerousness or capacity for violence. The record may reflect only a few incidents that have come to public notice.
- Determining whether a client is abusive is not a clinical decision, but a determination based on reviewing information provided by collateral sources, talking with the alleged abuser and/or victims and by observing and documenting abusive or coercive conduct witnessed by social workers and other CPS personnel. The determination should focus on whether there is reasonable evidence of a pattern of coercive control on the client’s part.

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A. DEFINITION OF AN ABUSER

In this document, “physically abusive man,” “abuser” or “batterer” refers to someone whose behavior reflects an ongoing pattern of coercive control that typically involves:

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

Intimidating behaviors are actions that instill fear. Such behaviors have a wide range. They vary from subtle acts such as looks, changes in tone of voice and “body language” or posture, or constant interruptions when another attempts to speak, to more severe acts such as rageful behavior, swearing, threats of physical harm to the partner or others, screaming, throwing things, etc.

Psychological abuse is an attack directed against another person’s self-confidence and self-esteem. It involves behaviors that range from constant criticism, ridicule, jealous accusations and a hostile inability to tolerate disagreement, to undermining a mother’s authority with children, constant accusations of infidelity, monitoring of her whereabouts and demanding that she account for her time, humiliating her in public or in front of her children, etc.

An inflated sense of self-entitlement involves demanding services from another person. Behaviorally, it may include pressure through a series of behaviors— ranging from abusive reactions when a partner fails to meet the abuser’s expectations, to repeated demands (not taking no for an answer) to giving direct orders and resorting to violence— in order to have the victim yield in arguments, be generally compliant, or provide household services, child care or sexual contact. Abusive self-entitlement can also include economic exploitation and/or one-sided control of financial resources. Furthermore, since many men have greater financial resources than their partners, they may also use systems to harass and intimidate. For example, there may be a long custody dispute that is combined with frequent child abuse reports against a partner. This may include use of the criminal and probate court motions.

Inflated self-entitlement can be indirect, such as when an abuser does not directly state his expectations, but reacts strongly when his partner does not meet his unspoken expectations. Direct self-entitlement is often obvious and dramatic. It involves more transparent behaviors such as giving orders or telling a woman she must comply in some manner because she is the “wife.” These manifestations of entitlement will vary among men from different cultures. This issue is discussed at length in the next chapter.

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However, whether the inflated self-entitlement is indirect or direct is not an indicator of dangerousness or capacity to change. Self-entitlement reflects culturally-based gender expectations, but it is not indicative of dangerousness. A man may insist that he hit his partner because she is his wife, but this makes him no more dangerous than another who denies all violence or who claims that he “lost control.”

The physical abuse that occurs in battering relationships varies in type, frequency and severity. It ranges from less severe assaults like pushing, slapping and throwing things at someone, to injuring pets, assaulting children, marital rape and homicide. As long as the potential for violent behavior remains, it is an active force in the relationship. The physical abuse may have occurred recently or it may have occurred in the past. Domestic violence usually gets worse over time, and does not go away on its own.

Psychological abuse isolates victims of violence and erodes their self-esteem. It tends to make them more vulnerable to coercion and weakens their capacity to resist the abuser’s controlling conduct. Intimidation, by constantly evoking the threat of violence, pressures many women to become less assertive and to hold back in many ways with their partners as a means of self-protection. An inflated sense of self-entitlement reveals itself in the abuser’s unrealistic expectations and his pressure to comply. Violence cements the abuser’s control and magnifies the impact of psychological abuse and intimidation.

It is important to keep mind that children are often caught in the abuser’s pattern of coercive control in child protection contexts: they can be subject to intimidation, fear and psychological abuse, and they can suffer neglect through the abuser’s preventing access to medical or other forms of care. Children can be made into “accomplices” in the man’s strategy of coercive control of the victim: abusers sometimes encourage children to disrespect their mothers (psychological abuse) or to assault them (physical abuse). They can be victims of physical or sexual violence and other forms of abuse themselves. They can be used to pressure mothers to stay in a relationship, to reveal their mother’s whereabouts or to report on her activities. Child visitation can be utilized to obtain access to mothers. Many abusers use systems such as the juvenile and probate courts and the child protection system to punish battered women through struggles for custody. All of these behaviors place children at risk—they harm children, traumatize them, model highly dysfunctional ways of being in relationships and cause neglect.

Familiarity with the different manifestations of intimidation, psychological abuse, inflated self-entitlement and physical abuse is essential for good case practice and for understanding the controlling and coercive tactics abusers employ.

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“The key question is whether the available information provides documentation of a *behavioral pattern* of coercive control directed at women and children.”

It is essential to be able to determine whether someone is an abuser. (See Chapter 3 for a comprehensive discussion on characteristics of abusers.) Determining whether someone is a batterer is not a clinical decision. It is not a diagnosis of a psychological disorder, but an assessment based on reviewing information provided by collateral sources (such as child abuse reports and criminal, mental health and medical records), by the alleged abuser, by victims and/or children and by observing and documenting abusive or coercive conduct that appears in meetings with social workers and other CPS personnel. The key question is whether the available information provides documentation of a behavioral pattern of coercive control directed at women and children. Does the information provide the basis for a reasonable conclusion that there is an ongoing pattern of intimidation, psychological abuse, intrusive and inflated self-entitlement, and physical abuse?

It is important to stress that “physically abusive man,” “abuser” and “batterer” are neither psychological diagnoses nor adjudicated designations dispensed by the criminal justice system. As with child abuse, the criminal justice system is incident-driven and it records only incidents about which there is sufficient evidence to successfully prosecute in an adversarial legal environment. Many men who are physically abusive are never arrested or brought to trial despite a long history of violence toward a partner. A 10-year follow-up study of physically abusive men and their spouses⁵ found that on the average, 30 assaults occur for each arrest, so an absence of convictions for assault or for violations of protective orders does not signify that a person is not an abuser. In effect, the criminal record may omit an abuser’s history of violence or it may reflect only a small portion. Most importantly, the lack of a record does not mean that a client is not an abuser.

Likewise, there is no unitary set of psychological traits or psychological diagnoses that are universal to physically abusive men, nor is there a diagnostic category for intimate abuser in The Diagnostic and Statistical Manual of the American Psychological Association, Vol. IV (APA, 1998)⁶. As we will see in Chapter 3, abusers have various psychological profiles. The majority of physically abusive men do not have pronounced psychopathological traits and few have major mental illness. An abuser is someone who fits the behavioral profile of an ongoing pattern of coercive control involving various forms of intimidation, psychological and physical abuse. Many physically abusive men have some level of depression or post-traumatic stress disorder—this does not mean that they are not abusers.

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CONCLUSION

An abuser imposes a pattern of coercive control upon his partner, which can include psychological abuse, intimidation, an inflated sense of self-entitlement, and physical violence. This coercive control affects the abuser's partner, and has a significant impact on the children in the house as well. Within the broad definition of an abuser, there is a wide range of individuals with varying patterns of behavior and levels of dangerousness. Abusers may or may not have a criminal record. Determining whether someone is an abuser is a decision to be made based on an examination of a number of collateral materials, as well as interviews with the man, his partner, family members and other social service, law enforcement and judicial professionals who have had interactions with the family.

II. DOMESTIC VIOLENCE AND RACE, CLASS, CULTURE AND ETHNICITY: BASIC CONSIDERATIONS AND KEY PRACTICE ISSUES

CHAPTER HIGHLIGHTS

- Domestic violence occurs in heterosexual, gay and lesbian intimate relationships, among all ethnic and racial groups, and in all socio-economic and educational levels.
- Poverty is associated with higher reported levels of violence for all racial and ethnic groups. This highlights the importance of providing economic resources to low-income women in abusive relationships (such as assistance with housing, shelter and emergency aid such as clothes, food and transportation). Economic resources may help victims protect themselves or leave a violent relationship.
- The association between poverty and higher reported levels of intimate partner violence suggests that there is a positive connection between employment, vocational stability and the capacity to resist engaging in or escalating violent behavior in a relationship.
- Race and ethnicity are not associated with higher reported levels of domestic violence, but certain racial and ethnic groups are disproportionately impacted by higher levels of economic disadvantage and adverse life circumstances. These factors can act as an additional stressor for men and can complicate the change process for them.
- In each culture, there are values, traditions and practices that facilitate abusive and coercive relationships, and there are also values, traditions and practices that support and promote functional and respectful relationships. It is important for child protection workers to become knowledgeable about these aspects of different cultures and be able to use protective resources of diverse cultures in their interventions with men and with families in general.
- With respect to physically abusive men of color, it is important for social workers to take care to separate the men's culturally-based explanations or justifications for violent conduct from assessments of dangerousness. Culturally-based explanations or excuses for violent behavior should not be used as primary indicators of dangerousness or of capacity to change, since cultural origin is not a predictor of capacity for violence. Racial and cultural differences in how men and women experience, explain or justify domestic violence challenge social workers to become aware of their own culturally-based assumptions about domestic violence and to avoid applying these assumptions in practice with diverse populations.

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SCENARIOS: WHAT WOULD YOU DO?

Read the following scenarios, keeping in mind two basic questions:

- How could the issues of culture and class affect the CPS worker's intervention?
- How could these issues affect the response to the CPS worker?

SCENARIO

1 Angela, a Caucasian CPS worker, is assigned a family in which there is both suspected child abuse and domestic violence. The family is from Colombia and has lived in the US for six months. The wife is able to communicate well in English, but it is unclear to Angela how much her husband understands the conversations during the interview process. In separate interviews with the wife and husband, the wife confirms an abusive marriage, and the husband acknowledges that he has hit his wife in the past. Angela asks questions to determine the extent of the abuse, the level of danger the wife and child may be facing, and the husband's potential for changing his behavior. He is polite and agrees with most of what she says to him, without elaboration. She drafts a service plan that includes a Batterers' Intervention Program. At the last meeting with the husband, he signs the plan, nodding and saying, "Yes, I understand." Angela feels good about her work on the case: the family has agreed to all of her recommended interventions, and acknowledged the abuse. And yet, she comes away from the meeting with a nagging feeling that she can't quite put her finger on.

SCENARIO

2 David, a Caucasian CPS worker, investigates a case of child neglect with co-occurring domestic violence in an African American family. David experienced the father as hostile in the interview process. The father says he is sick of the system being so stacked against him because he is Black, and that he doesn't see why he should even bother talking to David. Besides, he says, his wife provokes him into arguments, disrespects him in public, and goes out all day with her friends instead of taking care of the household. David feels that the man has not talked at all about his responsibility for his violence, seems aggressive, and shows no apparent interest in changing his behavior. David takes these as indications of a high level of dangerousness, and drafts a service plan with rigid oversight and significant interventions.

SCENARIO

3 Isabel, a Caucasian CPS worker, is called to investigate child abuse in a Caucasian, middle class family. She interviews the mother, who tells her that her husband threw a vase at her and it hit her in the head. She appears nervous and unresponsive. When Isabel interviews the husband, he admits that he threw the vase, but says he was upset and that he meant to throw it at the wall. He says that his wife can be quite dramatic in

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recounting her stories. He would never hit his wife, he says, and is embarrassed that social services has been brought into a situation that was essentially an accident and will never happen again. While Isabel believes the wife and thinks that he meant to hit her with the vase, the husband seems calm now and Isabel doesn't think the behavior is a part of a pattern. She recommends anger management for him, but does not send him to a batterers' treatment program.

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CPS workers encounter a tremendous diversity of families in which domestic violence surfaces in the child protection caseload. Effective social work practice in this arena challenges supervisors and social workers to intervene strategically and knowledgeably with men whose patterns of abusive behavior are influenced by a range of cultural backgrounds and life experiences. These men (and their families) use various resources and cultural strengths to heal from abuse or to keep abusers in check. On the other hand, cultural background and adverse life experiences can facilitate or intensify oppressive relationships toward women. It is important for supervisors and social workers to develop some understanding of these differing factors and to use them in their interventions with abusers and with their families. Effective social work practice also calls for supervisors and social workers to become aware of their own assumptions about the connection between domestic violence and race, class, and ethnicity. Depending upon their background, supervisors and workers may experience and understand domestic violence in different ways and have different ideas (or assumptions) about abuse—whether there is more or less domestic violence within certain ethnic or racial groups, what victims of violence may need, what can help abusers change, and so on. Child Protection staff need to become aware of these assumptions and be exposed both to a range of possible contexts for domestic violence in different cultures and to a broad variety of intervention strategies. The goal of this section is to:

1. Provide basic information about the correlation between race, class, culture and ethnicity and reported levels of domestic violence.
2. Point out some of the most frequently encountered misunderstandings and assumptions about men of color and domestic violence.
3. Highlight significant cultural and life context issues that should be explored when working with men from diverse cultural backgrounds.

“Race and culture are not, in fact, associated with higher levels of intimate partner violence.”

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Practices that maximize accountability for these abusers and safety for victims and their children are outlined as each of these areas is discussed. Practice recommendations are presented in **bold text**.

WHAT ARE THE CONNECTIONS BETWEEN RACE, ETHNICITY, CLASS AND DOMESTIC VIOLENCE?

Battering occurs in heterosexual, gay and lesbian intimate relationships, among all ethnic and racial groups, and in all socio-economic and educational levels. However, there is a common assumption that men from some groups are more violent—that in some cultural, ethnic and racial groups, physical abuse of women by men is more prevalent or that violence is more acceptable in certain cultures. Higher rates of domestic violence have, in fact, been reported for African American and Latino populations and other ethnic and racial minority groups as compared to Caucasians. In addition, African Americans and Latinos and other ethnic and racial minorities represent a disproportionately high number of the domestic violence cases that enter the child welfare caseload or the criminal justice system. However, these differences essentially disappear when sample groups of different racial and ethnic origin are grouped according to income, age and employment levels⁷. In other words, race and culture are not in fact associated with higher levels of intimate partner violence.

Nevertheless, poverty is a factor, although most low income and poor families are not characterized by domestic violence. Any racial or ethnic group that is affected by poverty, unemployment, under-employment or low educational attainment will have higher reported levels of domestic violence. As poverty becomes more acute, the level of violence increases in a fairly consistent way across ethnic/racial groups⁸. Research has not clarified the reasons for this difference. It is possible that poverty acts as a stressor for lower income men, thus intensifying their levels of violence. And, it is possible that more violence is reported by low income battered women because they seek help through the criminal justice system more often or because they enter the child protection caseload more frequently due to their lack of economic resources to escape violent relationships. What is certain is that the correlation between poverty and reported rates of domestic violence highlights the importance of viewing poverty as an obstacle to a mother's capacity to access resources to protect herself and her children. **Therefore it is crucial to address poverty and resource-related issues such as shelter, financial assistance and transitional housing in case practice with abused women in the CPS caseload.**

What are the practice implications for understanding that higher levels of intimate partner violence are not associated with any cultural or racial group? It is important for workers, supervisors and other CPS personnel to reflect on their own "cultural filters" as they engage with families from diverse backgrounds. Do they find themselves thinking that men from certain groups are more

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violent? Or that abusers from certain groups are less likely to change? Do these beliefs affect the choices made in service planning with some abusers, either by making interventions more severe or less aggressive? It is helpful to keep in mind that all cultures have traditions, practices and values that facilitate domestic violence and that all cultures also have traditions, practices and values that facilitate respectful, functional intimate relationships. The following sections provide suggestions for case practice with abusers that help practitioners overcome their cultural filters and that take into account the protective strengths of different cultures.

“The correlation between poverty and reported rates of domestic violence highlights the importance of viewing poverty as an obstacle to a mother’s capacity to access resources to protect herself and her children.”

