APPENDIX B WORKING WITH THE OFFENDING PARENT

Characteristics of Abusive Men*

1. A physically abusive man or "abuser" is someone who has a consistent pattern of coercive control of an intimate partner, including different forms of psychological abuse, intimidation, inflated and intrusive self-entitlement and some form of physical abuse. This is a behavioral profile. There is no primary psychological or mental health profile that characterizes all abusers.

2. Determining whether a client is an abuser is not a clinical decision, but a determination based on reviewing information provided by collateral sources, by the alleged abuser and/or victims and by observing and documenting abusive or coercive conduct witnessed by evaluators and child protection and judicial personnel.

3. 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. In addition, convictions that appear in the criminal record may understat e the abuser's dangerousness or capacity for violence. The record may reflect only a few incidents that have come to public notice.

4. There is much variation with respect to the levels of physical and other forms of abuse among abusers. In general, physically abusive men are a diverse rather than homogeneous population. They also differ as to race and ethnicity, their psychological traits, substance abuse and socio-economic levels. They may share an orientation to needing concrete consequences as an effective way of deterring undesirable behavior.

5. Research on physically abusive men indicates that this population is not characterized by major mental illness or thought disorders. The cluster groupings of psychological traits for physically abusive men do not suggest that severe psychopathology is an identifying factor for this population.

*95% of the victims of domestic violence are women and most of the perpetrators are men. For that reason, this document uses "men" when referring to the abuse, or offending parent, and "women" when referring to the victim, or non-offending parent.
Best Practices for Intervening With Abusive Men

Hold the abuser accountable by making every effort to develop separate Voluntary Protective Services Agreements for adult victims and abusers - regardless of their legal status vis-a-vis the child.

Voluntary Protective Services Agreements are developed most commonly for mothers of children in the child protection system. Perpetrators of violence against women and children often are missing from the child protection response for several reasons: fathers are not always living in the home at the time of child protection intervention; if they are in the home, they may not be related legally or biologically to the children; they may be an inconsistent presence in the family; and they also may make workers feel unsafe. Despite these barriers, child protection services must initiate efforts to reach violent perpetrators and hold them accountable.

Concurrent permanency planning practices, which include the use of parent locator services, allow agencies to begin concerted efforts to find and provide services to fathers. In cases of domestic violence, as in child sexual abuse and serious physical abuse, accountability is essential. These efforts may require additional work on the part of some child protection systems but also may address safety in families more adequately, save time related to future involvement with the same family, and help ensure that "reasonable efforts" requirements have been met.

One part of holding abusers accountable is to develop separate Voluntary Protective Services Agreements for them. Child protection workers should monitor the implementation of these agreements. This can be achieved better in collaboration with other agencies. For example, in some locations, child protection workers and probation officers work in close collaboration on cases that involve child maltreatment and domestic violence. Child protection workers should monitor abuser compliance with protection orders and testify in court about protection order violations by abusers.

Avoid using, or use with great care, potentially dangerous or inappropriate interventions such as couples counseling, mediation, anger management or family group decision making in cases of domestic violence.

Some interventions may be inappropriate or may create added danger for family members, such as:

1. It may be dangerous to require an adult victim to carry out such tasks as obtaining an order of protection that, in her estimation, may increase the level of danger to her and her children. Because some abusers actually have been found to increase their use of violence when formal legal intervention occurs, an adult victim's estimation of danger should be given careful consideration by the child protection system.

2. Safety concerns also may arise in the context of couple, conjoint, or family therapy. To include couple, conjoint, or family therapy in a service plan against the wishes of the adult victim, and before physical and sexual abuse has ceased for a significant period of time, should be avoided. Many victims describe fear and safety concerns surrounding the disclosure of information about domestic violence and/or child maltreatment in couples.
counseling sessions where their abusers are present. Since current outcome data on couples counseling in cases of domestic violence shows it to be no more effective than gender-specific groups, couples or conjoint counseling sessions should not be used as a primary or first intervention with a family.

3. Similarly, many safety and fairness concerns have been raised regarding the use of mediation and, by extension, family group decision making. These include a focus on mutual responsibility and reconciliation that may place adult victims in a position of being held responsible for their partners' criminal behavior. Where mandated or permitted, mediation and similar approaches, such as family group decision making, should be used only with input from the victim. Child protection services should offer the victim the option of not participating in family group decision making or mandate the abuser to participate via phone conference or by letter to ensure that the abuser's presence does not adversely influence the victim's decision making.

4. Agencies and courts should avoid referring abusers to anger management programs that do not address underlying belief systems and attitudes that contribute to domestic violence. Child protection services should consult with local domestic violence programs to obtain a list of appropriate batterer intervention program referrals.

