

# The Integration of Services Training Series

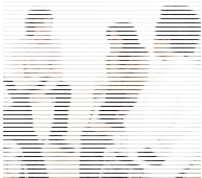
## MODULE 3. DOMESTIC VIOLENCE

### Session 4: Interventions in Domestic Violence

#### SLIDE 4-1: SESSION TITLE SLIDE

**Objectives for Session 4: Interventions**

- Work in the context of a coordinated community response.
- Create effective safety and recovery plans.



#### Summarize:

- Our next session focuses on interventions with the family members involved with domestic violence.
- Our greatest assets will be to build integrated partnerships among providers and family supports.
- We need to be realistic about what works and what the risks are.
- Our bottom line concerns are safety and recovery.

#### SLIDE 4-2: COORDINATED COMMUNITY RESPONSE

**Coordinated Community Response**

**Create effective partnerships:**

- Survivor
- Batterer
- PI/DCM/CWLS
- Law Enforcement
- Probation/Parole
- DV Advocates
- Substance Abuse Professional(s)
- Mental Health Professional(s)
- School/Day Care


#### Say:

- *Creating an effective coordinated community response is key when we are trying to assist a family needing many different types of expertise and helpers.*
- *While we know that systems level work is important to achieving working protocols and agreements, we also know that the personal working relationships you establish are what will make the difference.*
- *For those circuits that use a teaming model, make the following point:*
  - *If you are preparing for a teaming process when the DV comes to light, it is very important that you stop and consult with your supervisor and a DV advocate to get some consultation on how to proceed most safely. We will discuss special topics in teaming in DV cases again in a day on teaming and collaboration, but it is essential that you put the safety of all team members ahead of everything else, just as we put child safety at the center of our interventions.*

#### Ask:

***What are some examples of successful partnerships you have created that have resulted in good outcomes for families experiencing DV?***

#### SLIDE 4-3: EFFECTIVE SAFETY PLANS


 Safety and Recovery Planning

- Partnerships result in plans that may include:
  - Strategies for holding batterer accountable
  - Steps for achieving increased safety and control regardless of survivor decisions to stay or leave
  - Recovery supports for survivors and children
- Plans may also include:
  - Legal and other options for removal of batterer
  - Helping survivor and children get to safety
  - Options for placement of children
    - Visits with non-offending parent and siblings
  - Conditions needed for children's visits with batterer
  - Substance abuse interventions

**Say:**

- *First and foremost, we need to work with our system partners to determine how we will hold batterers accountable for their behavior.*
- *Given the different stages that survivors may be at, our goal in every case is to determine if there are ways we can identify and strengthen existing survivor safety plans regardless of their choice to stay or leave.*
- *When we determine the child's safety is currently compromised and risks in the home can't be managed, we need to consider options for removing the batterer.*
- *When options for removing the batterer are not feasible, we need to plan child placement options with a non-offending parent.*
- *When the batterer has been separated from the child, we need to determine if and under what conditions visits should occur.*
- *We need to determine if either partner needs substance abuse treatment.*
- *We need to determine what interventions and/or services will help children continue to be resilient and/or begin healing.*

#### SLIDE 4-4: WHAT WORKS? SERVICES FOR BATTERERS

 What Works? Services for Batterers


- Without treatment, re-offense rates within 2 years of arrest for domestic violence are averaged at 65% of arrested batterers.
- Treatment, whether by a BIP or Psych-educational group or counseling lowers the re-offense rates by 5%.

63

**Say:**

- *The data suggests that the most effective way to intervene is to combine treatment with adjudication. The impact of accountability to change improves the chances that abuse will stop.*
- *It is important to note that in many DV cases, the primary witness is the survivor and, by refraining from violence between arrest and adjudication, by getting a good report from the treatment provider, the batterer may improve the chances of a lighter sentence or dismissal.*

#### SLIDE 4-5: SERVICE OPTIONS FOR BATTERERS

 **Service Options for Batterers**


- Batterer Intervention Program (BIP). (most common intervention)
- Substance abuse treatment programs.
- Parenting programs.
- Individual counseling.