ASSUMPTIONS ABOUT MEN OF COLOR AND DOMESTIC VIOLENCE AND IMPLICATIONS FOR PRACTICE

The commonly held assumption that men from certain cultural and racial minority populations have higher levels of spousal abuse stems in part from culturally-based misinterpretations of men’s “self-entitled” behaviors. Self-entitlement is the pattern of expectations that people have of others in relationships. Abusers typically have disproportionate, one-sided and intrusive expectations of their partners: they usually have an exaggerated or inflated sense of self-entitlement. Men from different cultures have various role expectations of self-entitlement with respect to women.

In some societies, men’s self-entitlement is more direct. They often say they expect their partners to obey and that they have a right to use violence against her if she “rebels.” Instead of denying their behavior, they say that their partner was disrespectful, that she argued or yelled or that she refused to do what he told her to do. Men who have a direct sense of inflated self-entitlement sound more convinced of their right to be violent and are usually viewed as more dangerous.

In other societies, the self-entitlement is more indirect: men may not directly state what they want their partners to do, but they may react angrily or abusively when their expectations are not met. Instead of claiming that they have a right to use force with their partners, they usually deny and minimize their abusive behavior. They also say that their partner provoked them or made them lose control and launch into a story of how disappointing, irresponsible and worthless their partners are. Men who have an indirect sense of self-entitlement sound less dangerous and more likely to change, though their abusive and violent behavior is just as harmful.

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In Caucasian culture it is more common for men to have an indirect sense of self-entitlement, while a direct sense of self-entitlement is more common among African Americans, Latinos and other men of color. This factor tends to drive the assumption that men of color are more violent than Caucasian men, and this assumption creates problems in practice. It affects service planning, perceptions of risk and decision-making about how to engage with men, whether to interview them, and so on. The tendency may be either to “throw the book” at some men based on the nature of their sense of self-entitlement (be more strict about service plan requirements) or to let some of these men “off the hook” (assume that they really believe in violence, so nothing can be done).

In reality, the directness or indirectness of a man’s self-entitlement is not an indicator of his dangerousness or of his capacity to change.

The practice issue is that the more reliable indicators of dangerousness are factors such as past history of violence (including severity and frequency of assaults), whether there is a pattern of substance abuse or intoxication that accompanies assaultive behavior and past violations of restraining orders, and other indicators such as these that are behavioral and not culturally loaded. It is crucial to think about this distinction and apply it carefully in practice. For example, a Latino man was arrested (and a child abuse report was filed) after he hit his partner when he came home at 3:00 AM on a Saturday morning. He got her up and asked her to make food for him and she refused. This led to an argument that ended with his hitting her. When questioned about what he did, he stated that he expects his wife to respect him and that he had to remind her that he’s the man of the house. On the other hand, a Caucasian man was arrested (and a child abuse report was filed) after he hit his partner when he came home late from work. He had been late frequently after repeated promises to be back home on time. His partner was particularly angry at him on this occasion because they were expected at her mother’s for a special dinner. When questioned about what he did, he stated first that he had not touched her. Then he admitted “getting physical” and explained that she was yelling in his face, that she insulted him in front of the children and that he just lost control.

On the face of it, the Latino man sounds more violent. He does not deny hitting his partner and explains his conduct as a way of maintaining his position or authority in the home. In contrast, the Caucasian man does not justify his conduct. First he denies his behavior, and then he explains that he lost control as if hitting his partner were the exception, not the rule. **In practice, an assessment of dangerousness should not center on these justifications or explanations for abusive or violent conduct. Instead, the assessment should revolve around these questions:**

1. What was the level of violence and/or injury in this incident? This addresses issues of severity of violence.
2. Have there been other incidents of violence? How often and how severe have these incidents

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been? These questions address issues of frequency and severity, which are more objective indicators of dangerousness.

3. Can the abuser change his behavior? As CPS involvement progresses, can he acknowledge that his partner has a right to disagree, argue, get mad, refuse to meet his expectations, etc. without reacting with violence or coercion?

The assumption that men from certain cultural and racial minority populations have higher levels of spousal abuse and are more dangerous also arises because many men of color attempt to use their native culture as an excuse for assaultive behavior: “I have a right to tell her what to do—it’s the way we do things.” “Where I come from everybody does it.” “It’s just about being a man. This is normal.” “All men from (back home) beat their wives.” Though they are misrepresenting their culture, their hope is that this explanation or justification for their behavior will be believed and they will not be held accountable. Field experience has shown that if CPS personnel accept the idea that violent behavior is normal in certain cultures, the men’s potential for change may be overlooked and partners will unfairly become the focus of all attention. Consequently, men’s service plans may not reflect sufficient emphasis on obtaining treatment and the partners’ service plans may unduly stress restraining orders, reliance on the criminal justice system and shelter. **The practice issue is that it is important both to consistently attempt to hold all abusers accountable for stopping abusive behavior and to avoid displacing responsibility for the man’s behavior onto his partner.** If an abuser says something equivalent to “This is what all men from my culture do,” it is important to understand that he is trying to avoid responsibility for his conduct and that he is presenting a distorted and self-serving picture of his culture. CPS supervisors and workers have a responsibility to familiarize themselves with the cultural backgrounds of their clients so that they can resist such arguments. They can also seek key informants from different racial and ethnic groups who can provide a balanced perspective and help CPS personnel.

“The more reliable indicators of dangerousness are factors such as past history of violence (including severity and frequency of assaults) and other indicators that are behavioral and not culturally loaded.”

Finally, when men of color are considered more violent, there is no effort made to identify and understand elements of their culture (e.g. values and traditions) that support non-violence and responsible and nurturing relationships. For example, equality and fairness are central ideals in Caucasian culture. Many Caucasian men respond positively to suggestions for changing oppressive and abusive conduct that are based on these values. However, different cultural values may be more meaningful to men with other cultural backgrounds. For example, fighting oppression and

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acknowledging the impact of oppression and self-empowerment are central for many African American men. Accordingly, they respond more to suggestions for change that revolve around recognizing that their partners are also severely impacted by widespread social oppression and that inflicting physical and other forms of intimate partner abuse on their partners amounts to adding to the oppression of African American women. This can help recognize the impact of their personal oppression and motivate men to change their conduct. In Latino cultures, respect and the importance of the family are often central values. Therefore, many Latinos respond to suggestions for change that focus on respect as something one may earn for responsible fatherhood, for meeting family obligations and for treating their spouses (and their children's mother) with respect. **The practice issue is that CPS personnel need to develop an understanding of the values and practices of other cultures that support non-violence and healthy relationships and learn to reflect these values to the men in interviews and in connection with their service plans. Key informants and cultural affinity organizations can help CPS supervisors and social workers enhance their knowledge.**

In many cultures, there are helping resources such as elders, friends and extended family networks that can provide resources to victims of abuse and help to restrain men's abusive behavior. Some cultures rely on non-professional resources such as these, and there may not be a tradition of using formal helping systems of organizations and institutions. There is no guarantee that such helping resources will be intact in many instances, but understanding the importance of such systems and considering whether they can be active restraining factors for abusive men is important. **The practice issue is that CPS personnel need to include family, elder and/or religious networks, as well as friends and co-workers, in case management. These networks may provide protective resources for women in violent relationships and/or help to educate, contain and support the abuser. It is important to ask victims of violence whether there are family members, elders in the community, friends, clergy or others who have influence over the abuser and who can play a constructive role.**

CULTURAL AND LIFE CONTEXT ISSUES

Cultural influences are usually taken to include traditional practices and values. These may include kinship patterns, traditions about marriage and child-raising and core value orientations that characterize particular societies. This view of culture has some drawbacks. "Culture" is seen as something stationary rather than always in transition. There is no room for change. In reality, cultures are always in flux. There are a multitude of historical, social and personal factors that impact and change all aspects of life, including relationships between men and women, in all societies. These factors may affect levels of domestic violence, response to domestic violence (including help-seeking behaviors), and people's perception of institutions such as CPS and the

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criminal justice system. It is impossible to list all these factors, but here are some that arise frequently in child protection interventions, along with implications for practice:

- **Immigration and citizenship status.** Abusive men who are undocumented can be deported as soon as they are arrested; those who have residency status face deportation when they are prosecuted and convicted. This can make their spouses more reluctant to tell others that there has been violence and acts as a deterrent against help-seeking by abused women who are immigrants. The man may have additional means of abusing his victim, such as controlling her immigration status because he is her sponsor, or isolating her more easily because she has left her network of family and social support back in her home country. The victims may be less likely to turn to police, having fled a politically unstable regime where she experienced brutality. She may be unwilling to take steps such as obtaining restraining orders or bringing in the criminal justice system. **The practice issue is to take care to explore helping resources for women and accountability resources for men within the community (local social agencies, immigrant and refugee resettlement agencies, churches, kin networks, etc.), rather than focusing exclusively on criminal justice system approaches.**
- **Negative encounters with the criminal justice system.** Men of color and immigrants in batterer intervention groups often argue that the “system” is against them, that it is unfair, that they are singled out, and that being convicted and sent to a program for physically abusive men is just another example of injustice, oppression or profiling. **The practice issue is to see such attitudes not as resistance, but as likely reflections of real experience. CPS personnel should listen to the men’s experiences with respect and patience and then express that they (the men) may have engaged in behavior that brought CPS or the criminal justice system into their lives. “I understand that you have had bad experiences, but what did you do to open the door for CPS to come into your life?” If men hear this after they have been listened to and respected, they are much more likely to admit that they abused their partners.**
- **Limited English-speaking capacity.** Productive engagement with abusers is based on clear communication. This is crucial for obtaining information, and for more accurate assessments of dangerousness, capacity to change and capacity to provide consistent and appropriate fathering. Clear, two-way communication is also important since abusers are often avoidant or deliberately misleading. In addition, many limited English-speaking immigrants are reluctant to disclose that they are not proficient in English and appear to agree to conditions or to participate in services that they do not understand. **The practice issue is that workers should be fluent in the client’s language (the best option) or should obtain competent translation. If there is uncertainty about the client’s fluency in English,**

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a worker can explore this issue by asking the client to explain back something he or she has stated and/or to explain back service agreements. Linguistically and culturally appropriate Batterer Intervention Programs, where available, are a crucial resource for many immigrants and men of color.

- **A past history of violence or exposure to violence and trauma.** Though child protection workers often take into account the impact of past sexual or physical abuse or severe abuse on clients, many people of color have been exposed to or have witnessed very high levels of street violence and/or politically motivated violence, terror and oppression. For example, many immigrants have experienced mass terror and violence sponsored by governments, para-military forces, insurgents, drug cartels and so forth. For many men, violence has been normalized. Violence is seen as a necessary and legitimate response to many situations and those who refuse to engage in violence may be perceived as weak or foolishly vulnerable. It is easy to see these attitudes as entrenched excuses for violence (which is possible) without taking into account that they may reflect a logical response to overwhelming circumstances. Another common impact of exposure to high levels of environmental violence is numbness about the impact of violent behavior. Some men may be unable to recognize the impact their behavior has on their partners or their children. This may be interpreted as a profound lack of empathy or as severe resistance (which is also possible) without taking into account that such numbness is often an important and useful psychological response to overwhelming circumstances. **The practice issue is that workers need to develop a capacity to recognize effects of past violence and trauma among men, to learn how to inquire about life circumstances that may be behind such attitudes, and to reflect this knowledge in service planning and referrals. It is appropriate to refer abusers in these cases for evaluation and/or mental health services. These services may help some men address an obstacle in the change process. However, supportive mental health services for trauma and similar issues should not take the place of Batterer Intervention Programs; concurrent mental health and batterer intervention services are appropriate.**
- **Poverty, lack of resources and unemployment.** Typically, child protection practice addresses concerns about abuse, parenting, substance abuse and mental health issues. Research with abusers indicates that those who attain stable employment have an increased capacity to remain nonviolent. **It is appropriate to refer abusers to ESL, basic education, job training and job placement programs as a way of helping them become more stable and increasing their stake in conformity (their willingness to follow social rules).**

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CONCLUSION

The core challenge that CPS personnel encounter when working with abusive men in the intersection between issues of race, class, culture and ethnicity is the assumption that men from some cultures are more violent than others. It is important for social workers and supervisors to learn to identify, test and discard such assumptions and to make judgments about dangerousness that are behaviorally-based and not culturally loaded. It is also critical to learn to take into account the life context of clients, including factors which may normalize violence or numb people to its impact and to understand and use elements from different cultures that support and help men move toward non-violence, responsibility and nurturing relationships.

Revisit the scenarios below that you read at the beginning of this chapter. Have your answers changed about what the best course of action and intervention might be? Do you have a clearer sense of the race, culture, class, and ethnicity issues that are at play?

SCENARIO

1 Angela, a caucasian CPS worker, is assigned a family in which there is both suspected child abuse and domestic violence. The family is from Colombia and has lived in the US for six months. The wife is able to communicate well, but it is unclear to Angela how much her husband understands of the conversations during the interview process. In separate interviews with the wife and husband, the wife confirms an abusive marriage, and the husband acknowledges that he has hit his wife in the past. Angela asks questions to determine the extent of the abuse, the level of danger the wife and child may be facing, and the husband's potential for changing his behavior. He is polite and agrees with most of what she says to him, without elaboration. She drafts a service plan that includes a Batterers' Intervention Program. At the last meeting with the husband, he signs the plan, nodding and saying, "Yes, I understand." Angela feels good about her work on the case: the family has agreed to all of her recommended interventions, and acknowledged the abuse. And yet, she comes away from the meeting with a nagging feeling that she can't quite put her finger on.

Issues at play: Because the husband's first language is Spanish and he was interviewed without an interpreter, Angela is unable to communicate effectively with him to understand his rationale for the violence, resulting in a lack of accurate information in assessing dangerousness, capacity to change, and fathering abilities.

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Solutions: Angela should immediately ascertain his level of comfort with these conversations in English alone. If he says he is comfortable, Angela may ask him to reiterate what his understanding of the service plan is. Either way, Angela should locate a Spanish interpreter should he prefer to converse in Spanish. And, all referrals and interventions should be language- and culturally-appropriate.

SCENARIO

2 David, a caucasian CPS worker, investigates a case of child neglect with co-occurring domestic violence in an African American family. David experienced the father as hostile in the interview process. The father says he is sick of the system being so stacked against him because he is Black, and that he doesn't see why he should even bother talking to David. Besides, he says, his wife provokes him into arguments, disrespects him in public, and goes out all day with her friends instead of taking care of the household. David feels that the man has not talked at all about his responsibility for his violence, seems aggressive, and shows no apparent interest in changing his behavior. David takes these as indications of a high level of dangerousness, and drafts a service plan with rigid oversight and significant interventions.

Issues at play: The husband is wary of interventions because of previous negative experiences in his life. Additionally, he seems to have expectations of entitlement about what his wife's behavior should be.

Solutions: David must examine his own reactions to the husband and the assumptions through which he may be filtering information. For example, just because the husband seems hostile toward "the system," it does not necessarily mean that he is uncooperative or that he is unwilling to change. He may be expressing a frustration with past unfair experiences. These frustrations should be listened to and acknowledged in order to gain trust and establish rapport. Additionally, even though the husband reveals a direct sense of entitlement that sounds unremorseful, this is not necessarily an indication of a higher level of dangerousness. David should seek information about the husband's past use of violence, any violations of restraining orders, a history of substance or alcohol use and other indicators based on the man's behavior.

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SCENARIO

3 Isabel, a caucasian CPS worker, is called to investigate child abuse in a Caucasian, middle class family. She interviews the mother, who tells her that her husband threw a vase at her and it hit her in the head. She appears nervous and is unresponsive when asked about any history of violence. When Isabel interviews the husband, he admits that he threw the vase, but says he was upset and that he meant to throw it at the wall. He says that his wife can be quite dramatic in recounting her stories. He would never hit his wife, he says, and is embarrassed that social services has been brought into a situation that was essentially an accident and will never happen again. While Isabel believes the wife and thinks that he meant to hit her with the vase, the husband seems calm now and Isabel doesn't think the behavior is a part of a pattern. She recommends anger management for him, but does not send him to a batterers' treatment program.

