Treating Women Arrested for Domestic Violence: Issues & Techniques

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Presentation Outline:

- Key Issues – Research, ACEs, Trauma
- Assessment
- Readiness to Change
- Treatment Approaches/Clinical Implications
  - Best Practices, Goals, Good Therapeutic Techniques, Shame Based vs Empowerment
- Treatment Issues
  - Modality, Length of Treatment, Evidence-Based, Trauma
- An Abuse-Specific Counselling Programs for Women Arrested for IPV
- Evaluation of Treatment Progress & Programs

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Definitions

Distinction between Abuse and Aggression:

- **Abuse = a pattern of learned behavior; one partner gets his/her needs met at the expense of the other; use of power and coercive control; usually has elements of intimidation, and often produces hurt, fear and trauma. The abusive person is using superior position, privilege, or strength to impose his/her will on another. Control can be directed at the victim's actions, feelings, and/or beliefs. The context, motivation, and consequences are the keys.**
- **Aggression/Assault = usually physical but can be verbal or sexual, where one person commits an assaultive behavior on the other person. This is usually an isolated event.**
- **Thus, can have abuse without physical aggression, or aggression without abuse. Mutual Abuse would be where both partners are fighting with each other for power and control (not common – 10-15% of cases).**

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Current Research:

Connection between brain development, childhood maltreatment, family violence and trauma – polyvictimization a key.

Effects of adverse childhood experiences (ACEs) on the brain and health has expanded.

Better understanding of brain development, TBIs, and the various types of multiple victimization experienced by victims and offenders.

Can lead to later aggressive behavior and impulsivity due to the interaction of the brain and psychosocial factors.

Influence of trauma makes it much more difficult to focus on just one issue when assessing or treating children or adults when intimate partner violence or abuse.

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TREATMENT ISSUES

1. Who is the primary/dominant aggressor in the relationship?
2. Past victimization/traumatization/ abusiveness?
3. Depression history?
4. Relationship history?
5. Emotional expressiveness?
6. Issues of child abuse and parenting?
7. Conflict management styles?
8. Neuropsychological impairment?
9. Substance abuse/dependence history?

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WHY MIGHT WOMEN HIT MEN? Anecdotal Reports

- Society gives women permission to hit men - TV, movies, "a slap in the face to a man is rarely, if ever, considered domestic violence
- Reasons women give for hitting
  - My partner wasn't sensitive to my needs
  - I wished to gain my partner's attention
  - My partner wasn't listening to me
  - I wanted to "stop him from bothering me"
  - For sexual excitement
  - "He won't hit back because he has been taught it is not okay to hit a woman

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Female DV Offenders

From Lisa Conradi & Robert Geffner 2004

The Seven Major Themes Included:

- History of victimization
- Identification with masculine gender traits
- Problems related to substance abuse
- Emotional abuse by partner
- Perception of self as dominant in relationship
- History of violent behavior
- Perception of personal characteristics as aggressive.

The Three Minor Themes Included:

- A woman's change in her self-identity
- Violence as a motivation to get her partner's attention
- Emotional detachment.

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Categories of Adverse Childhood Experiences (ACE)

V. J. Felitti, M.D., & R. F. Anda. M.D., 2003 – CDC & Kaiser Study

	Category Prevalence (%)
Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	28%
Sexual (anyone)	21%
Emotional & Physical Neglect	25%
Household Dysfunction, by Category	
Substance Abuse	27%
Mental Illness	19%
Mother Treated Violently	13%
Imprisoned Household Member	5%
Parental Separation or Divorce	23%

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Adverse Childhood Experiences Score

Number of categories of adverse childhood experiences

ACE score	*Prevalence*
0	36%
1	26%
2	16%
3	10%
4 or more	12%

- More than *60% have at least one ACE, and almost ¼ have 3 or more ACEs*

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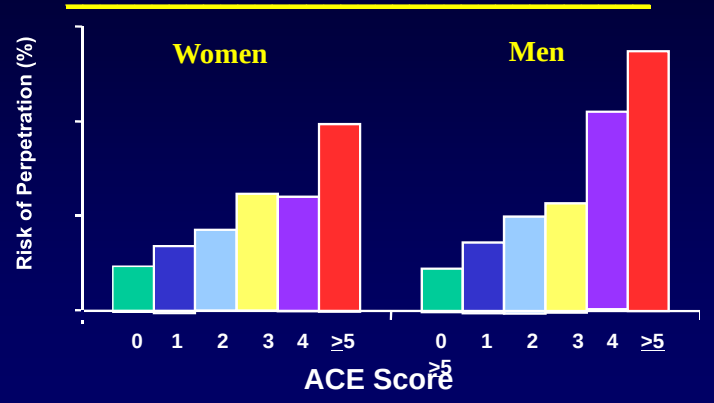
ACE Score and the Risk of *Perpetrating* Domestic Violence