#### Say:

- *The most common service for treating batterers is known as ‘Batterer Intervention Programs’ or BIPs.*
- *One concern expressed by BIP providers is that engagement in treatment and initial compliance with the plan (no violence, no threats, etc.) can lull the survivor into believing that a) things have changed, or b) things were not that bad. In reality, the change process to stop battering is a long journey.*

#### SLIDE 4-6: BATTERER INTERVENTION PROGRAMS


 **Batterer Intervention Program (BIP)**

**Batterer Intervention Programs are**

- Designed for men who have been arrested or would be arrested if known, for DV.
- Include educational classes and/or treatment groups.
- May also include counseling or case management.
- Are linked to justice and accountability systems.
- Must consider survivor safety implications throughout treatment.

**Describe** BIPs, using the slides, and invite the group to discuss resources and their experience with local BIPs.

#### SLIDE 4-7: FLORIDA BIP

 **Florida Batterer Intervention Program (BIP)**

Chapter 741.325 (8) F.S., specifies that BIP is set up and authorized to address the use of Intimate Partner Violence for the **purpose of exercising power and control ...over the other.**


**The chapter further states that:**

- It will endanger victims if courts and other referral agencies refer family and household members who are not perpetrators of the type of domestic violence encompassed by these standards.
- Accordingly, the court and others who make referrals should refer perpetrators only to programming that appropriately addresses the violence committed.

Use statute to **emphasize** that only batterers should be referred. This calls upon us to do a thorough assessment of the family:

- To insure that reactive violence on the part of the survivor is not confused with DV.
- To limit referral to intimate partners, not to use BIPs for parents or teens in conflict.

#### SLIDE 4-8: BIP ASSESSMENT

 **BIP Assessment**

- Used to assess an individual's appropriateness for participation in BIP
- Does not assess whether or not DV has occurred
- Findings may include identification and assessment of conditions that would keep the individual from benefitting from BIP, including:
  - mental illness
  - substance abuse
  - criminal record of violence
  - ‘mental deficiency’
- The law limits BIP suitability to those adjudicated for DV.

- 65H-2.008 Assessment Requirements for participation in a BIP

#### Summarize and make it clear:


A BIP Assessment is only about suitability for treatment; not for assessment of whether someone is a batterer.

#### Notes from Statute:

1. The court makes the determination as to whether or not domestic violence has occurred prior to referring the individual to a certified Batterer Intervention Program.

2. The role of the certified assessor is to perform a psychosocial assessment on each individual referred to a program for the following purposes:
  - (a) To identify persons who will benefit from concurrent mental health or substance abuse treatment programs
  - (b) To screen-out those persons who have substance abuse problems that make them unable to participate in the group program even with concurrent or preliminary treatment
  - (c) To screen out those persons who have severe mental illness or mental deficiency who would not benefit from the program
  - (d) To screen out those persons who have criminal records of violence and who would not benefit from the program
  - (e) To screen out those individuals whose offense or history does not involve domestic violence as defined in section 741.325 (8), F.S.
3. The assessor shall conduct written assessments and provide a copy to the program within five (5) business days of the assessment.

**SLIDE 4-9: WHAT MAKES FOR CHANGE IN BATTERERS?**



- Fear of incarceration is shown to be more effective than empathy for the survivor at inducing batterers to refrain from violence.
- These men may respond more positively to approaches designed to elicit empathy for children.

**Summarize:**

- In a small research sample of court-mandated batterers attending Batterer Intervention Programs, batterers were asked why they had stopped being violent with their partners, the men cited a fear of incarceration as the reason for refraining from violence.
- 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.
- It should be noted that more recent work with batterers indicates that some men may respond more positively to approaches designed to elicit empathy for children.

**SLIDE 4-10: RECIDIVISM BASED ON  
TREATMENT MODALITY**

**Recidivism based on Treatment Modality**

Batterers who have participated in treatment, including:

- Batterer Intervention
- Anger Management
- Couples Counseling
- Individual Counseling

Reflect 5% lower recidivism rates than those who do not participate in any treatment.