Issues at play: The husband denies and minimizes his behavior, and places the blame on the victim. He implies that somehow she upset him and in so doing sufficiently entitled him to throw a vase at her. Also, he may appear less violent because he says it was an accident and makes a remorseful statement.

Solutions: While the husband's response may seem calm and not sound as dangerous or aggressive as that of a man who has a more direct sense of entitlement, it is not a valid indication of the lack of a pattern of violence and should not be used to assess dangerousness or predict if he is likely to become violent in the future. Isabel should be aware of her own preconceptions about potential risk in a middle class Caucasian home, and base her assessments and recommendations on past history of abuse, drug and alcohol use, previous assaults, and other behavioral evidence, rather than on the man's apparent demeanor in the interview.

III. CHARACTERISTICS OF ABUSERS

CHAPTER HIGHLIGHTS:

- Using a behavioral profile to understand the characteristics of abusers has significant benefits and limitations. This knowledge can help CPS staff identify particularly dangerous behaviors, effectively plan for safety and guide deliberate documentation of the abuser's actions. On the other hand, using a behavioral profile alone to assess lethality or to design tools to predict risk to children lacks many contextual factors that have been shown to influence an abuser's level of dangerousness.
- There is no primary psychological or mental health profile that characterizes all abusers. A man who is violent towards his partner or an "abuser" is someone who has a consistent pattern of controlling and abusive behavior toward an intimate partner, including different forms of psychological abuse, intimidation, an attitude of inflated and intrusive self-entitlement, and some form of physical abuse. This is a behavioral profile.
- Abusers vary enormously in their levels of dangerousness and psychological traits. There is no single personality structure that is universal to this population, nor is there a diagnostic category for intimate abusers or perpetrators of intimate partner violence. Psychological diagnosis or clinical evaluation is not a useful or accurate way to determine whether someone is an abuser. The only way to make this determination is by examining the individual's behavior patterns and actions.
- Research on abusers indicates that this population is not characterized by major mental illness or thought disorders. The cluster groupings of psychological traits for men who are violent in relationships suggest that the majority of these men are similar to non-clinical populations and the remainder have more persistent behavior problems. Child welfare practitioners should be aware that research samples of men who batter are drawn largely from men who have been convicted and mandated to attend Batterer Intervention Programs. Abusers in the child welfare caseload may differ.
- Moderately violent men make up approximately half of abuser research samples. These men inflict low levels of violence and psychological abuse and are thought to have the best prospects for achieving long-term behavior change. Anti-social or hyper-violent abusers are part of the group that have persistent behavioral problems. These men are generally violent, have criminal records that cite multiple violent incidents, and are more prone to engage in severe or threatening dominance struggles with authority figures. Caseworkers should note that in exceptional circumstances this can result in violence towards child welfare personnel.
- "Possessive" or obsessive men make up approximately 25 percent of abuser research samples. These men have an anxious, dependent and aggressive attachment to their partners. They are jealous, and they monitor and isolate their partners. In the most acute

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(and dangerous) form, obsessed abusers stalk their partners, make serious threats to harm their partners, themselves and/or children in order to prevent separation, or to retaliate after she has left the relationship. Current research indicates that these behaviors are indicative of more severe risk.

- For all types of abusers, there is a greater risk of continued assaultive behavior if there is current substance abuse or a long-term history of substance abuse that is associated with violent episodes. This suggests that addressing substance abuse in service plans is essential for increasing chances of stopping violent behavior.
- In general, abusers may respond better to concrete consequences for inappropriate behavior and to respectful, consequence-based limit-setting than to appeals for empathy toward victims of violence.

GENERAL CHARACTERISTICS OF ABUSERS

As stated earlier, an abuser is someone who displays a pattern of behavior, which may include various forms of abusive acts such as intimidation, psychological abuse, an attitude of intrusive and inflated self-entitlement, and physical abuse. Beyond these common behavioral factors, there is no set of psychological traits that are characteristic for all members of this population. Abusers vary enormously in their levels of dangerousness and psychological traits. There is no single personality structure that is universal to this population, nor is there a diagnostic category for intimate abuser or perpetrators of intimate partner violence in the Diagnostic and Statistical Manual of the American Psychiatric Association.⁶ Psychological diagnosis or clinical evaluation is not a useful or accurate way to determine whether someone is an abuser. Behavior patterns and actions are the only way to confirm if someone is an abuser.

However, there are certain personality profiles that have emerged from large-scale studies of abusers. An understanding of these profiles is useful for identifying and documenting dangerous behaviors, and for safety planning measures for mothers and children, as well as for CPS workers. Profiles should not be used alone to assess lethality or risk to children.

“There is no psychological profile that is universal to men who use violence towards their partners and children.”

CHARACTERISTICS OF ABUSERS

RESEARCH FINDINGS AND IMPLICATIONS FOR PRACTICE

Research on abusers consistently highlights the fact that they are a diverse population⁹. They differ widely as to their potential to do serious physical harm, their psychological traits, and their patterns of coercive control. Approximately half of abusers in research samples do not have detectable psychological difficulties. These are moderately violent men, who are described in detail below. The others are considered to have more persistent behavioral problems, but indications of psychosis or profoundly impaired reality testing are extremely rare¹⁰.

It is crucial to keep in mind that these samples are drawn mostly from court-mandated Batterers' Intervention Programs (BIPs). We do not know whether abusers in the child protection caseload are more or less violent or similar. We cannot assume that the populations are similar, but it is useful to understand behavioral profiles of each group and to outline implications for practice.

Regardless of the profile of the abuser, standard case practice should include ongoing meetings with these men, attempts to engage them in a positive fashion, service plans that encourage change and promote safety for mothers and children, and ongoing monitoring and documentation of progress and of problems. In the section below, a description of the most widely accepted behavioral profiles of abusers¹¹ is presented, along with practice recommendations that are suitable for each type.

1. The moderately violent abuser. His acts of violence may be frequent, but he does not cause injuries that would normally call for medical treatment or examination. He attempts to deny or excuse his behavior, and blames his partner for his abusive conduct. He is psychologically coercive and controlling, but he has some empathy for his spouse and can eventually admit some violent assaults. His pattern of psychological abuse and intimidation is not severe or highly traumatizing. This type of abuser usually lacks a criminal record and his violent behavior is limited to family members. If there is a criminal record there is a stronger possibility that the abuser belongs in one of the other categories listed below. These men make up approximately **half of abuser research samples**. They are assumed by clinicians to be most likely to succeed in maintaining long-term behavior change after attending abuser intervention programs, though the research findings on this topic are not conclusive. There may be a tendency with cases characterized by very low levels of physical abuse to close them rapidly. However, it is important to include attendance at a BIP in the service plan. In addition, special care should be taken to consider the children's level of trauma, which may be high even if violence and other forms of abuse appear low. Finally, if there is a severe pattern of psychological abuse, intimidation and coercive control, even if the violence is not severe, then more intensive monitoring should take place. Therefore, consultations with supervisors and domestic violence specialists may be needed to insure child safety and security.

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CHARACTERISTICS OF MODERATELY VIOLENT ABUSERS

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

PRACTICE ISSUES

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

2. **Obsessed abusers.** This is a sizable subgroup in samples of abuser intervention programs. These men have a possessive and insecure attachment to their partners which manifests itself as intrusive jealousy and as difficulty tolerating separation. Some of these men are not acutely dangerous and can change their behavior even though they may be more damaging to their children. Others pose a great risk. It is not clear what the proportion of more severely obsessed abusers is in the child welfare caseload. In the most severe instances there is delusional jealousy – the initial suspicions of infidelity or of her being attracted to someone else turn into an unshakable certainty that she has actually had a sexual encounter with someone else. Behaviorally, this type of abuser frequently monitors his spouse's whereabouts through calls and questioning the children and others; he makes drive-by check-up visits, gets upset if she comes home late from work and accuses her of infidelity frequently. He may make threats to kill himself or her if she leaves him, asks for a separation or divorce. He often says, "If I can't have you, no one will." This behavior may persevere months or years after a separation. His criminal record can include violations of protective orders or situations where he has disturbed the peace as he pursues or harasses his partner. **However, some of these men have clean records – only the partner knows about his jealousy and possessiveness.**

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HIGHER RISK INDICATIONS ARE:

- irrational accusations of infidelity
- consistently monitoring a partner through calls and questioning the children
- spying on her and others or drive-bys
- monitoring or following that continues after separation or divorce
- threats to harm her, himself and/or the children.

Threats, delusional jealousy and highly persistent monitoring can take place before or after a separation. The practice issues are that it is important to (a) question partners (and children when appropriate) about jealousy and possessiveness; (b) maintain vigilance about the indicators of more severe and persistent obsessiveness; (c) use Visitation Centers or supervised visitations since these men may use children to gain access to their partners; (d) be aware that these men can escalate their violence rapidly if they believe their partners are about to leave them or to become more independent; and (e) include attendance at a Batterer Intervention Program in the service plan. In general, ongoing safety planning is an essential aspect of working with women and children whose partners fit this profile. It is important to be honest with battered women about the limitations of the judicial system with the more highly obsessed abusers and to check in regularly to reassess safety planning.

CHARACTERISTICS OF OBSESSED ABUSERS

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

PRACTICE ISSUES

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

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3. Generally violent abusers. These abusers are frequently very intimidating and often have long criminal histories involving assaults on different people. This abuser takes offense easily; even the most reasonable or mild confrontations can trigger an intimidating or threatening response, and a violent episode can occur if the encounter escalates. A generally violent anti-social abuser tends to feel that all “challenges” place his manhood, courage or independence in question and that he must always prove himself. These men may engage in drawn-out dominance struggles with their partners, social workers, other professionals and authority figures. They are often highly manipulative and fall back on intimidation or threatening displays of anger if they fail to get their way. They may undermine their partners’ authority with children and may push limits and harass partners and caseworkers constantly. As fathers, these men may push for custody of children as a form of dominance struggle, but may have marked to severe difficulty in setting aside their needs in favor of a child’s or in tolerating developmentally normal oppositional behavior. Many of these abusers have long criminal records resulting from bar fights, brawling and assault and battery charges. The practice issues are to (a) support the partner and understand that what appears to be incapacity to set limits with the abuser or with children may be the result of constant harassment and threats; and (b) set limits effectively with the abuser, require him to get help to change his behavior and focus on his responsibility for his actions. Social workers may respond to this type of abuser’s constant negative attitude or intimidation by avoiding him (and mistakenly putting all emphasis on the partner) or by accepting his complaints about his partner and demanding little of him. It is very important for social workers to set limits very clearly, to document threats or intimidating behaviors against workers or partners and to avoid provocative behaviors and angry arguments. Finally, anti-social abusers who exhibit both frequent and severe patterns of violence are likely to be more dangerous both to partners and to social workers. This factor should be taken into account in safety planning both for victims of violence and for case managers. It may be necessary to be accompanied by another worker during home visits, to meet at the area office and, in more severe circumstances, to ask for police presence.

“It is very important for social workers to set limits very clearly, to document threats or intimidating behaviors, and to avoid provocative behaviors and angry arguments.”

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Again, it is critical to keep in mind that there is a wide range of dangerousness and capacity to change among abusers and that the profiles obtained from research samples may not match men who batter in the child protection caseload. There may be more or fewer highly violent men who are involved with child protection. With both groups, the level of dangerousness increases if there is co-occurring substance abuse (*see below*).

CHARACTERISTICS OF GENERALLY VIOLENT ABUSERS

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

PRACTICE ISSUES

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

OTHER CHARACTERISTICS OF ABUSERS:

1. **Substance abuse.** All abusers should be considered more dangerous if there is evidence of substance abuse. In general, a large number of court-mandated abusers interviewed in research studies have substance abuse problems. A large, multi-site outcome evaluation study of men who were mandated to attend abuser intervention programs by the courts found that approximately 50 percent of the more than 800 abusers interviewed had substantial indications of alcohol abuse problems¹². Even more significantly, a high percentage of men who remained assaultive after treatment were “binge type” substance abusers rather than severe or chronic alcoholics or drug

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addicts¹³. These are people who consume alcohol or drugs periodically, rather than constantly, and tend to be under the influence when they commit assaults. This suggests that people use intoxication as a way to avoid responsibility for violent or “deviant” conduct. Accordingly, addressing substance abuse in service plans is essential for increasing chances of stopping violent behavior. Child protection workers should screen for indications of substance abuse. Service plans can require random drug testing, concurrent substance abuse treatment, and maintenance of sobriety.

“Addressing substance abuse in service plans is essential for increasing chances of stopping violent behavior. Child protection workers should screen for indications of substance abuse.”

2. **Abusers may be more responsive to direct consequences for abusive behavior than to appeals for empathy on behalf of victims.** Though many approaches to working with abusers emphasize empathy rather than consequences for abusive behavior, many men are too angry to respond to such appeals at the beginning of the process. In a small research sample of court-mandated abusers attending abuser intervention programs, it was found that abusers are generally focused on self-gratification¹⁴. They tend to define relationships as a means of having their needs met and genuinely have little understanding of others' needs, wants and feelings. Most significantly, when asked why they had stopped being violent with their partners, the men cited a fear of incarceration as the reason for refraining from violence. They did not cite fear of causing further harm to the relationship or to their partner, of destroying trust, or other interpersonal consequences. This suggests that it may be very productive for social workers to explain that violent behavior can bring serious consequences through the criminal justice system. It is important to do this in a calm and non-threatening way rather than in an angry or challenging way. For some people, stressing negative consequences can be very helpful. It also implies that clear and consistent limit-setting that stresses consequences for inappropriate behavior may be a productive technique with this population. It should be noted that more recent work with abusers indicates that these men may respond more positively to approaches designed to elicit empathy for children. This is discussed in Chapter 5 in more detail.

“When asked why they had stopped being violent with their partners, the men cited a fear of incarceration as the reason.”

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CONCLUSION:

While there is a behavioral profile for someone who is violent in relationships, there is no primary psychological or mental health profile that characterizes all abusers. Men who abuse their partners vary widely in terms of how dangerous they are and what their psychological traits may be. Studies have been conducted to research the behavior patterns of abusive men, but these studies have sampled primarily from court-mandated Batterers' Intervention Programs. It is not known if the results of these studies correlate exactly to the populations served by Child Protective Services. However, lessons can be drawn from the research. Men who are abusive towards their partners may be moderately violent, obsessive, or generally violent both within and outside the home. There are practice issues to bear in mind when dealing with any of these populations. Substance abuse increases the risk of continued violence among all types of men who abuse. And finally, abusers tend to respond better to concrete consequences, such as the potential for incarceration, than they do to appeals for empathy towards their partners.