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Assessment of IPV

Complete assessment includes:

- Thorough assessment of violence, abuse, power and control issues
- Assessment of emotional and psychological functioning
- Assessment of chemical usage
- Assessment of motivation to change

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Assessment Strategies

- Examine circumstances relevant to the violence/abuse (use of alcohol/drugs, child rearing, traumas, impulsivity, mood regulation, etc.)
- Types of threats
- Personality characteristics
- Analysis of the frequency and severity
- Coping strategies
- What happens after violent episode is over?
- Psychological and physical impact of violence/abuse on each family member
- Readiness to change

Geffner, Conradi, Geis, & Aranda, 2007

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Assessment

- Basis of Treatment Planning
- Identify Exposure Timeline
- Symptom Clusters – ongoing evaluation
- Risk and Protective Factors
- Inclusion of Each Family Member??

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Processes of Change

- How people change
- Affective, cognitive, and behavioral strategies and techniques used to change attitudes, beliefs, & behaviors
- Facilitate transitions between stages
- Used as basis of intervention design

- Adapted from Deborah Levesque, 2002; 2007 by Geffner

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Stages of Change (Transtheoretical Model)

Precontemplation
Contemplation
Preparation
Action
Maintenance
Termination

From Prochaska, J.O., DiClemente, C.C., & Norcross, C.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 102-1127.

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In the first stage, ***precontemplation***, individuals with violent behaviors have no intention of changing and are likely in strong denial. ***Contemplators*** accept or realize that they have a problem with violence/abuse and begin to think seriously about changing it, but they have not made a commitment to take action in the near future. Individuals who are in the ***preparation*** stage are planning to take action within a short time period. They think more about the future than about the past, and more about the benefits of being non-violent than about the losses. ***Action*** is when the client is overtly expressing a genuine belief that violence/abuse is unacceptable and is actively utilizing the therapeutic interventions to change him/herself and the relationship. ***Maintenance***, often far more difficult to achieve than action, can last a lifetime. Maintenance is a long, ongoing process. Three common internal challenges to maintenance are overconfidence, daily temptation, and self-blame for lapses.

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Decisional Balance

- Pros of Change
  - perceived positive consequences
  - facilitators
- Cons of Change
  - perceived negative consequences
  - barriers

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Motivational Interviewing

Motivational Interviewing: *"is client-centered, directive, method for enhancing intrinsic motivation to change by exploring and resolving ambivalence."* (Miller & Rollnick, 2002)

Step 1: Building a Bond

Step 2: Gathering Information & Providing Feedback

Step 3: Summarizing & Reconnecting

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Understanding Trauma-Informed Practices

- Understanding trauma and its impact
- Promoting safety
- Ensuring cultural competence
- Supporting the person's control, choice, and autonomy
- Sharing power and governance
- Integrating care
- Healing happens in relationships
- Recovery is possible

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Best Practices: Phase-Oriented Treatment

- Safety and Stabilization.
- Symptom Reduction
  - Regulating emotion
  - Processing trauma
  - Attachment issues
  - Substance abuse/dependence
- Developmental skills.

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Clinical Implications

- Integrated Treatment Approach
- Coordinated Service Delivery
- Trauma & Attachment Inform Treatment
- Comprehensive /Collaborative/Continuous Care
- Readiness Assessment & Treatment Matching
- Risk-Need-Responsivity Assessment & Matching
- Incorporation of Motivational Interviewing

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Clinical Implications (Cont'd)

- Enhancing Interviews and Follow Ups
- Empathy Training Emphasis
- Avoid Confrontational Approach – Need to Connect More and Exhibit Caring
- Supplemental Interventions – Trauma, Substance Use/Abuse, Parenting
- Time-Oriented Treatment Not Working – Need Behavior & Attitude-Based System

