SLIDE 3-1: OBJECTIVES

Objectives for Session 3: Screening

- Assessing dangerousness
- Gathering collateral information
- Interviewing family members

Summarize:

- Our next session focuses on Screening and Risk Assessment for Domestic Violence.

SLIDE 3-2: INITIAL IN-HOME SAFETY ASSESSMENT

Initial In-Home Safety Assessment

- The parent, caregiver or household member(s) have a history of violence or display current violent behaviors (e.g. battery, domestic violence, intimidation) AND the child may be in danger of harm as a result.
- There is a pattern of continuing, escalating and/or increasing frequency of incidents, either reported or unreported (e.g. child discloses ongoing abuse or chronic in-home violence for which no abuse or law enforcement reports were made).

Summarize:

- The Initial In-Home Safety Assessment is where the initial documentation of domestic violence occurs. It includes the documentation of an escalating pattern of incidents, and recognizes that the incidents may or may not have been brought to the attention of law enforcement.

SLIDE 3-3: FAMILY ASSESSMENT

Family Assessment

- Emerging Dangers
  - Are danger-related risk dynamics (substance abuse, violence, domestic violence...) escalating in intensity or frequency?
- Relationships/Domestic Violence Factors
  - Has a history free of being a victim of domestic abuse
  - Has a history free of perpetrating domestic abuse
  - Has a history free of physical, and/or emotional aggression towards others
  - Balance of power with other household members does not impact ability to protect a child

Summarize:

- The Family Assessment allows for further documentation of the dynamics of domestic violence, including the expectation that family relationships will be assessed for the presence of domestic violence factors.
- It is important to note some of the complexities of screening and interviewing for domestic violence.
- Escalation can occur within seconds.
- It is important to recognize that our intervention may actually increase the risk of violence within the home.
- Note that much of this information is taken from the publication, Accountability and Connection with Abusive Men.
Ongoing Dangerousness Assessment

- Dangerousness is defined as the demonstrated capacity to continue inflicting severe violence.
- 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 which specify the various areas that should be explored when assessing dangerousness.
- Often, as the batterer experiences or anticipates loss of control, or as the threats of exposure increase, dangerousness will escalate.
- People who are desperate may suddenly spike in dangerousness as a response to the exposure or loss of control.
- This is why we see the spike in emergency room admissions, serious injury, and death at the time of separation.
- We must remain mindful that our presence alone, even if abuse is not revealed to us, can dramatically increase the potential for violence.
- Violent behavior, while likely targeting the survivor and children, may also be aimed at the intervener, or in our case, the law enforcement and child welfare professional, who try to intervene.

Discussion: The Importance of Dangerousness Assessment

- Our ability to assess dangerousness, in partnership with law enforcement, is at the heart of our work.
- Assessing dangerousness is a primary task for investigators and DCMs 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 in conjunction with law enforcement and/or probation officers.
- Determining an abuser’s level of dangerousness is a primary task because it 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.

At the same time, as we discussed this morning ‘hyper-violent batterers’ have shown less responsive results to intervention.

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.

**Summarize:**

In our current efforts to keep children intact with their families, we are particularly concerned with dangerousness because this will inform our partnership and our team in crafting safety agreements and plans that are adequate to support survivors in keeping their children safe.

**Say:**

- 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 homicide.
- 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.
- Isolation can also increase the ‘brainwashing’ and psychological control that the batterer has on the survivor and
- May limit her network of supports should threats of danger increase.
- **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 unemployment.**
- **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.
- Use of weapons or of martial arts in violent incidents can indicate an increased risk of serious harm.

*Situations where the abuser fears he may lose his partner can trigger the risk of increased violent assault.*

- Potential triggers:
  - intervention by child protection agencies
  - obtaining a restraining order
  - separation
  - filing for divorce after a separation
  - the partner’s decision to go to a shelter
  - the partner’s beginning a new relationship after years of separation
- Discussing and understanding potential triggers for obsessed men is crucial in safety planning.
- 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.

Investigators/DCMs 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.

### SLIDE 3-6: FACTORS THAT PREDICT CONTINUING VIOLENCE

- Violent crimes and previous violations of protection orders
- Motor vehicle violations involving alcohol intoxication/arrests due to substance abuse
- Severe violence with spouses or children
- Having attended a BIP that was not followed up on by cessation of violence
- History of suicidality or of suicidal ideation

Describe the other factors that indicate likelihood of continued violence.