IV. ASSESSMENT OF DANGEROUSNESS WITH ABUSERS

CHAPTER HIGHLIGHTS:

- Assessing dangerousness is not a science, though more reliable indicators of continued assaultive behavior are beginning to emerge from research. It is crucial to treat dangerousness assessment as an ongoing activity rather than a one-time determination.
- Practitioners who have long-term experience with abusers and with battered women have offered a great deal to the knowledge base in identifying potentially lethal abusers. Emergent research has begun to support that contextual factors fundamentally contribute to femicide. A combination of these factors appears to be more significant than any individual predictor.
- Accessing a broad range of collateral sources of information is crucial for a meaningful assessment and to lessen reliance on the partner's disclosures. It is essential to consult police and criminal records, the abuser's mental health reports, a history of previous abuser intervention treatment and similar sources.
- Important indicators can be discovered in the abuser's criminal record, including arrests related to substance abuse (including driving while under the influence), prior violations of protective orders (with current or past partners), and prior mandatory attendance in an abuser intervention program without subsequent cessation of violence.
- While the abuser's criminal record is a good source of information, many abusers who are very violent have no criminal record. Family medical records and partners' and children's accounts of past violent incidents are also essential sources of information.
- Partners are often the most accurate source of data about the abuser, but care must be taken not to coerce victims of violence, including children, to provide information. Confidentiality issues must be carefully explained, and assessors should understand that obtaining and using information from partners may increase the risks for them and their children.
- It is important to take indicators of increased dangerousness into account in safety planning for victims of violence, for children and other family members and for CPS personnel.
- When the abuser's behavioral pattern fits indicators of increased dangerousness, it is appropriate to address some of these factors in casework and service planning, as long as this does not increase risk for victims of violence and children.

ASSESSMENT OF DANGEROUSNESS WITH ABUSERS

A. ASSESSING DANGEROUSNESS

Assessing dangerousness is a primary task for CPS personnel when intervening with abusers. Making this determination is not a clinical decision, but a judgment based on systematic and strategic information-gathering that is usually undertaken by child protection workers or by judicial personnel such as probation officers or court investigators. Determining an abuser's level of dangerousness is a primary task because their dangerousness varies widely, and this difference should be taken into account in case practice. Many men have low frequency and low levels of violent behavior, and many can stop violent behavior and develop healthy parenting skills. A better understanding of an abuser's level of dangerousness allows for a more strategic approach to assessing risk, safety planning, and creating service plans. Dangerousness assessment is also essential for safety planning for CPS personnel.

This section highlights known factors that are indicative of dangerousness, both from research that tracks and compares abusers, and from clinical experience by long-term abuser intervention specialists and domestic violence advocates. Specialized procedures and safety concerns in the information-gathering process are also highlighted.

“Dangerousness is defined as the demonstrated capacity to continue inflicting severe violence.”

It is important to understand that there are gaps in current knowledge in this area. Recent research¹⁵ based on samples of men attending Batterer Intervention Programs has produced a list of factors associated with abusers who continue physically assaulting their partners after treatment. Though some of these abusers are not severely dangerous or lethal, they are extremely damaging to their families and are more resistant to change. For this reason, it is important to identify these men and to take their impact on the family into account in safety planning and service planning. Factors associated with continued assaultiveness are listed in **INDICATORS FROM INFORMATION PROVIDED BY NON-FAMILY COLLATERAL SOURCES**.

In addition, there is current research about lethal abusers¹⁶ that focuses on the contextual factors that were prevalent in men who murdered their partners. The factors associated with lethality are listed below in **INDICATORS FROM INFORMATION PROVIDED BY PARTNERS, CHILDREN OR OTHER FAMILY MEMBERS**. Since research is lacking in this area, gaps have been supplemented by suspected indicators of dangerousness and lethality that have been identified by clinicians who have long-term experience with severely violent abusers.

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Another problem with dangerousness assessment concerns the acquisition of reliable information about the abuser's behavior. Abusers often deny, minimize or give misleading information about their violent behavior. Police arrest reports may be fragmentary and, at best, provide an account only of the few incidents that may enter the public domain. **For this reason, it is recommended that the following sources be consulted when making a dangerousness assessment:**

- Police arrest reports (obtain reports for each arrest, not just the most recent)
- Police records of "domestic disturbance" calls at the abuser's or victim's residence
- The abuser's criminal record
- The abuser's mental health record
- Victim's affidavits from past protective orders
- The original and subsequent child abuse report
- Information provided by probation or parole officers
- Information provided by partners or children
- Information provided by the abuser

These sources of information are critical to good case practice. There are two practice issues involved:

1. It is important to research this information and these sources (particularly the abuser's criminal record) as a routine part of case practice, whether or not domestic violence has been identified in the child abuse report.
2. Since abusers can deny access to many of these sources of information, it is crucial for CPS workers to request information from as many sources as possible during the investigation period (when confidentiality is less restricted). Even if there are no indicators of domestic violence, a criminal record check should be done as a universal screening measure.

Obtaining and utilizing information from sources other than partners and children is critical because it minimizes the family's risk level and exposure to retaliatory assaults or threats by abusers. If there is sufficient confirmation from collateral sources of a past history of violence, information from partners and children may not need to be introduced.

In this document, dangerousness is defined as the demonstrated capacity to continue inflicting severe violence. Child protection and judicial personnel should keep in mind that determining dangerousness is not a one-time judgment, but an ongoing assessment which is modified as new information comes in. This determination should be based on the indicators outlined below, which specify the various areas that should be explored when assessing dangerousness.

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The first set of indicators is based on information from collateral sources outside of the abuser's immediate family. **Non-family collateral sources include:**

- probation or parole officers
- police arrest records
- criminal records
- affidavits of protective orders filed by victims
- child abuse reports, and
- the abuser's mental health records.

Examination of these sources of information will permit CPS personnel to screen for a wide range of indicators of dangerousness.

“Using information from sources in addition to partners and children is critical.”

INDICATORS FROM INFORMATION PROVIDED BY NON-FAMILY COLLATERAL SOURCES:

- **The use of and access to weapons, including the use of martial arts and similar training during violent incidents.** Use of weapons or of martial arts in violent incidents can indicate an increased risk of serious harm.
- **History of violent crimes and previous violations of protective orders.** A history of convictions and accusations of assault and battery (toward strangers or intimate partners) and repeated violations of protective orders are associated with continued violent behavior. There may also be indications of stalking behavior (ongoing monitoring of a partner), which is strongly suggestive of persistent dangerousness.
- **History of motor vehicle violations involving alcohol intoxication and other arrests related to substance abuse.** A chronic history of arrest for driving while under the influence or an ongoing history of substance abuse is strongly associated with continued assaultive behavior. Illicit drug use is more closely associated with homicide than alcohol abuse¹⁷.
- **History of severe violence with spouses or children.** Indications of repeated injuries of partners or children in the medical record are an obvious indicator of dangerousness. Severe violence can include choking, rape and other forms of assault that may not cause severe physical injury, but which are suggestive of potential harmfulness. Assaults on pregnant women are highly correlated with future severe violence. The pre-existing pattern

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of physical abuse of the partner or of children in the relationship is a reasonable indicator of future behavior.

- **History of having attended an abuser intervention program previously (e.g., while on probation) that was not followed by subsequent cessation of violence.** Abusers who have attended specialized treatment programs and have not stopped violent behavior completely in the two years after such intervention have a very high potential for continuing violent conduct. This information may be obtained from probation or parole officers and from records provided by the abuser.
- **History of suicidality or of suicidal ideation** (as recorded in mental health records).

INDICATORS FROM INFORMATION PROVIDED BY PARTNERS, CHILDREN OR OTHER FAMILY MEMBERS:

Please note that special provisions should be made regarding information-gathering from partners and children. Partner's accounts of physical abuse are usually the most reliable and accurate source of information about the abuser's level of violence. However, in the child protection context, women who are abused by their partners may fear retaliation by the abuser or removal of their children if they reveal the full extent of the physical abuse. They may also have had bad experiences with helping systems that have endangered them. Thus, victims of violence may have to work through much coercion and fear of the abuser as well as previous negative experiences with other helping professionals in order to speak out truthfully. For that reason it is essential to have some specialized procedures in questioning partners:

1. It is inappropriate to pressure or threaten abused women into providing information. By using coercion, the interviewer is unwittingly competing with the abuser, whose capacity to coerce is greater. Good case practice involves acceptance of the victim's limits on disclosure and reliance on information from collateral sources.
2. It is crucial for the interviewer to make clear to the victim the extent and limits of confidentiality and to make (and follow through with) an agreement that if confidential information is to be revealed to the abuser or his attorney she will receive prior warning and an opportunity to plan for the safety of herself and her children. Redaction policies and practices should reflect the safety interests of battered mothers and their children. (The term redaction in this document refers to the whiting out of confidential information.)
3. It is important for the interviewer to have an understanding and calm approach, to demonstrate a capacity to explore details of past incidents, and avoid a victim-blaming stance.

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The following indicators of the potential for future violence mention partners specifically, but similar types of information can be obtained from children and other family members.

- **The partner's report of the history of violence in the relationship and her fear of further violence.** This factor is extremely important, even in the absence of convictions, arrests or prior protective orders in the abuser's criminal record. A ten-year follow-up study of abusers found that, on the average, thirty assaults occurred for each arrest, so the criminal record may give a very limited, partial view of the abuser's assaultiveness¹⁸.
- **Severe and irrational jealousy**, which goes beyond occasional suspicions or accusations of infidelity to unremitting suspicion and improbable accusations of unfaithfulness. If a suspicion becomes unshakable in the abuser's mind or if the accusation is highly improbable, a delusional thought process is probably occurring. This is an extremely dangerous situation.
- **Threats to injure or punish her, the children or her family if she leaves, as well as threats of suicide, are strong indicators of dangerousness, even in the absence of previous physical abuse**, or when physical abuse has been minimal. When serious threats are evident and are accompanied by other indicators of obsession, there is reason for acute concern. Threats of deadly violence are strongly correlated with homicide¹⁹.
- **Severe and persistent monitoring and stalking** are also strong indicators of dangerousness. Key behaviors are following and spying on the victim and making frequent unwanted phone calls at home or work. It is important to note that stalking/monitoring can take place while the victim and the abuser are still living together or dating. Case managers should inquire about these behaviors even if there is no separation.
- **Severe isolation**, where a partner has very little contact with others due to the abuser's restrictions, is similarly suggestive of higher risk.
- **Situations where the abuser fears he may lose his partner** can trigger the risk of increased violent assault. There are many potential triggers: intervention by child protection agencies, obtaining a restraining order, separation, a filing for divorce after a separation, the partner's decision to go to shelter, or even the partner's beginning a new relationship after years of separation. Discussing and understanding potential triggers for obsessed men is crucial in safety planning.
- **Recent instability** is another factor that is emerging in current research. If an abuser whose behavioral profile fits any of the factors stated above becomes severely dejected or paralyzed after a separation or after his partner begins to talk about leaving, and he has lost his job and/or begun drinking, then his dangerousness may escalate sharply. The strongest contextual risk factor in an intimate partner's homicide is unemployment²⁰.
- **Substance Abuse.** Even in the absence of arrests related to drinking or substance abuse, the partner's or children's report of binge or chronic substance abuse is a strong reason for concern if other indicators are present.

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Many of the indicators listed above (severe jealousy and isolation; threats to inflict harm on others or on himself if she leaves; monitoring and stalking; severe isolation resulting from the abuser's jealousy and "trigger" situations) stem from clinical experience with abusers who are extremely jealous and severely obsessed with their partners. Many abusers may have a history of only limited jealousy with their partners. However, these indicators are meant to target men whose jealousy clearly becomes extreme and delusional and who cannot accept the woman's wish to end the relationship. There is a risk that such men may kill or severely injure their partners, and commit suicide. It is also important to remember that many of these men have no criminal records and little history of violence in the relationship until a "trigger" event. For that reason, threats to harm her or himself if she leaves, monitoring and stalking behavior and irrational jealousy should be taken seriously even in the absence of prior arrests or prior severe violence. CPS personnel should take this into account in safety planning with victims of violence. If a "trigger" event is about to occur—for example, if she asks for a separation, if she gets a restraining order, if the Department removes a child, if she files for divorce or has a new boyfriend, etc.—safety planning should be intensified.

Frequently, partners, children and other family members are the best source for information about severe jealousy as well as threats to kill. In addition, these indicators may also appear in police arrest reports (e.g., statements that the defendant was accusing his partner of infidelity) and the criminal record (multiple violations of protective orders, indications of stalking or monitoring, etc.).

“If a “trigger” event is about to occur—for example, if she asks for a separation, if she gets a restraining order, if the Department removes a child, if she files for divorce or has a new boyfriend, etc.—safety planning should be intensified.”

Indications of substance abuse can come from multiple sources, such as police arrest reports, the criminal record (e.g., convictions for driving under the influence) and information provided by the partner or abuser. Low levels of substance abuse are associated with ongoing assaultive behavior. Many frequent re-assaulters are not severely dysfunctional alcoholics or drug addicts. More typically, they are people who are low or moderate alcohol or drug users, but who intensify drinking or drug use prior to an assault. The key factor is that alcohol or drug intake coincides with violent episodes.

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Abusers who have criminal records involving generalized violence (not just toward intimate partners) and particularly assaults of police officers or other law enforcement or judicial personnel should be considered to pose a risk to CPS personnel.

Again, it is important to keep in mind that a clean criminal record or a lack of prior protective order violations does not indicate that the abuser is not dangerous. Though information in the official records is an excellent indicator of dangerousness if the abuser fits the profiles outlined above, some men who become extremely violent have records that do not include any behavioral precursors. This highlights the importance of obtaining information from partners and children if this can occur without pressure and without endangering the partner and children in the process of gathering information.

Dangerousness assessment should be taken into account in case practice and service planning with abusers in the following ways:

1. If there are signs of episodic, but low level, substance abuse that precede violent episodes, it is important for caseworkers to require that the abuser attend a substance abuse program, even if the substance abuse does not appear dysfunctional in other ways.
2. If there is concern about heightened dangerousness, it is critical to communicate with service providers, such as batterer intervention providers, members of the faith community, and others in order to convey concerns about dangerousness and to create a warning system if a crisis occurs. Providers should understand the definitions and indicators of dangerousness and should agree to warn caseworkers or other CPS personnel if there are signs of increased risk. Open communication with providers should be required in the abuser's service plan.
3. If there is concern about obsessiveness and trigger events, a caseworker may ask the abuser how he will react if his partner seeks a separation, asks to leave him or does not return to him, etc. For example, s/he may say: *"I am concerned about you. What if she doesn't return to you (mention potential trigger events here)? I think this will be very hard. How will you take care of yourself? How will you keep yourself and other people safe?"*

This type of intervention may be very helpful, but should only be carried out under certain conditions:

- The caseworker has established rapport with the abuser and he has shown some willingness to communicate and listen.
- The conversation happens when tensions are not heightened and the trigger event is not imminent.
- The caseworker makes this type of discussion or conversation a routine that begins early in the work with the abuser.

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It is also recommended that caseworkers consult with supervisors and domestic violence advocates about the potential for increasing risks for partners.

4. Finally, with abusers whose profile suggests heightened dangerousness, lack of compliance with service plans (particularly failure to attend Batterer Intervention Programs and substance abuse programs) should be taken as clear indications that the level of dangerousness remains severe. In addition, compliance with service plans lowers dangerousness only if changes in behavior are observed. The key factor is not whether the abuser attended different programs, but whether a trigger event or a conflict with a partner can take place without his becoming violent or abusive again.

CONCLUSION

Assessing dangerousness is a critical component to any CPS intervention in cases in which there is domestic violence. It informs service plans for the abuser as well as safety plans for the mother and children, and can increase the safety of CPS staff as well. An understanding of the dangerousness of a situation will affect how a caseworker interviews the mother, father and children, and how the information that is gathered is interpreted. Research on danger assessment is limited, but reliable indicators are beginning to emerge. Accessing a broad range of collateral sources of information, from police and criminal records to substance abuse arrests and prior child abuse reports, is an important strategy in determining the potential for future acts of violence.