– Babcock, Green, Robie

**Say:**

- *Recent compilations of multiple studies show a 60% recidivism rate for batterers after completing any one of the most prominent treatment methods.*
- *Recidivism is based on reported physical assaults.*
- *It is also important to note that most untreated batterers go on to use violence, power and control within subsequent relationships.*
- *Treatment must address the underlying behaviors and needs, the need for control and the pervasive distortions and self-centeredness in the batterer.*
- *Some researchers look at new approaches to restructuring and attachment to assist batterers with the changes they need to make, but to date, there is no one proven ‘effective’ treatment.*

**Ask:**

***What have your experiences been with the BIP programs in your area?***

***What is one way that you have seen your agency, the BIP program, and law enforcement effectively collaborate to work with a family?***

**SLIDE 4-11: CO-OCCURRING FACTORS AND  
DV**

**Co-occurring Factors and Domestic Violence**

- While drugs and alcohol do not cause DV, they can make it more lethal. An estimated 25% to 50% of batterers also have substance abuse issues.
- Survivors may develop somatic or physical symptoms and depression as a result of the numbing and coping response to Battered Woman Syndrome.
- One study found that survivors have 16 times the rate of alcohol abuse as non-battered women.

**Say:**

- *Earlier today, we stressed that alcohol and drug abuse and mental illness do not cause domestic violence.*
- *There are, however, some correlations between substance abuse and domestic violence, which must be treated concurrently whenever possible.*
- *Note the link between binge or chronic use when present along with two or three of the dangerousness factors.*
- *Just as we discussed becoming co-occurring capable in the day on Substance Abuse, we want to recognize that for some individuals, substance use and untreated mental illness may prevent the survivor from effectively using the legal and service delivery system to end the violence.*

#### SLIDE 4-12: FILING A CHAPTER 39 INJUNCTION

**Filing A Chapter 39 Injunction**

Section 39.504, Florida Statutes, provides that at any time after the initiation of a child protective investigation, the department, a law enforcement officer, the state attorney, or other responsible person, may motion the court to issue an injunction to prevent any act of child abuse or violence, not limited to domestic violence. The primary purpose of the injunction is to protect and promote the best interests of the child, while taking the preservation of the child's immediate family into consideration.

**Say:**

- *Chapter 741 injunctions are available for adult victims of domestic violence to voluntarily seek protection for themselves and their children.*
- *A child protective investigator or case manager should inform parents and caregivers of their ability to seek protection by obtaining a Chapter 741 injunction.*

#### SLIDE 4-13: WHEN A CHAPTER 39 INJUNCTION SHOULD BE CONSIDERED

**When A Chapter 39 Injunction Should Be Considered...**

- If the parent or caregiver is a victim of violence themselves, they may be fearful that leaving the offender will be more dangerous than staying.
- The Chapter 39 injunction provides a resource to protect the child from abuse or violence by taking allowing the Department or another party to initiate the action in the eyes of the offender.
- Examples for when it may be appropriate to seek a Chapter 39 injunction include but are not limited to:
  - Removing an offending parent, caregiver, paramour, or person from the home to protect the child
  - Returning a child to a non-offending parent

**Say:**

- *It is not appropriate to “threaten” a parent with removal if they refuse to seek a Chapter 741 injunction.*
- *A parent or caregiver’s willingness to obtain a Chapter 741 injunction may or may not mean they are able to protect the child. If the parent or caregiver is a victim of violence themselves, they may be fearful that leaving the offender will be more dangerous than staying.*
- *The Chapter 39 injunction provides another resource to protect the child from abuse or violence by taking the responsibility away from the parent or caregiver and in essence, allowing the Department or another party to initiate the action in the eyes of the offender.*

#### SLIDE 4-14: COLLABORATION WITH CWLS


**Collaboration with CWLS**

- The Children’s Legal Services Attorney is responsible for drafting the petition for the injunction using the specific case facts and supporting documentation provided by the child protective investigator and/or case manager.
- A court may issue an injunction if reasonable cause exists. Reasonable cause exists when there is evidence of child abuse or there is a likelihood of such abuse occurring based upon a recent overt act or failure to act.