5. Finally, visitation arrangements that endanger adult and/or child victims should be avoided. Because adult domestic violence may continue after separation, careful attention must be paid to developing safe visitation arrangements for both the adult and child victims in a family.

Collaborate with law enforcement, the judicial system, domestic violence programs, and batterer intervention programs in a Coordinated Community Response to ensure victim safety and to increase consequences for abusers for failure to comply with sentencing or service plan requirements.

Child protection services should obtain confidentiality waivers between all clinicians, batterer intervention programs, evaluators, parole and probation officers and victims, on the one hand, 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 the abuser's compliance with the Voluntary Protective Services Agreement. 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 Voluntary Protective Services Agreement. This should be stressed in judicial proceedings. Furthermore, Voluntary Protective Services Agreements should include consequences for failure to comply and child protection services should have protocols in place with law enforcement, the judicial system, domestic violence programs and batterer intervention programs that ensure that all facets of the system will work together to apply increased consequences for failure to comply with CPS service agreements or sentencing requirements. Many communities have a formal Coordinated Community Response (CCR) for this purpose. Child protection services should contact the local domestic violence program to find out how to become involved in the local CCR to address system accountability as well as accountability in individual cases of domestic violence.
Consider intervention with abusers as an opportunity to document the abuser's controlling and abusive behaviors in addition to assessing the abuser's progress in changing his abusive behavior.

The child protection system has limited authority with physically abusive men. It can require that the abuser take remedial steps in the Voluntary Protective Services Agreement, but it cannot compel compliance or jail him for failure to comply. Therefore, child protection intervention should also be used strategically as an opportunity to document the abuser's controlling and abusive behaviors with child protection personnel and with his family in case the abuser's rights to visitation or to child custody have to be contested in a court proceeding. Child protection services should obtain the abuser's criminal record and, with the victim's cooperation, medical and shelter records that document the abuse. Child protection intervention also serves as an opportunity to encourage accountability for the abuser and to assess and document his progress in making changes.

**Steps for Developing a Voluntary Protective Services Agreement With the Offending Parent**

1. Assess Abuser Dangerousness
   - Ensure victim/children safety (see Appendix A "Investigative Safety Assessment Field Guide")
   - Use collateral sources
   - Involve law enforcement where necessary

2. Interview Abuser if He will be Reuniting with the Victim or Will have Contact with the Children
   - Avoid sharing victim disclosures that compromise safety
   - Always warn victim first if victim disclosures must be made (in court, for example)

3. Develop Separate Voluntary Protective Services Agreement for Abuser

4. Hold Abuser Accountable for Compliance with Voluntary Protective Services Agreement

**Step One: Assessment of Abuser Dangerousness**

Although all abusers are potentially lethal, some are more likely to be highly dangerous. The typical abuser blames his partner and/or other systems and attempts to excuse or deny his behavior, but some have empathy for their partners and may eventually admit to violent and coercive behaviors. Assessing dangerousness is not merely trying to predict whether or not the abuser will seriously harm or kill the victim(s). It also requires assessing the risk of life-threatening behaviors against others or self-committed by the abuser, victim, or child.
Gather Information From:
The Abuser
The Victim
The Children
Other Family Members
Criminal Legal System - local, state law enforcement, courts, etc.
Others (domestic violence program, counselors, batter intervention programs, friends, anyone having contact with the family.)

B. Factors to Consider in Making the Assessment

1. The abuser's access to the victim.
2. The pattern of the abuser's violence/abuse
   a. Frequency/severity of abuse in current, concurrent, and past relationships
   b. Use, presence or threats with weapons
   c. Threats to kill (self, victim, children, family members, pets)
   d. Hostage taking (or "not allowing her to leave")
   e. Stalking
   f. Past criminal record
   g. Violence toward partner in public
3. The abuser's state of mind
   a. Obsession with victim; jealousy
   b. Ignoring negative consequences of his violence: Some abusers will continue abusive or violent behavior even if under the scrutiny of the Department, out on bail with conditions, or on probation. These abusers are not restrained by external authority; they believe they are above the law or they simply do not care.
   c. Depression
   d. Desperation
4. Individual factors that reduce behavioral controls of either abuser or victim
   a. Substance abuse
   b. Certain medications
   c. Psychosis, other major mental illnesses
   d. Brain damage or injury, etc.
5. Suicidality of victim, children, or abuser
6. Adult victim's use of physical force
7. Children's use of violence
8. Situational factors
   a. Separation violence/victim autonomy
   b. Presence of other major stresses
9. Past failures of systems to respond appropriately.