IV. INTERVIEWING ABUSERS

CHAPTER HIGHLIGHTS:

CPS has limited authority with abusers. CPS can require that an abuser take remedial steps in the service plan, but it cannot compel compliance or jail him for failure to comply. Therefore, one-to-one interviews with the abuser should be used strategically in order to:

1. Establish rapport
 2. Assess his capacity to admit physical and other forms of abuse and to document disclosures of past violent or abusive behaviors
 3. Document his controlling and abusive behaviors with CPS personnel and with his family (as observed in interviews, home visits or supervised visitations)
 4. Carry out service planning and assess his commitment to change
 5. Encourage accountability for the abuser and to assess and document his progress in making change
 6. Assess whether he understands the impact of his abusive behavior on the children
 7. Observe and assess his parenting capacity, and
 8. Provide support in the change process and advocate for access to appropriate services and resources.
- It is essential for CPS managers, supervisors and workers to recognize the impact that fear of violent men may have on child protection caseworkers. This may manifest itself in reluctance or lack of initiative in scheduling and conducting interviews and in service plans that are too lenient, restrictive or insufficiently assertive.
 - A structured and focused interview based on clear goals is the most important element of a productive encounter. The primary goal is to convey the idea that based on what has happened (citing information from the case record that does not compromise the partner), the abuser will be required to take steps and get help by attending a Batterers Intervention Program (BIP). If he is cooperative, then the child protection worker can question him more deeply about his violent behavior, the impact on his children and other related issues.
 - It is essential to avoid debate and arguments with abusers when discussing service plans or his account of what has occurred. Child protection workers do not have to convince abusers to admit violent behavior or agree to attend a BIP. Instead, their function is to present service plan requirements and calmly accept disagreement, urging that the abuser take steps to get help and make things better, while noting that noncompliance with the service plan has to be documented in the case file. It is useful to accept the reality of disagreement without engaging in arguments or attempts to pressure agreement.
 - Respectful limit-setting is an essential skill for child protection personnel. Workers should

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closely document the behaviors that make limit-setting necessary as well as the abuser's capacity to respond to limit-setting.

- The key issues in interviewing abusers are: developing an appropriate approach, safety, prudence, respect, rapport, attention to race/ethnicity/class issues, attention to fatherhood, limit-setting, documentation, accountability, and the need to carefully structure the interview.

INTERVIEWS WITH ABUSERS

Working with abusers can be exceptionally challenging. These are men who have been violent with their partner and/or their children and who have caused harm in their families. Men who batter have a reputation for being extremely violent and resistant and there is profound skepticism about their capacity to change. Many practitioners encounter abusers after hearing vivid accounts of violent behavior from partners, children or police reports or after examining a lengthy criminal record. Consequently, some practitioners (not just child protection personnel) are fueled by underlying anger at these men and use a judgmental and cold approach. Others, fearful about what they perceive as very dangerous people, make hesitant approaches, fail to pursue men who are avoidant or make minimal demands of abusers in service plans.

Both of these approaches make it easy for abusers to avoid responsibility for their behavior and may increase risks for adult victims of violence and their children. A harsh and judgmental tone may give the abuser the superficial excuse that “this person is against me, so I don't have to listen to them.” He may imagine that his partner has biased the case manager against him, so he may retaliate against her later. An avoidant or insufficiently challenging case manager may embolden an abuser, giving him the impression that he does not have to answer to “the system” and missing a key opportunity to promote change and enhance safety for battered women and for children.

At the same time, many abusers present in ways that are not helpful. Many are avoidant (never show up for appointments or answer phone calls) or are superficially cooperative (they state they are “very confused” about what has happened—they prefer to tell stories about their partners and quickly lose interest or become angry if the focus shifts onto them). Others are hostile and intimidating, which can take many forms, such as being persistently loud, angry, insulting or accusatory. The more severely intimidating men, who are a minority of this population, may make threats, yell, make it impossible for a worker to speak, etc.

Again, these are challenging encounters. However, interviews and ongoing contact with men who batter is an essential aspect of good case practice. When standard case management does not include

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engaging with these men, the tendency is to focus on the battered woman and place all responsibility for creating safety and ending abuse on her. This often sets off an escalating spiral of demands and pressure on victims of violence, which culminates in declaring her a case of “failure to protect.” If he poses a risk to the children, why not ask him to leave? If he has a history of violence, why not ask him to attend a Batterer Intervention Program and talk about the impact of his behavior? If he says his children are not affected, why not establish a relationship and talk to him about the impact on children of witnessing domestic violence? Why not talk to him about good fatherhood and how he can improve his practices?

If there is no ongoing contact with the abuser, social workers have a limited basis for motivating an abuser, judging progress and capacity to parent, and assessing dangerousness. It is essential to make interviewing and engaging with men who abuse a standard part of case management practice.

There are grounds for hope. Practitioners who become proficient at interviewing and establishing relationships with abusers find that there is a complex reality behind the off-putting behavior of many men. First, many of them are fearful and apprehensive. They associate all discussion of domestic violence with the criminal justice system and the possibility of arrest, since law enforcement and the courts are the primary social institutions that intervene with abusers. This is a particularly intimidating factor for many men of color, immigrants and low-income Caucasian men. The real or imaginary risks for them range from arrest and incarceration to deportation. When the talk turns to domestic violence, they expect to be viewed as monsters or sick people. They are also fearful of being called bad fathers or failures and of being the one who causes their children to be removed. Consequently, some men adopt an aggressive/defensive pose with social workers. They are challenging and defensive in the hope of removing or wearing out this “threat.” Others respond with avoidance or victim-blaming, which are ways to evade or displace responsibility. If the social worker is cold and demanding and comes across as judgmental, many men often respond with increased oppositional behavior and a refusal to meet. If the social worker is avoidant or overly accommodating, the men will feel they have achieved a victory over the system. Practitioners have also found that many men harbor hopes of being good fathers and are motivated to change their behavior and seek help as a way of improving their fatherhood. This has become an emerging area of focus both in child welfare practice and in Batterer Intervention Programs.

Practitioners who understand the complex interplay of fear overlain by aggressiveness and the desire to improve as fathers have a better chance of engaging with men in a positive fashion. They can learn to de-escalate the defensive/aggressive stance of many abusers and to reach out with respect and warmth while conveying the sense that he has a responsibility to get help. They also become skilled at finding positive motivations, such as the desire to be a good father, and at using these strengths to promote positive steps to get help and change. There is no guarantee that men will respond—

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experience and research indicate that a sizable subgroup of abusers will not change and will remain dangerous and violent. However, there are reasonable grounds for undertaking a more active stance with men as a strategic and productive part of case management practice.

Interviewing and maintaining ongoing contact with the abuser in the context of good case practice allows the CPS worker to:

- maximize the safety of battered women and their children
- establish a working relationship with the abuser
- understand how to motivate him to seek help
- facilitate service planning and dangerousness assessment
- assess his readiness to change and to accept responsibility for his conduct
- assess his capacity to admit physical and other forms of abuse and to document disclosures of past violent or abusive behaviors
- document instances of controlling and abusive behaviors toward CPS staff and family members (as observed in interviews, home visits or supervised visitations)
- assess his understanding of the impact of his behavior on children
- observe and assess his capacity for appropriate parenting, and
- document his progress in making change.

It should be noted that “interviews” include any encounter with the abuser, such as home visits or supervised visitations.

There are three basic safety-oriented principles that should be kept in mind in all contacts with abusers:

- Interview abusers alone. Interview partners and children partners separately.
- Do not disclose information provided by partners or children to abusers. It is best to use information provided by collateral sources and to clearly reference those sources (police reports, which are already part of the public record, etc.) during the conversation.
- Inform the partner if information provided by her must be revealed and work with her to create a plan to insure her safety. If information provided by her must be used, this should be discussed with a supervisor and with a domestic violence advocate and the partner should be informed about this previously so that she can plan for her safety. (Note: Many CPS offices have employed domestic violence advocates to work inside the system. If your agency does not have access to domestic violence specialists, it is important to partner with local domestic violence service providers to ensure family safety.) If a spontaneous disclosure of violence occurs when both partners are present, the CPS worker should explain that separate interviews are the standard procedure. The worker should have an immediate confidential discussion about safety with the victim.

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Following these safety-oriented principles will minimize the chances of CPS intervention provoking a retaliatory assault against partners or children.

“Interviews should not be a primary avenue for determining whether a man has been physically abusive and controlling towards his partner or for corroborating the partner’s account of abusive conduct by him.”

Generally, CPS staff must interview alleged abusers initially in the investigation phase of CPS involvement with a family. Interviews should not be a primary avenue for determining whether a man has been physically abusive and controlling toward his partner or for corroborating the partner’s account of abusive conduct by him. Most abusers deny any violence or abusive conduct at the outset. In many instances, information available in the case record is sufficient to establish with reasonable certainty that the alleged abuser has an ongoing pattern of coercively controlling behaviors and physical abuse directed at an intimate partner.

Before proceeding to recommended practices in interviewing and establishing productive relationships with abusers, it is important to acknowledge that in traditional child protection practice, there is a strong tendency to focus strongly on women and to place responsibility for change disproportionately on them. Conversely, there is a tendency to engage less with fathers or stepfathers. This is perhaps fueled by gender stereotypes that suggest that parenting is a primary role for women and that tend to view men as less engaged with children. If it is taken for granted that men are less involved and that they care less for fatherhood, why expend energy pursuing them? As a result, there may be insufficient accumulated experience in child welfare on how to engage with and maintain relationships with male caretakers. One consequence of this historical tendency is that when techniques and suggestions for engaging with men are presented, many practitioners say, “That’s counseling... that’s not my job.” This is a self-defeating stance. The suggestions presented below are not counseling or psychotherapy: they are examples of good case practice and they reflect actual practices of many child welfare professionals. An underlying concern is that it takes more work and time to engage fully with mothers and male caretakers. While this is true, our hope is that this will result in better outcomes for many children, most of whom will continue to have relationships with their fathers.

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THE INTERVIEW PROCESS SHOULD BE GUIDED BY THE FOLLOWING PRINCIPLES:

- an appropriate approach
- safety
- prudence
- respect
- rapport
- attention to race/ethnicity/class issues
- attention to fatherhood
- limit-setting
- documentation
- accountability, and
- the need to carefully structure the interview.

An **APPROPRIATE APPROACH** involves asking a series of questions to find out how best to initiate and maintain contact with an abuser in order to minimize risk to his partner, their children, and social workers. How has the abuser reacted in the past to disclosing his violent behavior? Does he retaliate against his partner even if he is responding to information that comes from other sources? Does he have a history of assaulting, threatening or acting in a highly intimidating fashion with authority figures? How dangerous is the abuser—what is his history of violence? Has he ever used a weapon? What kind of approaches have worked well with him? Is he concerned about the incident and CPS involvement? Afraid? Is substance abuse a factor? When and where can he be reached? Social workers should speak to partners, service providers, other child protection workers who have had contact with the abuser and the reporters of child abuse/neglect to orient themselves and plan their approach accordingly.

SAFETY is the first consideration for CPS workers, partners and children. The information obtained in the initial approach described above should be used to assess the safety risks associated with interviewing the abuser. In addition to interviewing informants such as partners, service providers, other child protection workers who have had contact with the abuser and the reporters of child abuse/neglect, it is important to examine the case record prior to an interview, to consult collateral sources such as the abuser's criminal record, police arrest reports and other informants, such as the child's teacher or pediatrician when appropriate. If the level of risk appears low, the social worker may interview the abuser at his home (by himself if possible); if there is higher risk or the risk is unknown, the social worker can conduct the interview accompanied by a peer. If a home interview seems unsafe, the social worker can ask him to come to the office and interview him there with a colleague or supervisor present or with security/police presence nearby. The social worker should assess the risk of the abuser's retaliating against his partner as a result of the interview — for example, if the man has threatened retaliation, the woman fears it, or there is a past history of

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retaliation in the relationship. In the rare instances that it is not safe to interview the abuser because of severe safety risks to the partner and to the children, the decision must be fully documented in the case record.

In the vast majority of cases, CPS workers are not placing themselves in danger when interviewing men who have been violent towards their partners. However, it is always best to err on the side of caution. When interviewing men at their homes or elsewhere, it is advisable to carry a cell phone and to remain in the front rooms of the house. Workers should always be aware of the clearest exit route. A key safety measure is to watch the abuser. Has he become agitated? Is he standing up? Gesturing angrily? Making threats? Shaking? If there are grounds for concern about safety and the exits are blocked, it may be best to avoid inflammatory topics and terminate the interview quickly. Some approaches are:

- “It looks like we have gone as far as we can in this discussion. Let’s continue it at another time.”
- “It looks like we don’t agree about all things. I think it makes sense to think it over and come back to this later.” (There are other possible responses under LIMIT-SETTING below.)

It is good case practice to leave or terminate an interview when there are signs of escalation that go beyond a reasonable level of anger or other intense emotions. Otherwise, the social worker may expose him or herself to danger or adapt to the threatening climate by becoming overly accommodating or shifting the focus of case practice onto the partner. If a social worker has felt endangered, it is important to document this event in the case record, consult with a supervisor about what has happened and assess the risk of the abuser’s retaliating against his partner as a result of the interview. It may be necessary to warn the partner immediately or to address a heightened sense of risk in safety planning.

PRUDENCE means minimizing escalation of the situation while making a sustained effort to establish rapport, obtain information, and communicate some basic ideas about the unacceptability of violence. The social worker is responsible for facilitating disclosure and acceptance of responsibility by the abuser, but it is impossible to compel the abuser to take these steps. It is sufficient to have him hear another point of view (such as that violent conduct is never justified) without pressuring him to accept that view. Prudence calls for avoiding debates once positions are fixed. If there is a clear disagreement, the worker can say: “We may have a difference of opinion that we cannot resolve right now.” In line with the goal of minimizing escalation, questioning should always proceed from the general to the specific and from inquiry about less severe forms of abuse to more severe, as illustrated below in **STRUCTURED INTERVIEWS**. This procedure minimizes defensiveness by beginning inquiry on less controversial issues and allowing an abuser to get used to a line of questioning gradually.

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RESPECT is essential to lower defensiveness. It involves maintaining a calm demeanor in a provocative encounter and treating the abuser (who may be denying his behavior) not as a liar or a cruel person, but as someone who has made damaging choices about his behavior in relationships. The crucial issue is to avoid labeling and to focus instead on his responsibility for harmful behaviors: “Most men who have been physically abusive are really regular people who end up doing harmful or hurtful things to their families.” However, they are responsible for their behavior. But people can change their behavior. It’s not about bad people; it’s about harmful behavior.

“The key issue is that the person being interviewed feels he can say what he wants to say and be heard and that he gets clear explanation of child protection concerns about him and of what he is expected to do.”

RAPPORT: Above all, the interview is an opportunity to establish a working relationship with the abuser. Some men are highly defensive or hostile and provide no openings for establishing even a limited level of rapport despite capable efforts by social workers. However, if there is some level of rapport, there is a better chance that the abuser will listen to the worker and take into account recommendations for services. Rapport is based on demonstrating interest in the other person, sympathetic listening, and on providing a clear explanation of the worker’s role and expectations. Demonstrating interest involves questioning the abuser about parts of his life that he may be willing to talk about. For example: How did he meet his partner? What did he like about her? What does he like about her now? What goes well in the relationship? What do they disagree about? Do he and his partner have conflicts? About what? What happens when they have a conflict or strong disagreement? What does he think is the most important aspect of being a father? What does it take to be a good father? (There are more suggestions along these lines in the **INTERVIEW FORMAT** section at the end of this chapter). Sympathetic listening does not call for agreement. It involves active listening and a sustained attempt to understand the other person. Understanding can be conveyed by listening carefully and paraphrasing or summarizing what the other person has just said without adding much interpretation. Finally, the worker should explain any concerns and state expectations clearly. This could include: “I am here to make sure your children are safe. We have a report that your children... (had bruises, said that they were hurt or saw their mother get hurt, etc.). I can provide you with recommendations for services and to help you do whatever you can to make sure your children are safe.” It should be kept in mind that rapport with an abuser does not imply that there is no disagreement or conflict between him and the social worker. The key issue is that the person being interviewed feels he can say what he wants to say and be heard and that he gets clear explanation of child protection concerns about him and of what he is expected to do.