**Say:**

- *An investigator or case manager will conduct an assessment to determine the child’s safety.*
- *If it is determined the child is safe with a non-offending parent or caregiver, but additional action is required to protect the child from an offending parent or caregiver, the worker will discuss the circumstances of the case with his or her supervisor first and Children’s Legal Services to determine if seeking a Chapter 39 injunction is appropriate and necessary to protect the child.*

#### SLIDE 4-15: DCM ROLE

 **The DCM Role in Getting Families to Safety**


- It is important to remember that you may be the key to getting the survivor and children to safety and that their fears are real.
- Despite the best assessment, DV can quickly turn fatal.
- Building a trusting relationship with survivors and other community partners will help you to help the survivor further protect herself and her family.

72

#### *Points to reinforce:*

- Sometimes the system coerces survivors when they are not yet ready to make change, which in turn disempowers the survivor and can make her recovery more complicated.
- Children must be kept safe, even if that rushes or presses the survivor before she is ready, willing, or able to make a break, and though helping that survivor get ready while keeping her own children safe is far more helpful to children than being removed.
- The dilemma of intervention is tough for all.
- Coming to mutually agreed upon, integrated plans is sometimes difficult because we hold a different focus for how we want to support change in the family, but we want to support the same change: an end to Domestic Violence.

#### SLIDE 4-16: INTERVENTIONS TO SUPPORT SURVIVORS

 **Interventions to Support Survivors**

- DV programs and shelter
- Group work (self-help and provider led)
- Individual counseling
  - Trauma
  - Grief and loss
  - Role recovery
- Substance abuse treatment
- Supports for education, employability, and self-efficacy
- TANF program exceptions for DV Survivors

73

**Participant Guide  
Module 3, p.18**

Review the services on the powerpoint and ask the group to note which of these services are available, and from whom. Encourage resource and information sharing.

Refer the group to their Participant Guide, Module 3, page 18—Interventions.

#### *Points to make:*


- Because DV thrives in families where the survivor is economically and emotionally dependent on the batterer, integrating ‘life support’ services (employability, education, assistance) are critical interventions along with getting help from the DV program to support survivors in recovering from the abuse.
- TANF has special exceptions and provisions for survivors which can assist with starting over.

#### TRAINER NOTE

*Note: if you are going to have a panel present, the panel can present the local resources. If not, you will want to share any brochures and contact information for the services named for the local area.*



#### SLIDE 4-17: FLORIDA DV CENTERS

 **Florida Domestic Violence Centers**

- Information and referral
- Counseling
- Emergency shelter (24 hrs. or more)
- Hotline (24 hrs. a day, 7 days a week)
- Child assessments (for those in shelter more than 72 hrs.)
- Case management
- Community education
- Other local resources

74

#### **Say:**

*This slide lists the services that are provided by Florida's Domestic Violence Centers. These services are available for survivors throughout the process of their experience, including serving as education for people who are not sure if they are experiencing DV, and providing services to the children in families experiencing DV.*

#### **Ask:**


*What have your best experiences been with your DV partners at the centers/shelter?*

*What was the most unique way that you and a family you served were able to use the shelter system?*

*Examples to bring forward from both questions:*

- Implementation and development of safety plans
- Resources so that survivors can keep themselves and their children safe
- Ideas about how to create good safety plans
- Education for survivors who were struggling with identifying DV patterns in the family
- Motivation for survivors through the child assessment or child treatment process: motivating parents to change for their children's sake

#### SLIDE 4-18: DOMESTIC VIOLENCE ADVOCATE: PRIVILEGED

 **Domestic Violence Advocate, Privileged**

- All center staff are required to have 30 hours of training to become privileged
- Primary purpose is to give advice, counseling and/or assistance to victims of domestic violence
- Conversations between domestic violence advocate and victim are confidential if they relate to incident that victim is seeking assistance for
- DV Advocate can ask survivor to sign a release of information

75

**Explain** the role of the DV Advocate in Florida:

- DV advocates must meet special criteria, listed on the powerpoint.
- Their role is to provide assistance to the survivor, or victim, of domestic violence.
- The communication is privileged between the survivor and her advocate, which means that in order to have free flow of information with DCF or its agent, you need a consent form.