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Good Therapeutic Techniques

1. Focus on Change, Not Blame
2. Establish Rapport; Use Humor When Appropriate
3. Set Up Model of Equality, Good Communication
4. At First, Don't Get into Details; Leads to Defensiveness
5. When in Denial, Ask About His/Her Story
6. Validate Feelings (e.g., How Uncomfortable Feels)
7. Help Feel in Control; Give Choices
8. Reframing – Move to Feelings or Solution Focus
9. Use Role Play, Demonstration, Homework

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The Essential Ingredients for Healing, Change, and Growth

Mary Jo Barrett, MSW
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1) Creating a Context for Change
2) Challenging Patterns & Expanding Realities
3) Consolidation

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Goals of Brain Based Interventions

- Body regulation
- Emotional balance
- Response flexibility
- Empathy
- Insight
- Modulating fear and anger
- Intuition
- Cognitive restructuring

Adapted from Mary Jo Barrett, 2017

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Five Essential Ingredients for Healing

- **Attachment and Connection:** To build and rebuild relationships where they felt mutual curiosity, compassion, empathy, connecting to a deep set of values that provide a meaningful vision.
- **Safety and Empowerment:** Safe context/boundaries/ structure within and between themselves and their relationships
- **Value:** Collaboration/Strength based guidance/ Vulnerability and Resilience
- **Skills:** Psycho educational experiences/cognitive behavioral/neuro-mind-body/communication/ mindfulness/self-regulation within and between
- **Hope:** Creation of workable realities

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Treatment Goals

- Regulating emotion:
  - Help the client learn healthy ways to regulate emotions
  - Help the client reduce and eliminate self-destructive behaviors.
  - Promote acceptance of painful feelings.
  - Promote the direct expression of feelings in healthy attachments and relationships.
- Building positive relationships
- Correcting cognitive distortions;
- Desensitizing and processing traumatic experiences.
- Building social and life skills

Adapted from the ISSTD Guidelines for treatment (2000).

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INTERVENTIONS

STRESS MANAGEMENT
ANGER/AFFECT REGULATION
IMPULSE CONTROL
PSYCHOEDUCATION
COMMUNICATION & SOCIAL SKILLS
EMPATHY TRAINING
PARENTING
POSITIVE ROLE MODELS
RELAPSE PREVENTION
TRAUMA TREATMENT
SUBSTANCE ABUSE TREATMENT

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FOCUSED TECHNIQUES WITH TRAUMATIZED CLIENTS

- Self-talk strategies can be employed to improve self-esteem, control impulses.
- Metaphors can be employed as an effective and non-threatening means of addressing abuse issues.
- Books and movies can be used to trigger discussion of abuse issues.
- Workbooks are often employed for practice.

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Sequence of Questions – Eve Lipchik, MSW

1. Define problems and goals from clients' point of view

2. Ask for exceptions to problem:

- When don't you or didn't you have this problem?...even a little bit?
- What is different at that time?
- What will have to be different for more of that to happen?
- How do you usually solve problems like this?
- What percentage of the time is this situation problematic as compared to not?
- To what degree would it have to change for you to feel things are tolerable?
- What would a small change towards that goal be?
- How would that make a difference for you? for others?
- What would you notice about yourself...others...what would they notice about you?

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3. When clients are reluctant to offer positives or to stay with them:

- This may seem like a strange question, but do you think it is an advantage for you in some way to have this problem?

In response to clients' answer:

- How can you have that advantage without having to maintain this problem? What could you do instead?

4. When clients are very negative:

- How come things aren't worse? What have you done to keep them from being worse?

(If examples are given of positives, build on them as above)

If the client still remains negative:

- Explore in detail how the client imagines things will be at their worst ... for themselves ... for others.

Then ask: What is the smallest thing you think might make a difference?

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IF THERE ARE NO EXCEPTIONS:

Ask: If a miracle happened tonight and you woke up tomorrow morning and your problem is solved, how would things be different? Describe from your point of view and that of others.

In response to clients' answer:

- Does some of that happen already at times? a little?
- What would have to happen for more of that to happen?