- **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 abuse.

- **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 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).

Ask:

Based on your experience with DV, what do you think may impede your ability to get information on whether the risk factors and danger factors are present?

Endorse:

- The family is afraid to tell.
- The family may not have trust in the system.
- The batterer has likely spent a great deal of time insuring that the other family members will not tell, and that in any way possible, he can escape detection.

Say:

These points are all valid and we will talk in depth about ways to interview family members to gain information. However, getting information from other sources will also be crucial to your ongoing assessment of the presence and dangerousness of DV in a family system.

Summarize and make these points:

- Gathering information on all of the above indicators we have talked about might be best identified based on information from collateral sources outside of the abuser’s immediate family to the extent possible.

- 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 Investigators and DCMs to screen for a wide range of indicators of dangerousness.
Getting the family story from family members can answer other important questions you may have.

Any family may be involved in domestic violence.

The goal of a batterer is to present as someone who would never engage in partner or child abuse.

It is safest to assume that in any family where we have reason to intervene, there could be domestic violence, substance abuse, mental illness, and a history of trauma.

- Materials:
  - Flipchart paper
  - Participant Guide worksheets

Activity 3-1: Strengths and concerns in a home where children are exposed to a batterer’s tactics of coercion and control.

**PURPOSE:** TO GIVE THE PARTICIPANTS PRACTICE IN INTERVIEWING

**TIME:** 30 minutes

**DIRECTIONS:**
Refer the group to their Participant Guide, Module 3, page 16—The Ossa Family.

**Say:**
1. The Ossa family is a de-identified real family referred to the Abuse Hotline. You see the de-identified report in your Participant Guide. You are going out to meet with the Ossas for the first time, either as the Investigator or as the DCM who has just received the case. The family is verified in the past for a number of reports and conditions/behaviors. The children were already in care one time. At this point, the family is intact and a second removal has not occurred. The report was taken because of the past history. However both of the ‘children’ in the incident are over 18, so your concern is for the younger two children in the household, who are not the direct subjects of the report.

2. Move into small groups and answer the following questions:
   - **What signs can you see in the initial hotline and historical information that concern you regarding Domestic Violence?**
   - **What are the strengths and protective factors that are present in the Ossa Family?**
   - **What do you want to know from:
3. In a large group, discuss the answers to the questions and note on two flipcharts:
   - Concerns
   - Strengths and Protective Factors.

4. Tell the group that we will return to the Ossa family and we will have a chance to find out what we want to know as we work through the interviewing portion of this session.

**Process and Ask:**

*How does the group see the level of dangerousness in this family?*

Batterer factors that are present:

- Threats to injure or punish her if she leaves
- Chronic substance abuse
- Violent crimes and previous violations of protection orders
- Severe violence with spouse or children
- Attended a BIP that was not followed up on by cessation of violence
- History of suicidality or suicidal ideation (documented, hospitalization)
- Threats about custody and harm to children

Survivor vulnerability:

- Language
- Lease/property/utilities all in only his name
- He has the bank account
- Mental Illness/lack of medication or funds
- Threats to survivor and to harm children
- Criminal history makes her vulnerable to charges if she tells about substances in the home: her word against his
**SLIDE 3-8: FAMILY CENTERED APPROACH**

Family Centered Approach

- Reduce
  - Secrecy
  - Isolation
  - External denial or minimization
  - Internal denial or precontemplation of change
- Increase
  - Reflection on actions
  - Recognition of strengths
  - Sense of responsibility
  - Positive change

**Summarize:**

- A family centered approach will increase the likelihood that we build trust with families. Trust is the foundation for learning what we need to learn in order to achieve improved safety, permanency and well-being for children.
- As we conduct our interviews with families, we want to increase our own ability to recognize family strengths, help parents reflect on their actions, strengthen their sense of responsibility and reinforce their commitment to positive changes they hope to make in their lives.
- As a result of trust building and acknowledging family strengths, we hope to reduce family denial and minimization by sharing our expertise about the dynamics of domestic violence and its impact on children and in ways that families will be more open to hearing and understanding.

**TRANSITION**

So we’ve talked about the information we need to know, gathering that information from collateral sources. We are now going to talk about interviewing family members.