[Developed by Anne L. Ganley, Ph.D. Material was reprinted with permission from the Family Violence Prevention Fund's publication entitled "Domestic Violence: A National Curriculum for Children's Protective Services," by Anne L. Ganley, Ph.D. and Susan Schechter, MSW, 1996.]
If an abuser displays even a few of the above indicators, it is important to share the information with the victim and your concerns for her safety. Her safety plan may have to be revised. (See Appendix A "Investigative Safety Assessment Field Guide.")

Assessing the dangerousness of abusers is important in order to protect the social worker and to lessen the risk for children and their mothers. Lessening the risk for the social worker and for a battered woman and her children will mean safety planning. If the social worker obtains information that indicates an interview with the abuser is too dangerous (for the social worker or any family members), the social worker should consult with his or her supervisor, a domestic violence advocate, or batterer intervention provider before proceeding. The need for collaboration with law enforcement should be discussed with the social worker's supervisor at this time. If there is evidence that a crime has been committed (i.e. assault on the mother or children) it is necessary to make a referral to the county attorney's office. Coordination with law enforcement of the interview of the abuser may be indicated for the social worker and the family's safety, to eliminate unnecessary duplication of effort and to promote proper and expeditious collection and preservation of evidence. Law enforcement has the ability to make arrests when appropriate and to present the criminal case that will ultimately hold the abuser accountable for his actions.

If, in consultation with the supervisor, the social worker decides not to interview the abuser, as it is not in the best interest of the child, the reasons should be documented in the case record. If the social worker determines from the interview of the children and/or mother that the abuser can be safely interviewed, she or he should proceed with the following line of questioning to determine the abuser's perception of the problem, keeping in mind the appropriateness of law enforcement collaboration.

**Step Two: Interviewing the Abuser**

Interview the abuser in a way that encourages him to disclose his own abusive conduct. **Do not confront the abuser with information provided by the victim(s).** While the social worker can sometimes use police reports or other agency reports about the violence in the interview with the abuser, he or she should not use any information from a victim's statement unless certain it will not compromise her or the children's safety. If an identified abuser denies domestic violence/abuse, do not try to force disclosure, but move on to other subjects. Angry confrontations with the abuser often result in retaliation against the child or adult victims. The social worker does not need the abuser's disclosure to substantiate that abuse/violence occurred. Such substantiation comes from adult and child victim statements, social worker observations, and other agency reports. If the social worker is in a duty-to-warn situation, the adult victim and appropriate authorities must be notified. The social worker should notify his or her supervisor and follow the Department's policies and procedures. (Ganley, A. Schechter, S., Domestic Violence: A National Curriculum for Child Protective Services, Family Violence Prevention Fund, 1996.)

**Key Points on Interviewing:**

1. One-to-one interviews of abusers are essential for service planning, for assessing the abuser's capacity to admit physical and other forms of abuse and for assessing his
commitment to change. They also provide an opportunity to establish rapport with the abuser.

2. One-to-one interviews of abusers provide child protection workers with an opportunity to observe and document abusive and controlling behaviors. This supplements information from police reports, criminal records, victims or other sources.

3. 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 victim), the abuser will be required to take steps to get help outlined in the service agreement.

4. It is essential to avoid debate and arguments with abusers. Child protection workers do not have to convince abusers to admit violent behavior or to agree to comply with service agreement requirements. Instead, their function is to present service agreement requirements and calmly accept disagreement, while noting that noncompliance with the service agreement will be documented in the case file.

5. Respectful limit-setting is an essential skill for child protection personnel. Social workers should closely document the behaviors that make limit-setting necessary as well as the abuser's capacity to respond to limit-setting.

Suggested interview questions:

1. Tell me about your relationship. How do you and your partner get along? What are some of the things you do together?
2. What do you like about your partner and family?
3. What don't you like about your partner and family?
4. How do you handle disagreement/conflict in your relationship/family?
5. What kinds of things do you expect from your partner/family?
6. How are decisions made in your relationship?
7. Do you ever end a discussion with your partner and make the decision yourself?
8. What do you do when things go wrong in your family?
9. Do you keep your partner from talking to or seeing friends or family members?
10. Have you ever called your partner names, criticized or put her/him down?
11. Have you ever yelled, thrown, hit, kicked or broken something?
12. Have you ever used physical force with anyone in your family? Why? How what way?
13. Have you ever been told that violence is a problem with you? By whom?
14. Have you ever wanted to change the way things are?
15. What has anyone else ever said about how you get along with others, interact with your family, friends, co-workers, etc. Who said that, when, how do you know?