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Specific Techniques and Programs

Modules and Order of Treatment for Couples vs Abuser vs Victim Only, Male vs Female

Credentials of Providers

Length of Treatment - 20-52 Weeks

Examples of Techniques

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THE WEAVER PROGRAM
Koonin, Cabarcas, & Geffner

- Addresses female specific concerns-PMS, economic depression, conflict of roles, demands of life, family issues
- Addresses issues of parenting-very often there is child abuse going on in addition to the domestic violence
- Addresses victimization issues - from past abuse
- Addresses societal influences
- Addresses cultural influences
- Addresses alcohol/drug issues
- Deals with self-esteem and how violence/abuse is impacted by the lack of self-esteem

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TREATMENT OF WOMEN ARRESTED FOR DOMESTIC VIOLENCE:
Women Ending Abusive/Violent Episodes Respectfully (WEAVER) Manual

FVSAI 2003

MICHELE KOONIN, LCSW, MBA, ARACELI CABARCAS, M.A. & ROBERT GEFFNER, Ph.D.

Part 1:	Foundations
Part 2:	Self-Management
Part 3:	Family Of Origin
Part 4:	Communication
Part 5:	Family Issues
Part 6.	Intimacy Issues
Part 7:	Relapse Prevention

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Part 1: Foundations

1. What Is Domestic Violence: Using The Cottage Of Abuse & Journaling
2. Cultural Influences
3. Girlfriends And Jealousy
4-5. Anger and Depression
6. Alcohol and Drugs: Its Impact On Us

Part 2: Self-Management

7. Responsibility: Acceptance Of Our Own Actions
8. Time-Outs: Behavior Management
9. Stress Management
10. Bottom Lines and Boundaries
11-12. Self-Esteem and Self-Care
13. Self-Talk, Beliefs, and Our Identity
14. Changing Self-Talk and Beliefs

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Part 3: Family Of Origin

15. Family Of Origin: Looking At Where We Came From
16. Who I Am, Who I Want To Be
17. Victimization

Part 4: Communication

18. Feelings
19-20. Communication: "I" Messages
21. Becoming Assertive
22. Dealing With Conflict and Learning How To Solve Problems Effectively

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Part 5: Family Issues

23. Family Album
24. Domestic Violence and Children: Parenting Issues

Part 6. Intimacy Issues

25. Intimacy: What Does It Mean?

26. Understanding Love
27. Understanding and Meeting Your Own Needs
28. About Sex

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Part 7: Relapse Prevention

29. Letting Go
30. Roles and Expectations
31. Self-Esteem: Feeling Good About Ourselves
32. The Final Touches
33. Role Reversal and Empathy
34. Relapse Prevention: Putting It on Paper

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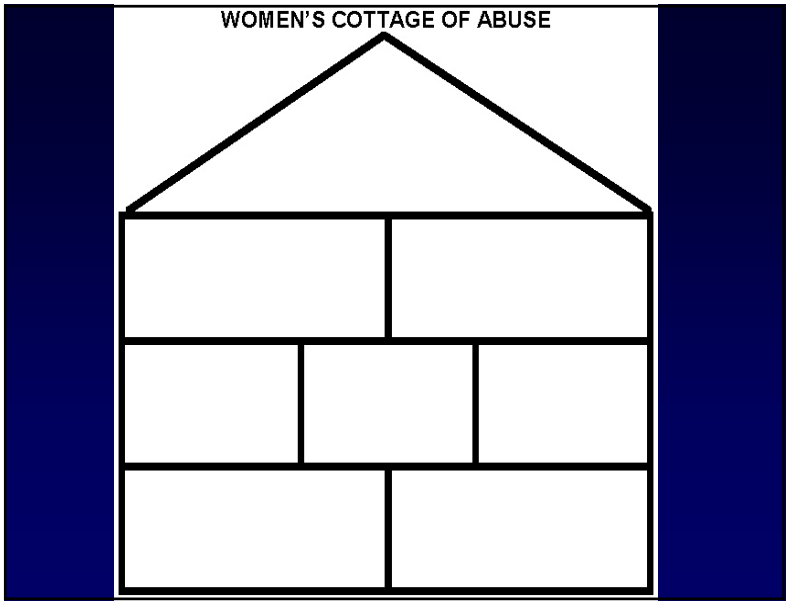

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Anger: A Misunderstood Emotion

What is Anger
Anger Triggers Stress
Three Components of Anger
Anger in Relationships
    Power and Control
    Unproductive Self-Talk
Anger at Work

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Anger Styles

- Internalized Anger
- Dealing Effectively with Anger
  - Stress Management
  - Communication
  - Handling Criticism
  - Changing Self-Talk
  - Coping for Stressor Situations
  - Acting Assertively

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Relaxation Exercise – Stress Management – Session #4

8. Personal Relaxation Program
Usually, such a program would include three components: Progressive Muscle Relaxation, Breathing Exercises, and/or Mental Imagery. An example of such a program is:

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Sit in a chair and relax your body (your arms and jaw should be "loose").