#### **Ask the group:**

*What has worked for you in crafting partnerships with the advocates in your area?*

*If there is tension, what do you think makes that relationship tense?*



## DISCUSSION: COMMON THEMES


### Ask:

*What were the common themes in our activity?*

**Discuss** what the groups have in common and what this tells us about the role of the DCM/investigator in intervention in DV. They may include:

- **Information and Protection of information:** Sharing what is important while safeguarding information that can endanger the survivor and children.
- **Respect for my role:** The DCM/investigator must intervene while still empowering the parents and acknowledging their role, letting the legal people do their work, respecting and working in collaboration with the advocate, etc.
- **Education about the system and how I can help:** Friends, caregivers, relatives, and collaterals are all going to need some education. Particularly in teaming models, the team must be instructed about safety concerns and must be apprised of any threats or possible threats to them or to the family members. Parents need to know what is expected and know the timeframes.
- **Support:** All parties will need support and integration to do their job well.
- Adults who interact with the children need to know what to say about what is happening.

### SLIDE 4-19: INTERVENTIONS TO SUPPORT CHILDREN

 **Creating Context for Children's Healing**

- Sense of physical and emotional safety in current surroundings.
- Structure, limits and predictability.
- Strong bond to non-battering parent.
- Not to feel responsible for care of adults.
- Contact with battering parent as appropriate.
- Strong bond to siblings.


**Discuss** the needs listed on “Creating a Context for Children’s Healing” slide. Use this slide to think again about the five resiliency factors we have discussed in this series and how the interventions on the next slide listed can help.

### Say:

*Again, as we began today, helping survivors provide increased safety is the best way to help children recover from living with Domestic Violence.*

- **Nurturing and Attachment:**
  - *Being with the survivor protects attachment, whether it is placement together or, if that proves impossible, regular and protected contact and reassurance.*

#### SLIDE 4-20: INTERVENTIONS TO SUPPORT CHILDREN

 **Interventions to Support Children**

- Shelter (with survivor whenever safe to do so)
- Get to Safety (normalization when possible)
- Counseling (group, individual depending on age and responses to DV)
- Supported and safe contact with survivor if placement away from parents is necessary.

77


- *Knowledge of parenting and child and youth development:*
  - *Interventions to help parents focus on the needs of their children will further support this protective factor. When children are involved in groups, counseling or living in a shelter with other families, parents need help in understanding what their children are going through.*
- *Parental Resilience:*
  - *Helping survivors get to safety and embark on their own recovery is the best way to build up children through their parent's work.*
- *Social Connection:*
  - *Normalization and group treatment can go a long way to helping children re-connect with the outside world, particularly if they were isolated, as often happens, in a DV home.*
- *Concrete Supports for Parents*
  - *Many of the interventions for survivors we discussed include meeting concrete needs upon separation and then supporting self-efficacy.*

*Materials:*

Ms. Ossa cards

Flipchart paper

#### SLIDE 4-21: STEPS OF CHANGE: SURVIVORS LIVING WITH DV

 **Stages of Change: Survivors Living with DV**

1. **Denial:** 'It was an accident, it didn't happen'
2. **Guilt:** 'There is a problem, but I deserve it.'
3. **Enlightenment:** 'I am not responsible, and I don't deserve this, but I want to work things out.'
4. **Recovery:** 'This is not going to change. I need to make a new life'.

- Adapted from L. Walker, *The Battered Women's Syndrome*

#### OPTIONAL ACTIVITY 4-1: WHAT WOULD MAKE A DIFFERENCE?

**PURPOSE:** To be able to differentiate between the stages of change using a real life example

**TIME:** 25 minutes

**DIRECTIONS:**

**Say:**

*We are now going to think about Ms. Ossa, from our family scenario. In her time with her husband, spanning over twenty years, she has moved back and forth through the four stages.*

1. Assign each of four groups a 'card' that describes what Ms. Ossa is telling the DCM/investigator.
2. Tell them that their first task is to read what she has said and determine which stage Ms. Ossa is in at that time.