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ATTENTION TO RACE/ETHNICITY/CLASS ISSUES is a crucial practice issue. There is a high risk that the encounter between a social worker (a Caucasian college graduate) and a man of color, an immigrant or a poor Caucasian may reproduce oppressive and stereotypic relationships that these men experience in encounters with systems and in society. If this happens, the chance of a positive outcome is significantly lowered. Factors related to culture, race, ethnicity, and class can act as obstacles to the change process and can give abusers what they feel are excuses for their behavior. They can also be used by case managers who ignore these issues as excuses to fail to hold men accountable or to take a harsh, distant approach. On the other hand, these same factors can be used to facilitate the process of change and for helping abusers to take responsibility and remove obstacles to change.

“Integrating these practices calls for case managers and administrators to become more knowledgeable about the cultural background and life experience of the men they work with, to connect with key informants and cultural affinity agencies from the specific populations that they serve and to become knowledgeable about culturally appropriate service providers.”

Here are some key practice issues:

- a) Social workers must resist adopting or perpetuating stereotypic views about masculinity and oppressive male behaviors within certain racial/ethnic groups and with low-income men in general. Do they believe that violence toward women and exaggerated self-entitlement is more deeply rooted in some cultures? Do they think that men from certain groups cannot change? Can they accept that there are values, traditions and common life experiences that facilitate oppressive relationships in all cultural/racial groups and socio-economic levels? If child welfare practitioners harbor stereotypic views, they will tend to think of some men in a more negative way and expect too little from them. They will too easily shift their attention away from such men to place responsibility for safety on partners or move toward removal of children.
- b) Social workers must be able to understand and point out positive and functional models of how men relate to women in different cultures. They must be able to present alternative and non-abusive ways of relating that are imbedded in the man's cultural background. For example, a worker can say confidently, “There are men in your community who are respected and who treat their partners with respect. Many Latino men worry a lot about being a good example to their children. They tend to stay home with their families after work and they treat their wives — their children's mother — with respect.” Can the worker bring in culturally appropriate kin and community supports for men? For

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instance, is it common practice to connect men with cultural affinity organizations that can help him? Or to search out family and community members who might help him? Is the worker aware of particular challenges that men from certain backgrounds face, such as immigration/legalization issues, exposure to violence in the community or in the country of origin or elsewhere, unemployment, low educational attainment, or illiteracy? Is the case manager prepared to recognize issues such as these as potential obstacles for change and achieving stability? Is the case manager prepared to help obtain referrals for services? Integrating these practices calls for case managers and administrators to become more knowledgeable about the cultural background and life experiences of the men they work with, to connect with key informants and cultural affinity agencies from the specific populations that they serve and to become knowledgeable about culturally appropriate service providers, where such are available. Changing practice in this fashion should be a shared responsibility between social workers, supervisors, managers and throughout the leadership of the agency.

FATHERHOOD can be a prime motivator for abusers to change if approached in a helpful fashion. Most men have a strong aspiration to be good fathers. Their childhood experiences with male caretakers (fathers, stepfathers, mother's boyfriends, male relatives who took a paternal role, etc.) are often quite vivid for them, both in a negative and positive sense. They readily admit that male caretakers (or the absence of a male caretaker) had a strong and formative impact on them. They usually aspire to be good fathers and they tie success in fatherhood to a positive sense of manhood. This opens the door to using education about the impact of domestic violence on children to help men understand the effects of their behavior in general, to accept the need to get help and to motivate them to change. Here are some approaches:

- "I know you want to be a good father. How do you think your children were affected by what you did?"
- "Even if you don't think your kids have seen anything, here are some examples of how living in a home where there is violence can affect kids: they may become violent or victimized in future relationships, be angry with you for a very long time, or do poorly in school. Have you seen this in your children? Even if they are silent and don't show anything, it will affect them. I know you are not trying to scare them and leave them with bad memories, but this is what is likely to happen. Please get help. Do it for your children. Go and try the (name of the Batterer Intervention Program)."
- "I know that you want to see your kids and you feel really angry at your partner. Please get some help and show that you are willing to do some work."
- "If you violate the restraining order because you want to see the kids, how are you going to see them if you are in jail?"

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- “I know you want to be a good father, but it’s not safe for your kids if you’re around right now. You don’t seem able to manage your behavior. You need to get out for your kids’ sake and make sure you can do some work on changing the way you sometimes act. Do you have a place to stay? Can I help you find a place?”
- “Let’s talk about the difference between respect and fear. Did people use fear with you when you were a kid? What is respect? How do you earn your kids’ respect?”

These approaches will work best if there is already a positive relationship. Many of these statements are challenging, but they reflect a strength-based approach. Their underlying assumption is that the man can change and he needs more information and education and that it is up to him to make good choices.

LIMIT-SETTING involves maintaining an environment where the social worker can converse without being subject to intimidation, threats or disruptive behavior. It is necessary to do this whenever such behaviors occur. If workers do not respond to threats or intimidation with appropriate limit-setting, they begin to back off, sometimes without being aware of what they are doing. Therefore, the following responses to disruptive or threatening behavior options are advisable:

- (a) If the behaviors are not extremely threatening, the caseworker can say, “When you behave in this way (describe what just happened) it is threatening (highly disruptive) and I cannot work when things are like this. I know that you are upset (mad), and that this is unpleasant, but if this continues, I will have to leave and document the reason why I could not continue the interview in the case record. I want to get your side of things.” The worker must be prepared to terminate the interview if the abuser cannot desist.
- (b) If the behaviors are more threatening and persistent, the interview should end.

In both instances, social workers should document abusive and disruptive behaviors as faithfully as possible in the case file. It is not a failure on the social worker’s part if the abuser cannot respond to reasonable limits; it is a reflection of the severity of the abuser’s coercive control.

FOCUS ON ACCOUNTABILITY calls for maintaining a firm emphasis on the concept that violence and abuse are not justified, no matter what the circumstances are, and that it is up to him to get help or to leave the home. If he wants to talk about his partner and how he sees her as the source of the problem, the case manager can listen without agreeing, but it should be made clear in a respectful manner (if it is safe) that violent and abusive behaviors are deeply destructive of relationships and harm children and that nothing else can be resolved unless he gets help and changes his behavior. Being able to do this supportively, without blaming or engaging in pressured argument, creates the basis for an alliance framed in respect and responsibility.

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A **STRUCTURED INTERVIEW** is crucial. Before beginning, the social worker should have a clear sense of the goals of the interview and should have formulated a line of questioning. Open-ended interviews with abusers give reluctant informants a chance to lead the conversation toward victim-blaming, denial and complaints about CPS.

MINIMAL GOALS FOR AN INTERVIEW ARE:

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

In addition, if he is a willing informant, other areas can be explored: For example, how complete is his account of his abusive conduct compared to the case record and other sources of information? Does he deny completely his conduct or does he minimize? Does he accept responsibility for his conduct or does he blame his partner? What form does his blaming take? Is it rageful and vindictive? If he accepts responsibility, does he think his behavior was wrong? Why? How firm is his commitment to get help? How firm is his commitment to follow a safety/behavior change plan? Can he talk about the impact of violence on his children and on his partner? Can he listen to the social worker's description of the impact of violence on children? What is his understanding of parenting? How does he see that he has functioned in that area?

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INTERVIEW FORMAT

Two types of interviews are presented. The first type is a highly focused interview that can be used to gather information and to ask the man to get help. The second interview format is a generic interview that can be used to establish rapport and to begin to explore issues about relationships. The abuser should be interviewed when his partner is not present. It is useful to divide the interview into three parts.

INTERVIEW TYPE

1 HIGHLY FOCUSED

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

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to be able to continue this conversation in a way that is good for both of us. I don't know if you are aware of it, but you are (interruption, refusing to talk about yourself, getting very loud, making threatening gestures, etc.). I cannot continue the interview this way. It has to be a two-way conversation. I want to listen to your side of things, but I also need to ask you some questions. Can we continue with questions?"

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

If the social worker encounters situations described in items (d) through (g) above, it is important to document the conversation and the abuser's demeanor and to discuss the events with a supervisor.

2. **Inquiry about violent behavior and other forms of abuse.** As stated earlier, questioning should always proceed from the general to the specific, and from inquiry about less severe forms of abuse to more severe forms. The sequence of questions below illustrates these principles. Social workers can adapt it to interviews as needed.

- (a) For a general conversation (if this is screening for domestic violence):
 - What happens when you get mad at her?
 - Do you ever yell? Call her names? Throw things?
 - Have you ever used force with her? What happened?
 - Where were the children?
- (b) Then, if this is an inquiry pursuant to a specific incident:
 - Did you use force with her? Or touch her in any way? What happened?
 - Did you push her? How hard? Was she injured? How many times?
 - Slap her? How many times? How hard? Was she injured? (The same cycle of questions should be used with other violent behaviors such as punching, choking, hitting with objects and using weapons. Also, this same sequence of questions should be pursued with different incidents).

INTERVIEWING ABUSERS

3. **Willingness to change and views of relationships and parenting** can also be explored in the interview. One can inquire about these issues with the following questions:

(a) The best way to find out whether he accepts responsibility for his behavior is to ask what he is willing to do in order to change:

- Are you willing to go to a group to get some help? (If he agrees, he should receive the name and number of the nearest BIP. If he is doubtful, the worker can suggest that he make a commitment to attend for 12 weeks and then assess continuation with you and with program staff.)

(i) If he is not willing to go to a group, the interviewer can say:

“I want you to know that your service plan will require that you attend one of these groups. I would really like you to go. You will probably learn things that will help you. I know you want to be a good father. This is part of being a good dad. If you are not ready to say yes, do you want to take a week to think this over? I will call (or write) you.”

(ii) If he insists that he will not go to a group unless his partner also does, the interviewer can respond with:

“Getting help for yourself does not mean that she does not have issues of her own. The problem is that when someone has been physically abusive, they have crossed the line in a relationship. People are going to expect you to do this. It will help you. If you do it and work at it, it will become part of the case record.”

(b) Parenting issues can be explored through these questions:

- “Do you think that your physical abuse of your partner has had any effect on the kids?”
- “Has any child ever tried to intervene in an incident of violence?” (If he can provide information, does he think it has affected all the children in the same way?)
 - (i) If he cannot describe any effects on children, asking about the following signs of traumatic impact on children may be useful:

“Have you observed fearfulness? Violent play or hitting by the children? Sleeplessness or nightmares? Problems going to school? Withdrawal? Too much crying? Constant problems with you? With the mother? With teachers or school authorities? With the police? Has any child stopped listening to you or to their mother?” These questions serve an educational purpose even if he denies all effects.

INTERVIEWING ABUSERS

INTERVIEW TYPE



ESTABLISHING RAPPORT

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

- (a) "How did you meet her? Tell me what happened. Did you like her right away or later? What did you like about her? Tell me more about that..." Does he see her as a three-dimensional person or does he have a very limited view of her?
- (b) "As time has passed are there other things you like about her? What are they? Can you tell me more about that?" These questions also explore capacity for relationship.
- (c) "Are there things you don't like about her? What? Is this something that was there from the beginning or did you see it later? Do you talk about it with her? How does the conversation go? When was the last time you tried? What happened? Would you have wanted to do it differently?"
- (d) "Is there something that really sets you off in arguments or in disagreements? What is it? What helps to keep you from flying off the handle? Does it work?"
- (e) "Do you ever have fun with your kids? What do you do? Is there a part of each day or a part of the week when you enjoy being with them?"
- (f) "Are your kids respectful? Do they listen? Do they disobey often? What do you do when it happens? What works?"
- (g) "What do you do to relax? Do you do it often? What else do you do? Do these things work? Do you have a lot of stress or things that are hard or difficult in your life? Tell me about it..."

DOCUMENTATION: The interview is a valuable opportunity to observe the abuser, document his behavior, and document how he explains his behavior with his family. Documentation involves quoting the abuser and describing his conduct in interviews. This can be accomplished by writing brief one or two-word notes of key issues or statements during an interview and/or by preparing a more detailed process recording as soon after the interview as possible. Detailed documentation may provide corroboration of information obtained from the partner, children and collateral sources, and may strengthen the credibility of CPS's position in service plans and in court. Many abusers may deny certain behaviors and statements in a judicial setting, but it is often very convincing if there are detailed notes in the case record about the abuser's statements and behaviors. The social worker should note and document any coercively controlling behaviors in the case record: Does the abuser become agitated, threatening or loud? Does he interrupt or insult the worker? Does he repeat himself as if he expects to obtain agreement through repetition? Are there threatening remarks,

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gestures or body language? Also, if he is disruptive and loud, can he respond to a respectful, limit-setting request to change the tone of the interview, or does he escalate? If he denies violence and abusive behavior or blames and demeans his partner, this should be documented. If he is avoidant, this should also be documented. It is important to note the difference between documentation and opinion. For example, “The abuser intimidated this social worker” is opinion; on the other hand, “The abuser stood up and paced, waving his arms. When invited to sit down, he refused and became louder. He yelled that no one was listening to him and that this worker is ignorant. He came toward me and stopped three feet away” is descriptive documentation.

CONCLUSION

Interviewing physically abusive men in the CPS caseload is an essential and basic aspect of practice. Skillful interviewing provides an opportunity to connect with the man in a more effective way, assess his capacity to change and, above all, to maximize the safety and well-being of women and children.

VII. CLINICAL EVALUATION OF ABUSERS

CHAPTER HIGHLIGHTS:

- Clinical or psychological evaluations should not be employed to determine whether a client or defendant is an abuser. Determining whether a client is an abuser and should be required to attend a Batterer Intervention Program (BIP) is the role of child protection personnel. This decision should be based on examining information in the case record to determine whether there is a consistent pattern of coercive control and some form of violence. If there is such a pattern of coercive control and physical abuse, a psychological evaluation is not necessary.
- There are special circumstances where a clinical evaluation is warranted. Clinical evaluation is appropriate when there is a question about:
 - (a) The abuser's capacity to function in a BIP
 - (b) The abuser's capacity to parent, or
 - (c) The traumatic impact of minimally violent abusers with high levels of psychologically abusive and intimidating behaviors. (Some abusers may be violent very infrequently, but highly damaging psychologically.)
- Clinical evaluation can be used with physically abusive men who have acute mental health or substance abuse problems to determine their capacity to function in a BIP and what the best treatment option is. Attending a BIP is the treatment of choice unless there are compelling contraindications. The evaluator can determine whether the abuser can attend a BIP and another form of treatment (usually referred to as concurrent treatments) or whether another form of treatment is necessary.
- Clinical evaluation is also appropriate to explore the abuser's capacity to parent in instances where the abuser is living with children, or is being considered for visitation or reunification. The following areas can be explored:
 - (a) Does the abuser pose a threat to children or to the mother?
 - (b) Can he recognize and alleviate the impact of abusive and violent conduct on his children?
 - (c) Can the abuser provide age-appropriate nurturance, limit-setting and discipline to children without resorting to abusive conduct?
 - (d) Does the abuser's psychological function indicate that he has the capacity to nurture children through different stages of growth and maturation?
- Minimally violent abusers are men who have infrequent acts of low level physical abuse. Some of these abusers have personality characteristics and patterns of psychologically abusive and intimidating behaviors that are extremely damaging and traumatizing to partners and children. In order to forestall the possibility that these non-physically abusive behaviors are overlooked in service planning and custody determinations, clinical evaluation can be used with these abusers to explore the traumatic impact of these behaviors, the

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men's capacity to change and to make treatment recommendations. If these behaviors are severe or if their impact has been severe, then attending a BIP can be required in the service plan, even in the absence of a clear pattern of violent behavior.