Close your eyes and erase all thoughts from your mind.

Create in your imagination a vivid, soothing mental scene....a peaceful sky, a green valley, ocean waves, and so forth.

Focus on breathing slowly and deeply...let your breath out slowly through your nose.

For additional relaxation, repeat a phrase or sound that you find soothing (such as the word "flower" or the number "one").

Repeat this exercise at least three times each day, whether or not you are tense, for about 30 to 50 seconds.

After two weeks, your body will be conditioned to relax whenever you do this exercise, and you will feel yourself calming down.

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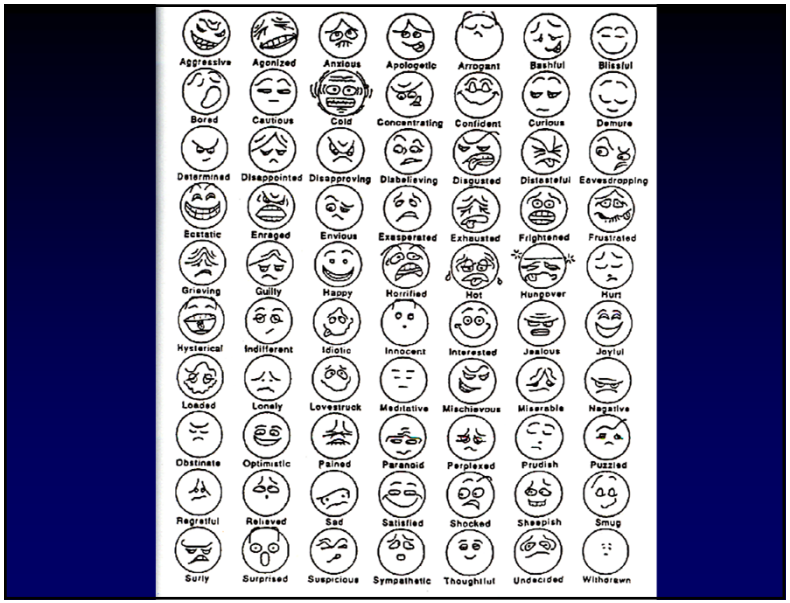

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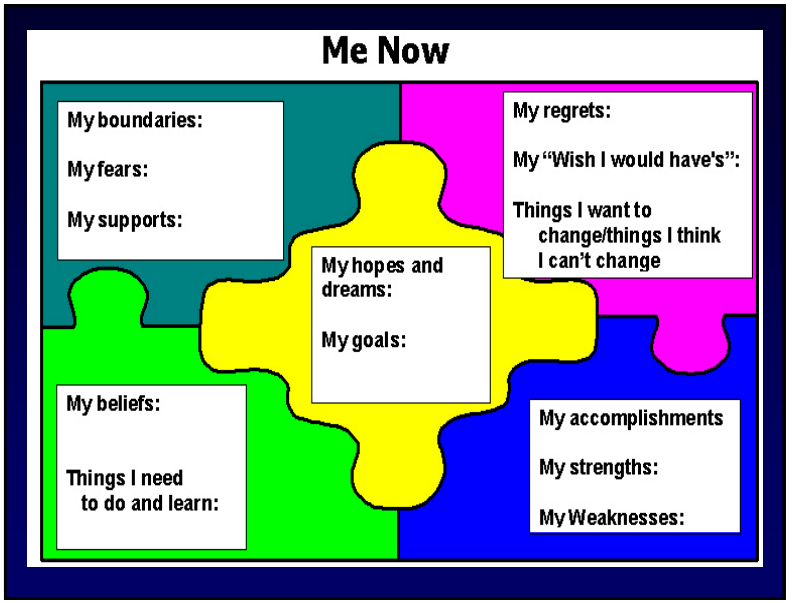

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The me I want to be

Fill in this puzzle with the you that you would like to be. After the puzzles are filled in, ask yourself the following questions:

1. How close are the two Me's?
2. What are the biggest areas of difference?
3. What do I want to let go of? Where did I learn these things? How can I let go of them?
4. What is it that I want to change about myself the most? What are the obstacles to doing that?
5. What do I still do in spite of knowing that it is wrong for me? What keeps me stuck in still doing it?
6. How do I help myself become who I want to be?
7. How do I keep myself from becoming who I want to be?