**SLIDE 3-9: INTRODUCTION TO INTERVIEWING FAMILY MEMBERS**

1. Assume that any family may be experiencing domestic violence, no matter how individuals present or seem to you.
   - Similar rates of domestic violence occur in all types of locations, cities, suburbs, and rural areas.
   - Women of all races are about equally vulnerable to violence with an intimate partner.

   - Bureau of Justice, 1995

**Summarize:**

- Make sure that you create the opportunity to interview each parent separately. Ask questions of all family members that have them rate or assess their own safety and strengths.
- Note that it is crucial for the interviewer to make clear to the survivor 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 batterer or his attorney, she will receive prior warning and an opportunity to plan for the safety of herself and her children.
**SLIDE 3-10: INTRODUCTION TO INTERVIEWING, CONT.**

2. Interview each family member separately, even if you begin with a joint interview.
3. Explain that your role is to assist parents in attaining safety within the family.
4. Routinely give information that will connect survivors to local DV Services.

*Make this a part of your regular practice with all parents.*

**Say:**

Make sure that in your interview, you do not reveal information that would endanger the survivor. Many escalations and acts of violence and murder occur when the batterer feels desperate and that their ‘secret’ is going to be revealed.

- It is easy to get ‘sucked in’ or to believe that you are helping the family when in reality, you are being asked to reveal something that gives the batterer more information or ammunition to harm the other family members.
- Workers must be very clear on boundaries and legal roles. For example, if there is a protection order, all of the DCM/Investigator actions must fit the spirit, as well as the law, of maintaining complete separation (not passing messages or inadvertently serving as a go-between).
- Start with the batterer’s wishes for the family and for his relationships, building on strengths.
- As a relatively self-focused individual, the batterer’s best hope for change may be to develop a vision and ultimately, through treatment with a provider, to develop empathy in order to change. As you work with batterers, hearing how they envision the family as it is, and the dreams they have for the family can give you insight into any of the distortions or elements of entitlement and justification that were described in the second session. In addition, focusing on the strengths of all family members holds us true to the spirit in which we want to work.
- Continuously assess your own safety during the interview.

**SLIDE 3-11: THE FAMILY STORY PROCESS**

1. Engage: Build a bridge of strengths.
2. Appreciate and Align: Learn the family vision and try to find common ground for partnering.
3. Develop Discrepancy: Find ways that the individual already wants or has tried to change and build on it.
4. Support Efficacy: Use strengths to give people hope.

*Say:*

On this slide, you see a way to use the family story to begin to understand how the family is viewing and managing the dynamics of domestic violence.

- These steps are based on the larger body of Motivational Interviewing, wherein we use engagement to assist people in working through ambivalence and help them move towards change.
**Slide 3-12: Interviewing Batterers**

- Do not reveal information that would endanger the survivor.
- Start with the batterer’s wishes for the family and for his relationships, building on strengths.
- Continuously assess your own safety during the interview.

**Say:**

- Our challenge is to engage family members without condoning the abuse and neglect, but with enough recognition of strengths outside of the abusive or harmful behavior that individuals will be more open about their needs and more open to help.

**Slide 3-13: Sample Questions to Batterers**

- When do you think the family has ‘worked’ the best?
- If you could magically make the family situation better, what would you change?
- What are some changes you would like to see in others in the family?
- What are some changes you have considered making?
- What, if anything, have you already tried?

**Say:**

- This next slide identifies some solution-focused questions that may help you work effectively with batterers and all family members.

- By starting with what others could change, you have the chance to gain insight from batterers about what seems most threatening to the batterer and can give you an idea about the elements of ‘Entitlement’ (demand for service and need for control).

- Knowing how the batterer sees the family can also be useful in your work with all family members.

- To motivate the batterer, who may perceive that in giving up control and violence, he will lose his identity, you will do best to identify some of his goals and needs from his standpoint as a starting point for the services to begin.

- **NOTE:** This does not mean endorsing the viewpoint of a batterer. (For example, if he says things would be better if people would all do what he says.) Understanding how he is framing the dynamics will help you later on as you partner with service providers and law enforcement.

- Building a more realistic and empathy based view for batterers is part of the process of attempting to help them achieve change.