- A forensic model should be applied in all instances where abusers or suspected abusers are required to have a psychological evaluation. The forensic model requires the client to waive confidentiality and to give the evaluator permission to obtain information from his partner, child protection personnel and other clinicians from whom he has received treatment. He should also permit access to his child protection file and to his mental health file. Likewise, clinicians who evaluate abusers should follow a forensic model. This involves reading the documentation carefully and questioning sources so that the evaluator can structure an interview that takes the documentation into account.
- Evaluations that do not involve a careful weighing of all collateral information should be considered invalid since much essential information will be omitted from the process. Also, such evaluations may be biased by an uncritical acceptance of the abuser's denial or victim-blaming. Likewise, a client's refusal to waive confidentiality to sources listed above will invalidate the evaluation.
- Clinicians who evaluate physically abusive men should understand the dynamics of abusive relationships, dangerousness assessment procedures and the characteristics and heterogeneity of this population.

VII. APPROPRIATE USE OF CLINICAL EVALUATION WITH PHYSICALLY ABUSIVE MEN

Determining whether someone is a batterer is not a clinical decision, but a determination based on reviewing information provided by collateral sources, the alleged abuser and/or victims. Based on this information, the assessor can determine whether a person's behavioral profile includes a consistent pattern of various forms of psychological abuse, intimidation, intrusive and inflated self-entitlement and some type of physical abuse.

Social workers and supervisors (in consultation with domestic violence advocates) have primary responsibility and authority to make this determination. Making these determinations does not amount to finding a client guilty in a criminal court. The issue is whether there is a reasonable basis to conclude that there is a pattern of physical and other forms of abuse that justifies requiring attendance at a BIP in the service plan. In a similar fashion, CPS often requires substance abuse treatment in a service plan when there is a clear history of problems in this area. In determining whether a person is abusive to his partner, the following sources of information should be carefully weighed:

- (a) Descriptions of violent incidents from third party or collateral sources, such as police arrest reports and protective order affidavits and child abuse reports
- (b) Prior convictions for assault, protective order violations and stalking in the criminal record, which should be taken as evidence of a history of violence
- (c) Victims' or children's medical records that document injury or psychological trauma
- (d) Victims' or children's accounts of assaults provided to CPS personnel
- (e) The man's description of his conduct in collateral sources
- (f) Descriptions of intimidating and psychologically abusive behaviors that may appear in the sources listed above or that may be directed at and observed by CPS personnel, and
- (g) The abuser's disclosure of controlling behaviors and violence.

“Traditional psychological evaluations are inappropriate with physically abusive men. A procedure that involves psychological testing and interviews without access to and careful review of collateral sources may produce a very misleading view of the client.”

Even if a person denies all violent behavior, has no criminal record and/or presents a psychological evaluation stating that he is not physically abusive, he should be considered to be physically abusive and be required to address these behaviors in his service plan if the case record documents a clearly-defined and consistent pattern of behavior including coercive control and physical abuse. A psychological evaluation is not credible if it ignores a documented and consistent pattern of coercive

APPROPRIATE USE OF CLINICAL EVALUATION WITH PHYSICALLY ABUSIVE MEN

control and physical abuse which is corroborated by sources such as the criminal record, police arrest reports and information provided by partners or children. Therefore, psychological evaluations should not be utilized to determine whether a client or defendant is an abuser. Again, that determination is made based on assessment of information in the case record and it rests most appropriately in the hands of CPS personnel.

Traditional psychological evaluations are inappropriate with physically abusive men. A procedure that involves psychological testing and interviews without access to and careful review of collateral sources may produce a very misleading view of the client. At worst, it may echo the abuser's victim-blaming and denial of violent behavior. At best, it will be based on incomplete information.

It is essential that psychological evaluations of physically abusive men follow a forensic model. The abuser should be required to waive confidentiality and give the evaluator access to all sources, including his child protection file, his criminal record (including police arrest reports) and his mental health record; he should provide permission for the evaluator to interview his partner, the child protection worker and other clinicians with whom he has worked. **A client's failure to waive permission in this manner invalidates the evaluation process, since the evaluation will be based on incomplete information.**

In following a forensic model, the evaluator should carefully weigh the collateral information and utilize it to structure an interview in which the client is questioned about significant events, presented with information from the case record and other sources and asked to reconcile different accounts of events. This allows the evaluator a key opportunity to assess the client's veracity and defensive structures.

In addition, clinicians who evaluate physically abusive men should understand the dynamics of abusive relationships and should have practice in dangerousness assessment and the characteristics and heterogeneity of this population. The clinician must balance a thorough information-gathering process with an understanding that the client may be committed to utilizing the evaluation in a self-serving manner. For example, a client may want to employ the evaluation to have himself declared non-abusive or to obtain support in avoiding attending a BIP. On the other hand, the clinician must be prepared to make distinctions among different levels of dangerousness and abusiveness and to recognize the genuine strengths and capacity to change that many of these men have.

APPROPRIATE USE OF CLINICAL EVALUATION WITH PHYSICALLY ABUSIVE MEN

SPECIAL CIRCUMSTANCES THAT CALL FOR CLINICAL EVALUATIONS:

1. Clinical evaluations are appropriate when there are indications of acute mental illness or substance abuse, and CPS or the courts want expert recommendations to clarify whether a BIP can be supplemented by a concurrent treatment or whether it is appropriate to supplant the BIP with an alternative treatment.

MENTAL ILLNESS. Many abusers who have been diagnosed with a major mental illness or who have Post-traumatic Stress Disorder (PTSD) can attend and benefit from a BIP. These men may attend concurrent treatment. The following are acceptable justifications for allowing an intervention other than a BIP:

1. The man has a thought disorder that cannot be stabilized with medication. He has been diagnosed with a major mental illness. There may be a history of frequent hospitalization and worsening symptoms.
2. The man has severe PTSD that has not been stabilized through medication and he has intrusive symptoms such as flashbacks or dissociative states that will be triggered by attendance in a BIP. There may be a history of frequent hospitalization and acting out of traumatic memories.

If there is a case in which there are some indications of the potential to function in a BIP but the caseworker is not certain if the individual is capable of participating, it is appropriate to recommend that the man attend the intake group in the BIP for 6-10 weeks and that he be evaluated for his capacity to participate during this period. The evaluator may also recommend that continued participation in concurrent treatment be part of the abuser's service plan.

SUBSTANCE ABUSE. Many men who are in early recovery from substance abuse participate productively in BIPs. Many of these men attend concurrent treatment and participate in self-help groups. This includes men who are in long-term monitored substance abuse treatment programs, who are also appropriate for BIPs. The following are acceptable justifications for allowing an intervention other than a BIP for a substance-abusing client.

1. The substance abuse is severe and current. For example, the man has appeared intoxicated in meetings with CPS staff or at a BIP. He may have indications of severe substance abuse that are recent: homelessness, unemployment, commitments to detoxification programs and legal problems associated with severe substance abuse. In such instances, the evaluator should recommend enrollment in a detoxification

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program with strong follow-up treatment and self-help groups, with attendance in the BIP to begin one to two months after sobriety has been established.

2. The substance abuse is severe and recent and the man is in the first few weeks of recovery. In such instances, the evaluator should recommend substance abuse treatment and subsequent enrollment in a BIP as above.
3. There is a history of substance abuse and severe neurological and cognitive damage that are observable and verified by a neuropsychological exam that indicate that participation in a BIP is beyond his capacity.

In all instances where interventions other than BIPs are recommended, CPS should request prompt notification by the evaluator so that this information can be taken into account in maximizing safety in interventions with the abuser's family. In addition, recommendations for concurrent intervention for abusers (either mental health or substance abuse treatment) should be incorporated into the service plan.

II. Clinical evaluations are also called for when there are questions about the abuser's capacity for parenting and CPS or the courts want expert opinions about custody or visitation.

CAPACITY FOR PARENTING. CPS often wants to assess whether the offender poses a physical and/or psychological risk to the child and to explore the abuser's capacity to take care of children appropriately. These questions arise when an abuser is living with a child or when he is apart from his child and visitation or the return of children is being considered. In order to explore the following questions, the evaluator should scrutinize the case record for information about the abuser's history with his child(ren) and question caseworkers who have observed visits. The evaluator should ask the abuser to tell stories of time spent with his child(ren) and how he sees parenting. It is also recommended that the evaluator observe child visitation sessions.

There are three areas that evaluators can be expected to assess regarding the abuser's capacity for parenting and questions about custody or visitation:

1. CONCERN ABOUT DANGEROUSNESS: Does the offender pose a threat to the child? To the mother? Insuring that there is safety for all parties is a precondition to ongoing contact. The evaluator should utilize a dangerousness assessment profile, which calls for collecting data from the abuser, his partner and collateral sources. Signs of continued dangerousness are:

- A history of very violent behavior toward his partner, his children or others
- A history of highly obsessive and threatening conduct

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- Lack of a demonstrated commitment to non-violence, evidenced, for example, by a refusal to participate consistently and productively in a BIP, or by the presence of ongoing violence and intimidation toward partners or CPS personnel.

2. PARENTING STYLE:

- What is the nature of an abuser's attachment to child(ren)? Is there a pattern of manipulateness? Of using children to meet his own needs? Is there evidence of using his children to punish his partner or obtain access to her? Is there evidence of age-appropriate caretaking and boundaries? Is there appropriate giving and limit-setting? How does he cope with conflict and frustration with his child(ren)? If any of these patterns of behavior are evident, either from information provided by the mother and other caretakers or from observations of supervised visits, can he acknowledge and change such patterns of behavior?
- Does he acknowledge the effect of violence on the child(ren)? Can he understand that being the victim of violence and/or that witnessing violence has traumatic impact on children? What remedial steps has abuser taken to undo past damage? What remedial steps has he planned? Does he have a credible capacity to move toward a responsible reengagement with the child(ren)? If he is unaware of the impact of violence on children, is he receptive to this information?

3. PSYCHOLOGICAL FUNCTION AND IMPLICATIONS FOR PARENTING:

Closely related to parenting style but of broader scope is the question of understanding the implication of the abuser's personality structure on his capacity for parenting. A capacity to have stable attachments, empathy, a defensive structure that is not overly rigid and the ability to tolerate a child's progress through developmental stages are important foundations of parenting that should be assessed. In questioning the abuser during the evaluation and using collateral sources, the evaluator can look at the following areas:

- (i) What is the abuser's capacity to have relationships (what type of relationships can he tolerate)?
- (ii) What is his capacity to have empathy? Is he emotionally restricted? Rigid?
- (iii) What is his defensive structure? What situations or affects trigger his defenses?
- (iv) Does he have restricted development in some area(s) of psychological function such that severe conflict will arise with children as they develop and challenge parents more?

III. The abuser is minimally violent, and child protection services or the juvenile court want expert recommendations to clarify the best alternative for treatment, child visitation or child custody. Minimally violent abusers are men who have infrequent acts of low level physical abuse. Evaluation is called for if there are indications of severe and traumatizing psychological abuse and intimidation. Assessment of abusers should not overlook the possibility that a pattern of low-level

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and infrequent violence may be accompanied by severely traumatizing and intimidating conduct. These factors should be taken into account, even in the absence of moderate or severe violence.

With some men there is (a) a lack of information about physical abuse in the case record or there is a pattern of low level violent behavior and (b) there is a history of coercively controlling conduct. What is the appropriate intervention for these men? Evaluators can make an in-depth exploration of the case record and collateral information and carry out interviews to clarify recommendations for intervention. A BIP may be recommended:

1. If the case record reveals a stable pattern of severe and intrusive coercive control of the partner and/or children that involves acute forms of intimidation and psychological abuse, even if physical abuse is minimal. Severe intimidation includes: constant yelling or screaming, threats to inflict harm to the partner or others, breaking or throwing things often, injuring pets, constant rageful behavior, swearing, uttering threats of physical harm, highly manipulative behavior, etc. Acute psychological abuse involves behaviors such as urging children to humiliate a mother, undermining the mother's authority with children by humiliating or ridiculing her in front of the children, constant and pressured accusations of infidelity that may be accompanied by intrusive activities such as body searches, closely monitoring a partner's whereabouts and use of money, isolating partners and children, humiliating her in public, etc.
2. If the man evidences a pattern of persistent and severe coercive control with CPS employees, the evaluator and other parties in public settings and there are indications of such behavior with the family. The inability to suppress such conduct in public settings is an alarming indicator of a deeply-rooted and self-justified behavior pattern that is highly destructive in the more private and vulnerable setting of domestic relations. It is also important to keep in mind that many abusers behave respectfully with authority figures, so the absence of abusive behaviors with social workers and other CPS personnel does not indicate that severe patterns of abuse are not manifested with other people.
3. If the case record reveals a stable pattern of severe and intrusive coercive control of the partner and children (even in the absence of evidence of physical abuse) and there are clear signs of psychological trauma in the partner and/or the children that cannot be attributed to other causes.

In these instances evaluators are justified in recommending a BIP for the man.

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CONCLUSION

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

VII. APPROPRIATE INTERVENTIONS AND SERVICE PLANNING FOR ABUSERS

CHAPTER HIGHLIGHTS:

- Psychoeducational men-only groups are the optimal and best-researched intervention for this population. These groups are usually referred to as Batterer Intervention Programs (BIPs).
- BIPs focus on the safety of victims and children, behavior change for abusers, and a multi-agency coordinated system of accountability. These groups help men who are violent in their relationships reframe abusive conduct as inappropriate and oppressive and teach alternative behavioral responses. Although typically connected to the criminal justice system, new referrals to BIPs come from a variety of sources, depending on the state: from the courts, probation department, parole department, CPS, and outreach programs in the community that enlist voluntary participants. Men in BIPs are held accountable for refraining from further abuse of partners or children and may be terminated from the group and reported to probation if they do not comply.
- Though more studies are needed, current treatment outcome research indicates that many men who complete BIPs can stop violent behavior and establish and maintain non-abusive patterns of behavior. However, a sizable proportion of participants who complete groups continue assaulting their partners. Attending and completing a BIP does not guarantee that violence and other forms of abuse will end. Stopping violent and abusive behavior and practicing new ways of interacting in relationships are the key measures of change. Continued assaultiveness after treatment is correlated with intoxication (particularly alcohol abuse) and a history of arrests for assault (including assaults on partners).
- Specialized groups for men who batter work best in a context where there is monitoring of abusers and consequences for noncompliance. To date, the impact of treatment has been measured only from within a framework where abusers had been arrested, convicted, placed on probation, required to attend treatment as a condition of probation, and in which failure to follow terms of probation or re-assault would lead to incarceration. BIPs and substance abuse screening and treatment are key interventions for abusers. Continued monitoring of men who attend BIPs and support for partners is necessary to minimize risk that men will continue assaultive behavior.
- Individual psychotherapy, anger control groups and psychopharmacological or substance abuse treatment are not acceptable substitutes for BIPs.
- Many men who have major mental illness, Post-Traumatic Stress Disorder (PTSD), Attention Deficit Disorder (ADD) or functional substance abuse problems attend both the BIP and another form of treatment. By themselves, these conditions do not rule out attendance at a BIP.