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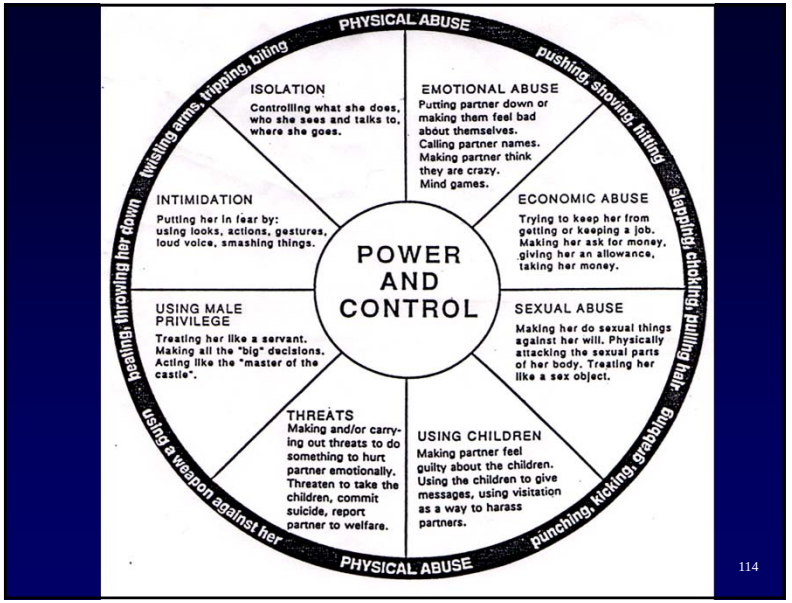

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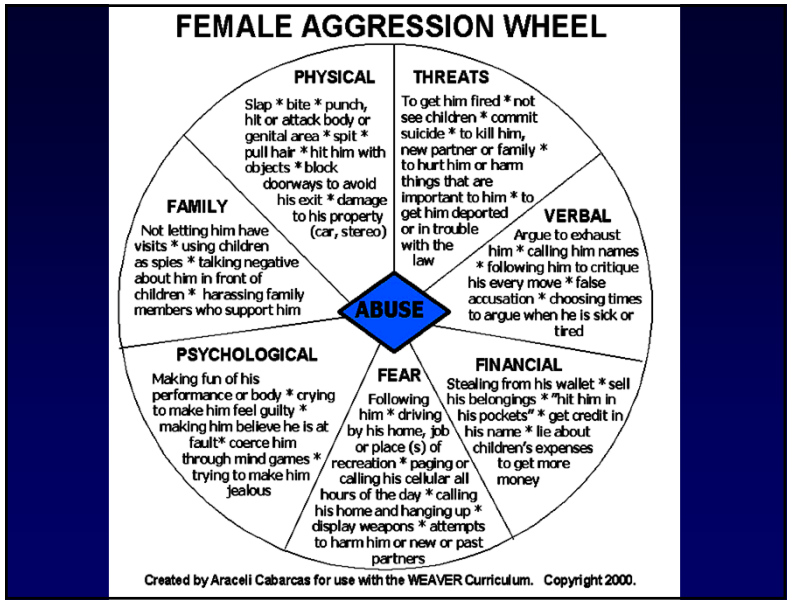