Step Three: Voluntary Protective Services Agreement Planning With Physically Abusive Men

Services agreements are a way of creating a framework for the abuser's change process. They also serve as a way of measuring the abuser's willingness to take steps to change his behavior. There is no ideal services agreement, but there are some elements that have been found useful for holding abusers accountable and for promoting safety for victims and children:
Attending a Batterer Intervention Program (BIP). (*Check with the local domestic violence program for appropriate BIPs, and see further discussion below about what an appropriate BIP should include.*) This usually involves a minimum of 40 hours of weekly group sessions, with longer sessions available in some communities. If such programs are not available, then individual psychotherapy that is focused on changing the abuser's behavior and taking responsibility for his actions is the preferred alternative. It is important to avoid equating the abuser's attending a BIP with actual change. A sizable number of abusers attend such programs, but do not change. More than attendance, the real measure of accountability is behavior change both towards the victim and towards child protection personnel.

Attending substance abuse treatment. This intervention should be in conjunction with attendance at a BIP and not replace BIP attendance.

Random testing for alcohol and/or drug use.

Confidentiality waivers between all clinicians, BIPS, evaluators, parole and probation officers and victims, on the one hand, 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 services agreement. 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 services agreement. This should be stressed in judicial proceedings.

Permission for child protection and judicial personnel to obtain criminal, mental health and medical records. (Police reports are in the public domain.)

Requiring supervised visitation or that visitation take place in a supervised visitation center.

Compliance with all protective orders and/or sentencing requirements.

Halting physical and psychological abuse and intimidation of spouses/partners/children.

Attending parenting classes and working with parenting "coaches" at home or during visitation.

Learning about effects of witnessing violence on children and taking steps to remediate these effects.

Halting psychological abuse and intimidation with child protection personnel.
Services Agreement Objective: Abuser will develop capacity and willingness to protect children by stopping all abusive behavior toward all family members. This includes physical abuse, sexual abuse, emotional abuse, and stalking.

<table>
<thead>
<tr>
<th>Services Agreement Objective: Abuser will help, or at least not interfere, with efforts to help children cope with and recover from the effects of domestic violence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How abuser will meet objective</td>
</tr>
<tr>
<td>1. Abuser will follow all court orders and probation conditions.</td>
</tr>
<tr>
<td>2. Abuser will actively participate in a BIP.</td>
</tr>
</tbody>
</table>

| How abuser will meet objective | How agency will help abuser meet objective | How success will be measured |
|---|
| 1. Abuser will learn about the effects of domestic violence | 1. Agency will give referral for this education by (insert date). | 1. Agency will obtain report from service provider on abuser's attendance and cooperation by (insert date). Abuser will discuss the effects of the violence on the children by (insert date). |

2. Abuser will not do any of the following:
   - Keep children from attending therapy sessions
   - Follow or go with children to therapy sessions

2. Abuser will tell abuser not to: (same as #2 to left)

2. Agency will tell abuser not to: (same as #2 to left)
• Discuss therapy sessions with children
• Question children about therapy sessions

**Step Three, Cont.; Batterer Intervention Program and Alternatives**

The most appropriate treatment modality for physically abusive men is men-only specialized batterer intervention programs. The primary reasons for this preference are:

• Most physically abusive men do not have pronounced psychopathological traits or major mental illness.
• Batterer intervention programs concentrate on behavioral change for abusers, focusing on helping men stop violent and other abusive behaviors and teaching positive alternative relational skills; may carry out confidential and safety-oriented contacts with victims of abuse; maintain close coordination with probation, the criminal justice system and child protection services regarding the abuser's compliance with program standards, protective orders and conditions of probation.
• Batterer intervention programs do not focus on solving the abuser's emotional problems, keeping the couple together or resolving relationship problems.
• Other mental health treatment modalities, such as individual psychotherapy and couples counseling or family therapy, have traditions of strict confidentiality and unconditional therapeutic alliances with clients that prevent clinicians from holding abusers accountable or providing information to other institutions.
• Anger management or anger control programs are short-term interventions and are also constrained by strong traditions of confidentiality.

In some instances, individual psychotherapy and/or psychopharmacological intervention 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.
• If an abuser has severe substance abuse addiction and is not in recovery.
• If there are no BIPs available.

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 BEP as well as in individual psychotherapy or substance abuse programs.

**Step Four: Hold Abuser Accountable for Compliance With Services Agreement**

1. Report all noncompliance to the judicial system (e.g., failure to comply with court-ordered sentencing requirements, violation of protection orders, failure to comply with court-ordered BIP attendance).
2. Hold abuser accountable through Temporary Investigating Authority where appropriate.

3. Document all noncompliance in case notes.

4. Services agreements should include consequences for noncompliance (e.g., loss of visitation rights for failure to comply with parenting classes or for interfering with other activities aimed at helping children heal from the abuse). Implement consequences as stated in services agreement.

5. Always inform the victim of noncompliance and ensure victim/child safety prior to implementing consequences for noncompliance.