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- Individual psychotherapy and/or substance abuse treatment can be substituted for a BIP only in situations where the abuser is too acutely impaired or disruptive to function in a group setting.
- Individual psychotherapy and/or substance abuse treatments (such as detox programs) can be inappropriate and dangerous interventions if they do not concentrate on halting violent and abusive behavior and on maximizing safety for victims and their children.
- When utilized as a concurrent or alternative treatment, individual psychotherapy should follow the forensic model: at a minimum, the abuser must waive confidentiality, the therapy should focus on safety and behavior change, and the psychotherapist should act as a “whistle blower” with child protection services and the court if the abuser is not complying with all agreements about accountability in the therapeutic process.
- Family therapy and couples counseling are rarely appropriate interventions for abusers and their families and tend to intensify risks for victims of violence.
- Psychotherapists who engage in clinical interventions with abusers, with or without their spouses, should be familiar with the dynamics of battering relationships, and with safety planning for victims of violence and safe behavior planning for perpetrators.
- As an essential safety measure, it is important to insure ongoing communication between all service providers and CPS personnel. Abusers must be required to grant written permission for caseworkers to communicate with other providers to maximize safety for children and other victims of violence.

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IMPACT OF SPECIALIZED ABUSER INTERVENTION PROGRAMS

According to treatment outcome research, the most appropriate treatment for men who are violent in relationships is men-only specialized groups (Batterer Intervention Programs, or BIPs), coupled with close monitoring by the courts once they are on probation. This systemic approach also includes incarceration for men who do not follow the conditions of probation. The combined effect of all these measures produces the best outcomes for men who batter.

For example, a recently completed large-scale research project studied men who had been arrested, convicted, placed on probation and mandated to attend BIPs²¹. These men were tracked after program completion for four years. The 620 men in the sample came from four urban sites (Pittsburgh, Houston, Dallas and Denver). At each site, 155 men were followed; half of these men completed abuser intervention programs and half did not complete or never attended despite court mandates—these were the two “comparison” groups in this study. Program outcome was measured by interviewing initial and new partners about violence and other abusive behaviors throughout the four-year duration of the follow-up. A large majority of men who completed treatment became non-violent and remained non-violent (according to their partners). At the same time, a group of about 20 percent continued to be severely violent. Continued assaultiveness was highly associated with substance abuse (particularly alcohol use) and a history of prior violent behavior, including intimate partner violence, demonstrated by prior arrests for assault.

“Behaviorally-focused group interventions are the most effective measures for this population when reinforced by effective monitoring and follow-up in cases of noncompliance.”

These results are consistent with other research that indicates that abusers do not have pronounced psychopathology: the high rate of violence cessation reported by these men’s partners suggests that, for most men, violent conduct does not result from deep-rooted psychopathology. However, it should be kept in mind that the impact of treatment was measured within a framework in which abusers had been arrested, convicted, placed on probation, required to attend treatment as a condition of probation, and in which failure to follow terms of probation or re-assault would lead to incarceration. Therefore, specialized groups for men who batter work best in a context where there is monitoring of abusers and consequences for noncompliance. Behaviorally-focused group interventions are the most effective measures for this population when reinforced by effective monitoring and follow-up in cases of noncompliance.

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What are the implications for treatment, service plans and managing abusers in the caseload?

1. It is important to understand that many abusers in the CPS caseload can change. Social workers should make every effort to have abusers attend and complete BIPs and receive substance abuse screening and treatment when appropriate. This should be done even if the client is avoidant, reluctant or in complete denial. A requirement to attend a Batterer Intervention Program should always be part of the service plan unless there are very strong contraindications, such as situations where the abuser is too acutely impaired or disruptive to function in a group setting.
2. At the same time, CPS workers should be aware that a large proportion of abusers will remain violent even if they attend a BIP. Therefore, monitoring abusers and supporting partners must remain a core practice even if men attend a program. In addition, if men refuse to attend a BIP or do not complete the program, it should be understood that their likelihood of achieving non-violence is markedly lower and this should be taken into account in safety planning with victims of violence.
3. It is critical to make every effort not only to insure that abusers attend programs, but also that they attend the right kind of program. Ideally, these programs should:
 - Concentrate on behavioral change for abusers, focusing on helping men stop violent and other abusive behaviors and teaching positive alternative skills for non-abusive and responsible relationships.
 - Assess needs for concurrent treatment, such as substance abuse or other forms of treatment.
 - Carry out confidential and safety-oriented contacts with victims of abuse.
 - Hold abusers accountable for changing behavior by maintaining close coordination with probation, the criminal justice system and CPS regarding the abuser's compliance with program standards, restraining orders and conditions of probation. Abusers who fail to comply with program standards or who continue violent or threatening behavior are reported and terminated from the program.
 - Provide treatment for indigent men at no cost. (In practice, few programs can afford to provide this benefit. Sliding scale fees are utilized to guarantee access for as many men as possible.)
 - Address the impact of domestic violence on children.
4. **The key measure of change is not the completion of programs, but behavior change.** For example: Has the abuser stopped violent and/or abusive behaviors with his partner, his children and case managers? Can he respond to conflict and disagreement with his partner and others in a reasonable way? Can he maintain appropriate and respectful co-parenting? Can he acknowledge the impact of abuse and violence on his partner and on the children?

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It is important to know whether there are standards or a certification process for treatment programs for abusers in your state, and who the body is that oversees these programs. In Massachusetts, the Department of Public Health is the oversight agency responsible for monitoring standards and certification.

ALTERNATIVE INTERVENTIONS

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

However, in some instances individual psychotherapy and/or psychopharmacological interventions are an appropriate alternative to a BIP:

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

In instances where individual psychotherapy is recommended as concurrent or alternative treatment due to the abuser's mental health or substance abuse status or to the lack of a local BIP, CPS workers should require the following **minimal** conditions for individual psychotherapy. These conditions incorporate concern for the victim's and children's safety and for holding the abuser accountable for stopping violent and abusive behavior:

- a) The abuser gives written permission for the clinician and CPS to obtain and share information about the abuser for the duration of treatment (the clinician should also have permission to provide written reports to CPS as specified below).
- (b) Information provided to CPS may include, but not be limited to, the attendance record, information about compliance with safety plans (including abusive conduct reported in

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- psychotherapy), and compliance with restraining orders and with concurrent treatment such as substance abuse or psychopharmacological interventions.
- (c) There is an agreement that the therapy will maintain a substantial focus on stopping violence, developing and maintaining compliance with a safe behavior plan, and learning alternatives to abusive behaviors. The abuser must prepare to respond in a different fashion when he feels provoked by his partner. It should be clear that adversity, conflict, frustration and loss are not acceptable excuses for violent or abusive conduct; the abuser must be prepared to follow a different course of action whenever he feels provoked.
 - (d) The clinician must have permission to notify CPS if the abuser is not following his safe behavior plan or complying with other conditions of treatment. This means that the therapist adopts a monitoring role that is commonplace in forensic clinical interventions: the clinician is a potential "whistle blower," accepts this role and uses this stance in the therapeutic process. The clinician agrees to communicate regularly with CPS and to notify CPS if the psychotherapy is not having a positive effect or if there are signs of increasing dangerousness.
 - (e) Depending upon the abuser's capacity and progress, psychotherapy in these circumstances should also address the impact of violence on spouses and children and include reparative work with them, if this can be done safely.

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

Anger management and/or anger control groups are not appropriate interventions for abusers. These groups are appropriate for people who become angry and somewhat violent with non-intimates (for example, strangers, friends and co-workers). They teach excellent techniques for monitoring and interrupting rageful behavior, but they do not address the patterns of coercive control that are so prominent in intimate partner violence.

Family therapy and couples counseling (also called conjoint therapy) are the least desirable and most dangerous interventions for abusers and their spouses and children. In general, couples counseling and family therapy may increase the risk of assault by abusers. In the child welfare context, there is a particular risk that an abuser in couples or family therapy may use CPS involvement with his children to threaten to provoke removal of children in order to intimidate, coerce or obtain concessions from his partner. In addition, couples counseling brings a high risk of provoking or worsening retaliatory assaults by an abuser. For example, if the victim is assertive and discloses prior incidents of abuse with a partner who has not made a commitment to refrain from violence and other forms of abuse, then he may retaliate with violence or intimidation. Furthermore, coercive control can be very subtle. Couples counseling can easily become an arena in which an abuser

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presses demands upon his partner or uses subtle threatening signals in an environment where she is still inhibited by realistic fears of retaliation. Finally, in an environment where the victim of violence may not be free to disclose much of what has happened without fear of retaliation or to disclose her (protective) reasons for not agreeing to enter into certain agreements with her partner, the abuser can easily succeed in having the family or couples therapist align with him. This is a dangerous outcome for battered women and increases risk for children since it may disarm the victim's protective measures.

In general, couples counseling or family therapy are contraindicated if the abuser expresses no remorse, denies his actions, only blames the woman or has little commitment to change. Similarly, if the woman's fear is high and if she blames only herself or feels she deserved maltreatment, couples counseling should not be considered. Also, the woman's participation in couples therapy should not be pressured in any way. It is inappropriate to require couples counseling in a service plan if the woman is reluctant and if conditions outlined below have not been met.

Couples counseling should be considered only if all the following conditions are met:

1. The man's violence was limited to few (no more than one or two) incidents of minor violence, such as slaps, shoves, grabbing and restraining, without resulting bruising or injury.
2. The man's use of psychological abuse has been infrequent and mild and has not created a climate of constant anger or intimidation²². This guards against attempting therapy in a context where the effect of powerful intimidation and psychological abuse is still present.
3. No risk factors for lethality are present.
4. The man admits to and takes responsibility for his abusive behavior.
5. The abuser has made a commitment to refrain from further violence and intimidation and understands that he may feel "provoked" or justified to abuse his partner again in couples counseling. He must demonstrate an ongoing commitment to contain his explosive feelings without blaming others or acting them out, so that they do not provide a justification that propels him into a relapse of violent behavior during the course of treatment.
6. The woman reports in a confidential interview (when the abuser is not present) that she is not afraid of speaking her mind in the therapy setting and that she does not fear retaliation after confronting her spouse about his behavior.
7. In order to structure a climate of safety, responsibility and freedom from coercion, the following agreements should be in place as conditions for beginning and continuing couples counseling:
 - (i) If the man is violent or intimidating while in treatment, conjoint therapy will cease and he will enter a specialized abuser's intervention program.
 - (ii) The primary goals of therapy are ending the man's psychological and physical abuse and facilitating the woman's repair and recovery from his violence, in order to establish a reliable and tested climate of safety in the relationship. It should be clear that no substantive issues can be addressed unless this goal is fulfilled.

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- (iii) The woman has a confidential safety plan.
- (iv) The abuser has behavioral safety plan that is the ongoing focus of his work in the therapy.

“The refusal by either party to agree to such conditions before engaging in couples therapy is indicative of insufficient conditions for safe therapy even in the presence of other positive indicators.”

In addition, the therapist must be familiar with the subtle dynamics of violent relationships and must be willing to set limits with the abuser. At a minimum, the therapist should understand patterns of coercive control and that abusers' behavior is instrumental or purposeful (rather than driven or provoked by partners, as many men claim). The therapist must be willing to maintain focus on the abuser's primary responsibility to change as the main focus of therapeutic work and must provide opportunities for confidential disclosures for the victim of violence. The therapist must be willing to suspend couples counseling if the abuser renews assaultive and intimidating behavior and to notify CPS about this action. The therapist must be willing to take this step even if the woman wants to continue couples counseling.

Even if the couple meets the criteria for low-risk couples therapy, the woman should have the right to decline couples therapy in favor of participation in a support group for battered women or individual treatment. Her priority may be to get support and explore resources. This is appropriate.

SERVICE PLANNING WITH ABUSERS

Service plans are a way of creating a framework for the abuser's change process. They also serve as a way to measure the abuser's willingness to take steps to change his behavior. In preparing a service plan, case managers should be aware that many practitioners have found themselves preparing service plans that are overly lenient or overly stringent and demanding. Case managers frequently experience either fear or anger toward abusers, which can distort the relationship and the service planning process. The key issue is that social workers (with the support of supervisors and other administrators) should reflect carefully on the stressful and potentially confusing impact of working with men who are violent towards their partners. The case management team (not just the social worker) should make continuous efforts to develop service plans that are realistic, appropriately challenging and (whenever possible) based on a relationship with the abuser that is marked by respect and a positive connection. Arriving at a service plan in a positive fashion is as important as developing a good service plan. Administrators should reflect carefully on the stressful and potentially confusing impact of working with men who are violent towards their partners.

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“If communication with treatment providers, evaluators and others is not part of the process, it is impossible to measure compliance with the service plan.”

There is no ideal service plan, but there are some elements that have been found useful for holding men accountable and for promoting safety for partners and children:

- **Attending a BIP.** This usually involves six months to one year of weekly group sessions. Some states require that abusers who are on probation attend a minimum of 40 two-hour treatment sessions (80 hours total). CPS staff should explore the standards in their state or county to ensure local programs are meeting standards.
- **Individual Treatment.** If a BIP is not available, then individual treatment focused on changing behavior and taking responsibility for one's actions is the preferred alternative. It is important to speak to domestic violence advocates or domestic violence specialists who work in your agency for advice about therapists who are knowledgeable about domestic violence and about working with abusers.
- **Attending substance abuse treatment as appropriate.** This may also include verified attendance at self-help groups such as Alcoholics Anonymous or Narcotics Anonymous.
- **Participating in psychological evaluations** and facilitating the process through appropriate confidentiality waivers.
- **Random testing for alcohol and/or drug use.** This is used to verify abstinence.
- **Confidentiality waivers** between all clinicians, BIPs, evaluators, parole and probation officers and partners, and child protection and judicial personnel. This is a pivotal issue. If communication with treatment providers, evaluators and others is not part of the process, it is impossible to measure compliance with the service plan.
- **Permission for child protection and judicial personnel to obtain criminal, mental health and medical records.** (Police responses for specific incidents are in the public domain.)
- **Requiring supervised visitation or that visitation take place at a supervised visitation center.**
- **Compliance with all protective orders.**
- **Halting physical and psychological abuse and intimidation with partners.**

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- **Attending parenting classes** and working with parenting “coaches” at home or during visitation. Parenting classes that are focused on men who use violence are preferred.
- **Demonstrating capacity to cooperate in joint custody arrangements.**
- **Learning about effects of witnessing violence on children and taking steps to remedy these effects and heal relationships with children when appropriate.**
- **Halting psychological abuse and intimidation of child protection personnel.**

It is important for child protection and other professionals who intervene with abusers to avoid equating the abuser’s attending a program like a BIP with actual change. A sizable number of men attend such programs, but do not change. More than attendance, the real measure of accountability is behavior change both with the partner, with children and with child protection personnel. The same accountability standard should be applied to any other service plan items that require attending therapeutic or behavior change programs.

Finally, child protection workers should be sensitive to an abuser’s refusal to waive confidentiality with any party or treatment as requested. If an abuser attends a treatment or program, but refuses to waive confidentiality and allow two-way communication, then the abuser should be considered not to have complied with that element of the service plan. This should be stressed in judicial proceedings.

CPS workers, within the context of a relationship with the abuser, should take note of life challenges such as low educational achievement, limited English-speaking capacity, under-employment, lack of strong occupational skills and concerns about immigration and citizenship, to identify needs for supportive and educational services and to provide active referrals for such services. These services should be incorporated in service plans as suggestions or additional resources. This connects with some of the issues that are discussed in the chapter on race/class/culture.

CONCLUSION

Specialized men-only groups that focus on safety, behavior change and a multi-agency coordinated system of accountability for abusers are the optimal and best-researched intervention for abusers. Substance abuse treatment, individual psychotherapy and psychopharmacological treatment are not appropriate substitutes for an abuser intervention program, unless the abuser is unable to function productively in a BIP. Many abusers engage in these treatments at the same time as they participate in a BIP. Family therapy and couples counseling are rarely appropriate interventions for abusers and their spouses and tend to intensify risks for victims of violence and their children.

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