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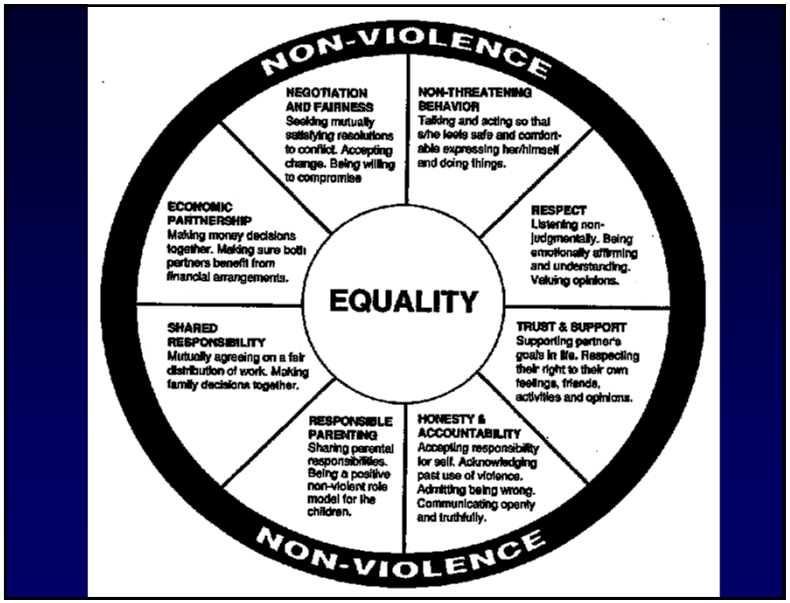

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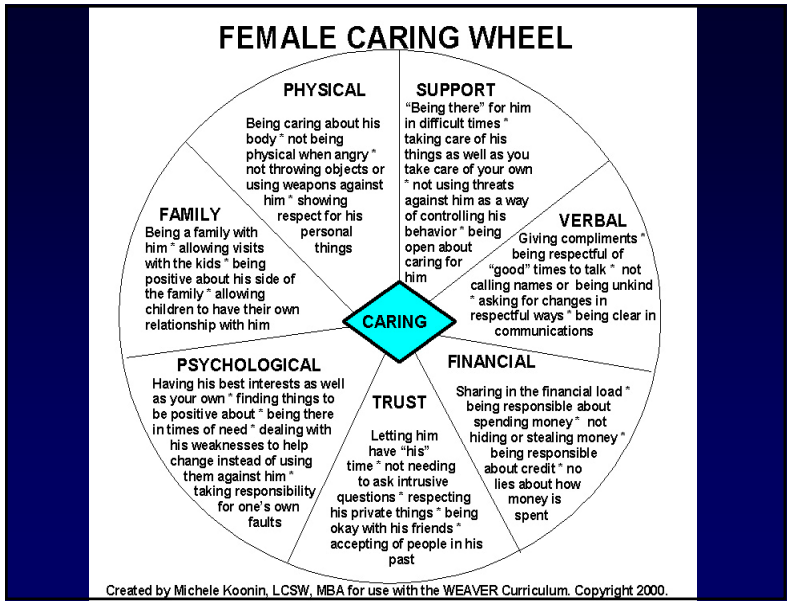

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Now look at the *Female Caring Wheel* on the next slide. Using the *Caring Wheel*, and the *Aggression Wheel* from Session One (the previous slide), and answer the following questions:

1. **What changes have I made in relationships?**
2. **What have been the outcomes of those changes, both positive and negative?**
3. **What changes do I need to still work on in the future?**

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Working with and Engaging the Parent(s)

Parent Programs

(Responsible Parenting Curriculum and game - RESPECTT)

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Responsible Parenting Curriculum: RESPECTT
(Responsible Effective Sensitive Parenting Enables Children To Thrive)
A 52-week Parenting Program for At Risk Parents

Michele Koonin, M.S.W., MBA & Irean Hilt, M.A.
San Diego, CA 92110
 8th Printing
Published by the Family Violence & Sexual Assault Jnstitute

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What is Successful Completion of Treatment for DV Offenders?

1. Client is taking real and practice Time-Outs on a weekly basis.
2. Client completes anger journal on a weekly basis.
3. Client demonstrates ability to identify physical and behavioral signs of abuse and anger.
4. Client demonstrates positive communication of anger as well as other feelings.
5. Client demonstrates positive social problem-solving skills.
6. Client has completed all additional homework assignments.

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7. Client can recognize negative self-talk and transform it to positive self-talk.
8. Client is able to teach other clients behavioral skills and education concepts.
9. Client is able to recognize minimization, denial and blaming in self and others.
10. Client has not perpetrated violence or abuse for at least six months.
11. Client can recognize and address volatile situations with self and others.
12. Client has attended the minimum number of group sessions.
13. Client has paid all outstanding balances.
14. Client has actively participated in group sessions.