- You may also find that the batterer is ambivalent about his/her behavior. This ambivalence is often reflected in comments such as, “I want to be different from my father and the way he treated me.” If this is the case, starting with ambivalence and goals may assist service providers with moving towards real change.
Say:
What if he tries to use excuses like a bad childhood? He probably will. And that is common in our work and even more common with batterers. The bottom line is that there are real and tremendous consequences for domestic violence, and being honest or admitting to battering has legal ramifications. The batterer may try to get the DCM/investigator to be sympathetic.

Activity 3-2: Interviewing People who Batter

PURPOSE: As we already analyzed the concerns and strengths of the Ossa Family, we will now identify interviewing strategies with each family member.

TIME: 20 minutes

DIRECTIONS:

1. Hand each group the script for Jose Sr. and ask one person in the group to read the script aloud. (Alternate: The trainer can hand out the scripts and read them to the groups, giving them the scripts as cues, one per each group.)

2. Ask the group to look back through the sample questions for batterers. Have each group identify the following information:
   - Based on Mr. Ossa’s ‘script’, what does he most want?
   - What do you hear as possible openings to help him consider change?
   - How can you use this perspective he holds to promote safety in the home and family?

3. Give the groups ten minutes to discuss, collect and compare answers in the large group.

Summarize and make the following points:
- Even if some of the stated ambivalence is an effort at manipulation, the offer of service and rehabilitation is part of our sworn efforts to keep children safe.
DCMs/investigators may find that batterers are articulate about having been violated and traumatized themselves. Supporting batterers in seeing a link between their history as a ‘victim’ and the current situation is fine. Resolving underlying issues will be part of the change process for those batterers who choose to engage in positive change.

At the same time, a history of trauma may explain, but not excuse, the patterns present in the family you are there to assist.

Endorsing that traumatic experiences play out in adulthood, endorsing trauma-informed treatment for the batterer, and still maintaining focus on the current danger to children is the appropriate response to such disclosures by batterers.

Competent practitioners working with batterers in BIP and competent therapists who deal with the biophysical responses to trauma will understand that the bottom line is that abuse must end.

From a pragmatic stance, the DCM/investigator is also an agent of the court. This is a deterrent to admitting to the abuse (there are legal consequences for this behavior). This is also a reason to listen carefully and non-judgmentally to all parties’ viewpoints, including the batterer. Information that you glean during your investigation may help the survivor and children in court, Dependency, Family, and Criminal. Questions designed to gain the batterer’s perspective may promote more candor and information about specific events or risks.

**TRAINER NOTE**

Remind the group of the charisma and the composed, planful nature of domestic violence. This likely predisposes many batterers to be able to say and do what they believe will be accepted in interviews and in treatment. For this reason, interviewing batterers is a better basis for gaining information than attempting to gather the “who, what, when” facts from the batterer.
SLIDES 3-15: INTERVIEWING SURVIVORS

Interviewing Survivors, Assumptions

• The survivor is focused on survival and safety, too.
• The survivor has considered and likely attempted to leave in the past, and her/his actions are based on what she thinks is realistic and safest.
• There’s probably more violence than what we know.
• The survivor is the best hope for children in terms of maintaining a strong relationship while getting to safety.

SLIDE 3-16: INTERVIEWING SURVIVORS, CONT.

Interviewing Survivors, continued

• How it looks to the outside:
  – “She is choosing her man over her children.”
• How it looks to the survivor:
  – “I am making sacrifices to keep my family together and keep my children as safe from harm as I am capable.”

SLIDE 3-17: BEAR IN MIND...

Bear in Mind...

• As afraid as the survivor may be of losing her children, she may be more concerned that she will be killed, leaving her children unprotected.
• We cannot know how many ways the batterer has threatened and brainwashed the survivor and children.

SLIDE 3-18: BEAR IN MIND... CONT.

Bear in Mind...

• It is inappropriate to pressure or threaten abused women into providing information. By using coercion, the interviewer is unwittingly competing with the batterer, 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.


Summarize:

• Take the stance that the survivor is as focused on survival and safety as we are, although our perspectives may be different.
• Make the assumption that the survivor has considered and likely attempted to leave in the past, and that her/his actions are based on what s/he thinks is realistic and safest.
• Assume that although we know of at least one event of alleged abuse, when DV is present, there is likely much more violence present than we know.
• The survivor is the best hope for children in terms of maintaining a strong relationship while getting to safety. Children often feel that they lose both parents when they become involved with Child Welfare, while we know that connection to at least one caring adult is a prime resiliency factor.