FLIPCHART

3. Ask each group to identify what types of services would be helpful to the family if Ms. Ossa is in the stage assigned. If you can, identify a specific provider or providers who can help.
4. Give each group flipchart paper and markers to record their answers and have them identify a recorder/reporter before they begin.
5. Give the groups fifteen minutes to identify what Ms. Ossa's needs are to get herself and her children to safety, and identify some services that can help.
6. Have each group report out.

**TRAINER NOTE**

**Suggested Endorsed Answers:**

*Stage One: Denial:*

- *Nonjudgmental approach. (All)*
- *Opportunities to hear from other survivors. (Meet an advocate who is a survivor, attend an open group, identify a friend who is a survivor who can help, reading material in Spanish that she can read quickly and will not have to take home, Hotline number).*
- *Unbiased questions to get at the Power and Control Wheel. (DCM/investigator, advocate)*
- *Use of solutions focused questions from earlier session (DCM/investigator, advocate)*
- *Safety agreement and plan related to self and the children.*
- *Assistance with understanding legal system and how to get help.*

*Stage Two: Guilt:*

- *All of the above, PLUS:*
- *Possible counseling from an advocate or trusted provider to address feelings of inadequacy and guilt.*
- *Ongoing education about the dynamics of DV.*
- *Safety agreement and plan related to self and the children.*
- *Assistance with understanding legal system and how to get help.*

*Stage Three: Enlightenment:*

- *All of the above PLUS:*
- *Linkage to BIP program, if involved.*
- *Education about the process of change for batterers.*
- *Safety planning for self and children.*
- *Information about signs of dangerousness.*
- *Assistance with understanding legal system and how to get help.*

*Stage Four: “Recovery”*

- *All of the services above PLUS:*
- *Safety.*
- *Assistance with understanding legal system and how to get help.*
- *Shelter, Basic Needs. (Advocate/Shelter, Family if safe to involve them, Community resources)*
- *Custody and protections so that children cannot be taken. (Legal)*
- *Employability and self sufficiency assistance. (TANF, community, shelter)*
- *Support during separation for emotional needs. (counseling for self and children, groups, friends to call, church, etc.)*

Adapted from L Walker, *The Battered Woman’s Syndrome*

*Materials:*

Multi-colored Task Cards

**OPTIONAL ACTIVITY 4-2: Services Integration and Collaboration**

**PURPOSE:** Allows for critical thinking in a real life scenario using the local services and supports

**TIME:** 20 minutes

**DIRECTIONS:**

1. Assign everyone in the group a role by handing out multi-colored placards to each person.
2. Ask the people with the assignment to be the family members to stand:
  - Batterer
  - Survivor
  - Child(ren)

- Service Providers to the Survivor (DV Advocate, Shelter Staff, Counselor to the Survivor, Substance Abuse counselor to the survivor, etc.)
  - Service Providers to the Batterer (BIP, Substance Abuse Counselor, Mental Health Counselor)
  - Legal Agents (Probation Officer, Sheriff's/Police Officer, Judge, DA, CWLS, Defense Attorney)
  - Service Providers to the Children (DV Advocate, School personnel, Shelter Staff, Big Brother/Sister or Mentor, Foster Parent, Relative Caregiver)
  - Informal Supports to the Family (Survivor's family, Batterer's family, etc.)
3. Ask each person or group to use the back of their placard to write what they:
    - Can do to help
    - Need from the DCM/Investigator.
  4. Groups can discuss with their 'like'. Instruct the group to stand in a circle after they complete the instruction.
  5. Have the group go around in a circle and 'flip' their placard to show what their answers are.

#### END THE DAY

Thank the group for the work they do.

#### *Say:*

*There are specific ramifications for collaboration around teaming models (general to all models) that will be explored in depth in a future module on Collaboration and Integration, but we have begun our conversation about how to continuously improve integration of services to support children and families experiencing DV.*

Ask the group if we have covered their desired outcomes from the morning session, referring to the poster.

Complete any unfinished business and the After Training Survey.

Distribute evaluations and dismiss the group.