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What is Successful Completion of Treatment for DV Offenders?

15. **Client acknowledges complete responsibility for his/her violence or abuse.**
16. Client evidences control over psychoactive substances, if applicable.
17. **Client can recognize power and control behaviors and does not utilize them.**
18. Client utilizes appropriate behaviors to solve conflicts.
19. **Client has demonstrated a change in attitudes, beliefs, and behaviors.**

Adapted from Daniel Sonkin, 2002, by Robert Geffner, 2002

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PROGRESS EVALUATION FORM

Please rate the client named above on each of the listed criteria, based upon progress to date, and specify individual or group sessions. Use the O to 5 rating scale below, based on your impressions and observations. Obtain ratings from the client's partner, if possible, on a separate form.

5=occurs very often; 4=often; 3=occurs sometimes; 2=not often; 1=occurs rarely; 0=unknown; na=not applicable

_____ **Attendance:** arrives at group session on time; attends regularly; contacts program in advance about absence; has legitimate excuse for absences.

_____ **Nonviolence/Nonabusiveness:** has not recently physically abused partner, children, or others; no apparent emotional or verbal abuse, threats, intimidation, or manipulation.

_____ **Sobriety:** attends meeting sober; no apparent abuse of alcohol during week; complying to ordered or referred alcohol treatment.

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_____ **Acceptance of responsibility:** admits that violence and/or abuse occurred; not minimizing, blaming, or excusing problems; accepts responsibility for abuse, and contribution to problems.

_____ **Using techniques/skill development:** takes steps to avoid abusiveness; takes time-outs, watches self-talk, practices conflict resolution skills, etc.

_____ **Homework:** does homework assignments regularly, thoughtfully, and completely; follows recommendations for outside activities.

_____ **Help-seeking:** seeks information about alternatives; discusses options with others in the group; calls other participants for help; open to referrals and future support.

_____ **Actively engaged/participates:** attentive body language and positive non-verbal response; maintains eye contact; speaks with feeling; follows topic of discussion in comments; lets others speak; asks questions of others without interrogating; acknowledges others' contributions; participates constructively.

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_____ **Self-disclosure:** reveals struggles, feelings, fears, and self-doubts; not withholding or evading issues; not sarcastic or defensive.

_____ **Respect:** respectful of partner and other gender in general; uses non-sexist language and no pejorative slang; demonstrates non-controlling attitudes.

_____ **Empathy:** understands the fears and trauma the abuse causes; realizes the negative impact of using power, controlling behaviors, and intimidation in relationships.

_____ **Insight:** shows insight concerning abusiveness, its effects on partner(s) and children, and its dangerousness; understands the changes that are needed to ensure non-abusiveness.

Adapted by Robert Geffner, Ph.D., 2001, from E. Gondolf, R. Foster, P. Burchfield, & D. Novosel, 1995

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EVALUATION OF INTERVENTION PROGRAMS

- Credentials of Therapists/Facilitators/Consultants
- List of Goals and Objectives
- Indication of How Goals Are Met
- How Techniques Fit Into Theoretical or Clinical Framework
- Specify Reasons for Particular Methods and Procedures
- Structured or Written Outline of Program
- (Is Program Structured, Unstructured, or Both?)
- Length and Frequency of Sessions; Duration of Program
- Multidisciplinary, Multimodal, Comprehensive Intervention

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EVALUATION OF INTERVENTION PROGRAMS

- Safeguards to Reduce Risk of Re-Victimization
- Assess Behavioral and Attitudinal Change
- Monitor Effectiveness and Provide Evidence of Progress
- Techniques to Prevent Relapse
- Long-Term Follow-ups
- Feedback From Victims/Significant Others
- Substantial Cooperation and Networking with Agencies, Etc.
- Different Options Available Depending Upon Situation

R. Geffner, 1991; Revised 8/96

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Institute on Violence, Abuse & Trauma (IVAT) at Alliant International University, San Diego

www,ivatcenters.org

National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV)

www.npeiv.org

International Summit on Violence, Abuse & Trauma Across the Lifespan – Virtual

Aug 30 – Sept 2, 2020, San Diego, CA

Hawaii Summit on Assessing, Treating & Preventing Child, Adolescent & Adult Trauma - April 27-30, 2021, Honolulu, HI

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