Say:

• In working with survivors, it is paramount that we focus on building the survivor’s sense that she can keep herself and her children safe.
• This includes reminding her of and validating what she has done and helping her think about what else or more she can do.
• As we have discussed, this also involves the advocacy role of the DCM/Investigator in finding out how social and institutional systems can become sources of safety for the survivor and the children.
• In adopting a viewpoint that the survivor has likely already protected her children at times, we open the door to finding out what real and perceived barriers may hold her back.
• The last line, ‘As I am Capable’ reflects two things:
  o The enormous task of keeping children safe from a batterer whose energy goes to maintaining complete control over the family
  o The lowered sense of self esteem survivors may have

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Keep this in your mind as you interview the family.

Say:

- We start with the same questions to each parent. This way when the batterer asks the survivor what was asked and what her answers were, she can honestly report on being asked the same questions.
- The second set of questions goes deeper into the efforts to protect children.
- This establishes a basis for reassuring the survivor that we want to support her efforts at safety and partner with her to keep her safe as well as help her provide more safety for the children.
- In telling us how she has intervened, she will likely also tell us more about the dangerousness level.
- “What would it take to make it better?” “How can I help?” “What is keeping you in the relationship and how can I help you resolve the barriers so you see a safer future for your family?” Questions like these establish the makings of a working agreement between DCM/Investigator and the parent.

Note that some of the same questions can be asked of children.

SLIDE 3-19: SAMPLE QUESTIONS TO SURVIVORS

Sample Questions to Survivors:

- When do you think the family has ‘worked’ the best?
- If you could magically make the family situation better, what would you change?
- What are some changes you would like to see in others in the family?
- What are some changes you have considered making?
- What, if anything, have you already tried?

SLIDE 3-20: SAMPLE QUESTIONS FOR SURVIVORS CONT.

Sample Questions for Survivors, Continued

- What are some of the ways you have tried to keep your children safe?
- When you have felt the most able to keep yourself and your children safe, what was happening?
- When do you think your children would say they feel most safe? How can you increase their sense of safety?
- What do you think it would take to make things better?
- What, if anything, do you think others can do to help you get there?

Activity 3-3: Interviewing partners who live with/have lived with a person who utilizes domestic violence.

PURPOSE: Practice interviewing DV survivors.

TIME: 20 minutes

DIRECTIONS:

1. Hand the groups the script for Sophie Ossa and either have groups read or read to the full group.

2. Ask the group to look back through the sample questions and to think about what we know about survivors. Have each group identify the following information:
   - Based on Ms. Ossa’s script, what does she want most?
   - What are some possible openings to help her consider engaging with the agency? Considering change?
How can you use her perspective to promote safety in the home and in the family?

3. Give the group ten minutes to discuss, collect and compare their answers in the large group.

**SLIDE 3-21: INTERVIEWING CHILDREN**

**Questions that can be asked of children**

- What has your (mother/father) done to make you feel safe in your home?
- What are some of the things that give you a warning feeling that (the batterer) is going to begin to hurt someone?
- If I was watching a movie of what happened (one incident, usually), what would I see?
- How would your (mother/father) describe what happens in your home when things get difficult?

**Summarize:**

- It is sometimes best to work intensively with the survivor before talking with the children. This may represent permission to talk for the children.

- The concern in starting with children is the reinforcement of the position they have been in during the abuse that occurs in the house. Children often feel that they need to protect both parents:
  - the batterer from interventions
  - the survivor from abuse and retribution

- In addition, children living with DV often cannot conceive of being kept safe from their batterer or the batterer of their parent. For this reason, disclosure may be halting or limited.

- Asking about ‘what would help’ may return the child to a feeling of hopelessness or desperation, but could also guide your plan. Use discretion in asking this question.

**Participant Guide**

Review the other solution-focused questions for all parties in your Participant Guide, Module 3, page 14.

**TRANSITION**

Luckily, this family is not here in real time, so we have some time to think about interventions that we can make to assist them with safety and build on their strengths. We will use this list to guide us after we spend some time on interventions in the next session.